



STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

August 18, 2008

JoAnn Milligan  
529 Sycamore St.  
Niles, MI 49120

RE: Application #: AS110288841  
Touch of Country Foster Care  
1014 North 6th St.  
Niles, MI 49120

Dear Ms. Milligan:

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 4 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 (269) 337-5066.

Sincerely,

Karen Hodge, Licensing Consultant  
Bureau of Children and Adult Licensing  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 337-5163

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS110288841
<b>Applicant Name:</b>	JoAnn Milligan
<b>Applicant Address:</b>	529 Sycamore St. Niles, MI 49120
<b>Applicant Telephone #:</b>	(269) 684-9863
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Touch of Country Foster Care
<b>Facility Address:</b>	1014 North 6th St. Niles, MI 49120
<b>Facility Telephone #:</b>	(269) 684-9863 03/07/2007
<b>Application Date:</b>	
<b>Capacity:</b>	4
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED

## II. METHODOLOGY

03/07/2007	Enrollment
03/09/2007	Application Incomplete Letter Sent 1326 for Tiara Williams
03/19/2007	Contact - Document Sent 1326 for Tiara gave to Connie to run.
03/20/2007	Application Complete/On-site Needed
03/20/2007	File Transferred To Field Office
03/26/2007	Application Incomplete Letter Sent
08/09/2007	Inspection Completed On-site
08/13/2007	Application Incomplete Letter Sent
07/23/2008	Inspection Completed On-site
08/07/2008	Inspection Completed On-site
08/11/2008	Inspection Completed-BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

A Touch of Country Foster Care is a two story frame structure in the city of Niles. Joann Milligan is listed as the owner of the property. The furnace and water heater are in the basement, which will not be occupied by residents. Laundry facilities are provided in the basement for staff use.

The lower level of the home has a full kitchen, dining room, living room, and a bedroom that will be used for live-in staff as well as a full bathroom. The upper level has three bedrooms and a full bath for resident use. Bedroom #2 is large enough for two residents and the other two upper rooms will be for one resident each. The living space meets the licensing rule for 4 residents.

Room Dimensions:

Main Floor:

Living Room	12'0" X 15" = 180 SF
Dining Room	15'4" X 10'1" = 154 SF

Second Story:

Bedroom 1	12' 9" X 8'10" =	110 SF	one resident
Bedroom 2	15'1" X 11'9" =	168 SF	two residents
Bedroom 3	irregular dimensions totaling	110 SF	one resident

(Bedroom #3 has dormers that create a slanted ceiling, and the floor space underneath has been discounted from the measurements and only useable floor space is included)

The home has public water and public sewer services. This consultant and a previous consultant inspected the home on at least three occasions and found it to be fully equipped, clean and orderly.

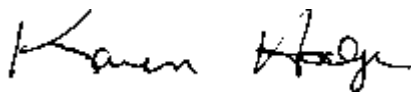
The facility is in full compliance with fire safety rules.

**B. Program Description**

Ms. Milligan has applied as an individual applicant. The home is currently unoccupied, but Ms. Milligan will provide the care for residents upon admission and then she will hire full time live in staff. She will provide care for individuals aged 35-75, and intends to serve those with mental illness, developmental disability, and aged. She is willing to accept people with physical disabilities, but the home is not wheelchair accessible. Ms. Milligan has submitted documentation of her experience which includes a license as an RN, and work experience in assisted living, a nursing home, and a hospital setting. She intends to maintain a staff ratio of 1 staff to 5 residents. Clearances have been obtained and Ms. Milligan meets the definition of Good Moral Character and meets the qualifications of a licensee/administrator.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home (capacity 4).

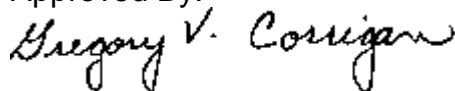


08/11/08

Karen Hodge  
Licensing Consultant

Date

Approved By:



08/18/2008

Gregory V. Corrigan  
Area Manager

Date