



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY
OFFICE OF CHILDREN AND ADULT LICENSING



MARIANNE UDOW
DIRECTOR

March 9, 2004

Dorothy Watt
2648 Ninth Street
Muskegon, MI 49444

RE: Application #: AF610260894
STACY'S AFC
2648 Ninth Street
Muskegon, MI 49444

Dear Ms. Watt:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 3 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100.

Sincerely,

Terry Buit, Licensing Consultant
Office of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 356-0110

Enclosure

**MICHIGAN FAMILY INDEPENDENCE AGENCY
OFFICE OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AF610260894

Applicant Name: Dorothy Watt

Applicant Address: 2648 Ninth Street
Muskegon, MI 49444

Applicant Telephone #: (231) 830-0123

Administrator/Licensee Designee: Dorothy Watt

Name of Facility: **STACY'S AFC**

Facility Address: 2648 Ninth Street
Muskegon, MI 49444

Facility Telephone #: (231) 830-0123

Application Date: 09/16/2003

Capacity: 3

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED
AGED

II. METHODOLOGY

09/16/2003	Enrollment
09/23/2003	Comment - Transferred entire file to Grand Rapids.
10/06/2003	Inspection Completed On-site
10/06/2003	Inspection Completed-BFS Sub. Compliance
11/10/2003	Contact - Document Sent - Lost copy of Confirming Letter - copy sent
01/16/2004	Corrective Action Plan Received
01/16/2004	Corrective Action Plan Approved
02/27/2004	Inspection Completed On-site - " Final inspection" noncompliances noted

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is located in a commercial/residential section of the City of Muskegon Heights. The facility is a one-story facility with no basement. The facility contains a double occupancy AFC bedroom, single occupancy AFC bedroom, licensee bedroom, four-season porch, living room, kitchen/dining area, full bathroom, and half bathroom. The licensee owns the property.

B. Program Description

The licensee and the AFC residents will be the only occupants of the facility. The relief staff are Sandra Jennings and Laquandria Madison.

The licensee has experience and training in the following:

- Completed AFC group home training at Muskegon CMH.
- Worked seven years at a psychiatric hospital.
- Provided in-home care for the elderly.
- Most recently provided children's foster care for Muskegon County FIA.

C. Rule/Statutory Violations

Upon inspection, this facility was found to be in full compliance.

