



RICK SNYDER  
GOVERNOR

State of Michigan  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN  
DIRECTOR

July 7, 2011

Christi Mead  
4798 W Lincoln  
Alma, MI 48801

RE: Application #: DG290310420  
Mead Christi  
4798 W Lincoln  
Alma, MI 48801

Dear Mrs. Mead:

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 for 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 local office at (231) 922-5309.

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

Sincerely,

Mary Pat Jennings, Licensing Consultant  
Bureau of Children and Adult Licensing  
1919 Parkland Drive  
Mt. Pleasant, MI 48858-8010  
(989) 772-8476

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	DG290310420
<b>Applicant Name:</b>	Christi Mead
<b>Applicant Address:</b>	4798 W Lincoln Alma, MI 48801
<b>Applicant Telephone #:</b>	(989) 463-4708
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Mead Christi
<b>Facility Address:</b>	4798 W Lincoln Alma, MI 48801
<b>Facility Telephone #:</b>	(989) 463-4708
<b>Application Date:</b>	09/21/2010
<b>Capacity:</b>	12
<b>Program Type:</b>	CHILD CARE GROUP HOME (CAPACITY 7-12)

## II. METHODOLOGY

09/16/2010	Inspection Completed-Heating Approved
09/16/2010	Inspection Completed-Water Heater
09/21/2010	Enrollment
09/22/2010	Contact - Document Received radon test results
09/22/2010	Contact - Document Received zoning approval
09/23/2010	Inspection Report Requested - Health
10/19/2010	Inspection Completed-Env. Health : D
05/26/2011	Inspection Completed-Env. Health : C
06/24/2011	Inspection Completed On-site
07/05/2011	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Description of Facility

The child care home is a one-story house on a busy rural road.

#### Rooms and levels approved for child care use:

Children in care will use the following rooms:

Living room 12 x 27  
Kitchen 10 x 18  
Play room 12 x 13  
Play room 11 x 12

#### Areas not approved:

The basement and the master bedroom are not approved for use by children in care.

#### Ages of children served:

Children of all ages will be accepted for care.

**Equipment:**

Christi Mead has an adequate collection of age-appropriate toys and equipment for the requested capacity of 12 children, ages 0 – 17.

**Proposed days and hours of operation:**

Care will be provided Mondays through Fridays from 6:30 am until 5:30 pm.

**Previous or concurrent licenses, including children's foster care:**

Mrs. Mead had a family registration at the same address from 05/18/07 until July of 2011. Her registration number was DF290288404.

**Exiting information (including second floor and basement):**

The home has three means of egress, including one door exiting from the living room and two doors exiting from the kitchen.

There is no second floor and the basement is not used by children in care except in the event of weather emergencies.

**Outdoor play area description:**

The back kitchen door leads directly to a fenced, tree shaded outdoor play area. Mrs. Mead has permanently installed play equipment, which is a sufficient distance from the fence or other barriers. Mulch has been installed beneath the play structure to help protect children in care of falls.

**Additional information:**

- Pets? No  Yes  If yes, describe. The child care family has two american eskimo dogs.
- 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  Yes  If yes, describe.
- Fireplace or wood burning stove? No  Yes  If yes, describe. There is a gas fire place in the living room.
- Fireplace/wood burner in use during child care hours? No  Yes   If yes, describe barriers to protect children from burns:
  
- CPR, first aid, and blood borne pathogen training current? No  Yes

**Radon test results:**

A radon test with acceptable results (1.1 pCi/L) was completed on 11/14/09.

**Explanation of variances, if any:**

There are no variances.

**IV. RECOMMENDATION**

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

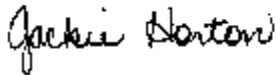


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Mary Pat Jennings  
Licensing Consultant

July 7, 2011

Approved By:



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Jackie Horton  
Area Manager

July 7, 2011