

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



August 4, 2010

Jessica Allgood 12705 Harris St. Carleton, MI 48117

RE: Application #: DG580307679

Allgood, Jessica 12705 Harris St. Carleton, MI 48117

Dear Ms. Allgood:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Therefore, a provisional license with a capacity of 12 is issued.

Please review the attached 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 office at (586) 228-2093.

Per MCL 722.113g, this report must be filed in your Licensing Notebook.

Sincerely,

usan Weiss Susan Weiss, Licensing Consultant Bureau of Children and Adult Licensing 22 Center Street

Ypsilanti, MI 48198

(734) 481-8423

**Enclosure** 

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

### I. IDENTIFYING INFORMATION

**License #:** DG580307679

Applicant Name: Jessica Allgood

**Applicant Address:** 12705 Harris St.

Carleton, MI 48117

**Applicant Telephone #:** (734) 968-8876

Administrator/Licensee Designee: N/A

Name of Facility: Allgood, Jessica

Facility Address: 12705 Harris St.

Carleton, MI 48117

**Facility Telephone #:** (734) 968-8876

**Application Date:** 04/15/2010

Capacity: 12

Program Type: CHILD CARE GROUP HOME (CAPACITY 7-

12)

#### **II. METHODOLOGY**

04/08/2010	Inspection Completed-Heating Approved
04/08/2010	Inspection Completed-Water Heater
04/15/2010	Enrollment
04/16/2010	Contact - Document Received radon test results
04/16/2010	Contact - Document Received zoning approval
04/16/2010	Contact - Document Received
04/16/2010	Contact - Document Received verification of CPR/1st Aid & BBP
05/14/2010	Application Incomplete Letter Sent
06/02/2010	Orientation Scheduled For- Letter mailed 5/10/2010.
07/15/2010	Orientation Scheduled For- Letter mailed 6/3/2010.
07/15/2010	Orientation Attended
08/03/2010	Application Complete/On-site Needed
08/03/2010	Inspection Completed On-site
08/03/2010	Inspection Completed-BCAL Full Compliance

#### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### A. Description of Facility

Ms. Allgood lives in a home that was a duplex. She has converted the space to one single family home. She will use the south side of the home for her child care business and the north side of the home is her personal space. This home is one level only.

Rooms and levels approved for child care use: Children in care are approved to use the living room 29' x 13', the play room 9' x 13', the first bedroom 9' x 10', the second bedroom 8' x 10', the kitchen 9' x 9', and the bathroom on the south side of this home.

**Areas not approved**: The office, laundry room, and rooms on the north side of the home used by Ms. Allgood as her personal space are not approved rooms for use by children in care.

**Ages of children served**: Ms. Allgood will enroll children who are newborns to 13 years.

**Equipment**: Ms. Allgood has a large assortment of toys and equipment for children of all ages which are in good condition and accessible to children.

**Proposed days and hours of operation**: Ms Allgood will open her business from 7AM to 4PM Monday through Friday.

Previous or concurrent licenses, including children's foster care: none

**Exiting information (including second floor and basement)**: The home is a one story home with a front door and side door used for exiting. The doors are located in the area approved for use by children in care.

**Outdoor play area description**: The yard is 1500 square feet of fenced space on the north side of the home. There are riding toys and plastic play equipment in the yard. There are no permanently installed pieces of playground equipment.

#### Additional information:

•	Pets? No $\square$ Yes $\boxtimes$ If yes, describe.2 1/2 year old dog who will have no contact with children.	
•	Hot tubs or spa pool? No ☐ Yes ☐ If yes, are there appropriate barriers?	
•	Swimming pool? No 🖂 Yes 🗌 If yes, describe pool and barriers.	
•	Other water hazards? No X Yes I If yes, describe.	
•	Fireplace or wood burning stove? No $\square$ Yes $\boxtimes$ If yes, describe. An unused fireplace is in the living room. It is covered and inaccessible to children.	
•	Fireplace/wood burner in use during child care hours? No $\boxtimes$ Yes $\square$ If yes, describe barriers to protect children from burns:	
•	CPR, first aid, and blood borne pathogen training current? No $\square$ Yes $\boxtimes$	
Radon test results: .5 pCi/L on April 10, 2010		
Explanation of variances, if any: None		

#### **B.** Rule/Statutory Violations

There are no rule or statutory violations.

# IV. RECOMMENDATION

I recommend issuance of a provisional license to this child care group home (capacity 7-12).

Susan Weise	08/04/2010
Susan Weiss Licensing Consultant	Date
Approved By: Gliguelin Barry	
July July 1	08/04/2010
Jacquelin Sharkey Area Manager	Date