GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 1, 2026

Sherman Taylor
Taylor's Special Care Services, Inc.
Ste 210
23800 West Ten Mile Rd
Southfield, MI 48034

RE: License #: AS630282991
Taylors AFC-Brandywynne
23345 Brandywynne
Southfield, MI 48034

Dear Mr. Taylor:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable. Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 972-9136.

Sincerely,

Sara E Shaughnessy

Sara Shaughnessy, Licensing Consultant
Bureau of Community and Health Systems
3044 West Grand Boulevard
2nd Floor Annex, Suite 2-730
Detroit, MI 48202
(248) 320-3721

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT

I. IDENTIFYING INFORMATION

License #:	AS630282991
Licensee Name:	Taylor's Special Care Services, Inc.
Licensee Address:	Ste 210 23800 West Ten Mile Rd Southfield, MI 48034
Licensee Telephone #:	(248) 350-0357
Licensee/Licensee Designee:	Sherman Taylor
Administrator:	Sherman Taylor
Name of Facility:	Taylors AFC-Brandywynne
Facility Address:	23345 Brandywynne Southfield, MI 48034
Facility Telephone #:	(248) 948-5066
Original Issuance Date:	07/18/2006
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/30/2026

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Health Authority Inspection if applicable: NA

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 2
No. of others interviewed 1 Role: Administration

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
  The onsite inspection did not take place during a mealtime, an adequate amount of food was observed.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☒ No ☐ N/A ☐
  If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☒ No ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s: 10/31/2024;330.1803, R 400.14401, 400.1440, R 400.14510, R 400.14512 N/A ☐
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



10/01/2026

_____

Sara Shaughnessy Date
Licensing Consultant