



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

February 16, 2012

Martha King  
114 East State Street  
Clare, MI 48617

RE: Application #: DG180315672  
King, Martha  
114 East State Street  
Clare, MI 48617

Dear Ms. King:

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,

Stacy M. Tomczak, Licensing Consultant  
Bureau of Children and Adult Licensing  
1509 Washington, Ste A  
Midland, MI 48640

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	DG180315672
<b>Applicant Name:</b>	Martha King
<b>Applicant Address:</b>	114 East State Street Clare, MI 48617
<b>Applicant Telephone #:</b>	(989) 429-4375
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	King, Martha
<b>Facility Address:</b>	114 East State Street Clare, MI 48617
<b>Facility Telephone #:</b>	(989) 429-4375
<b>Application Date:</b>	09/20/2011
<b>Capacity:</b>	12
<b>Program Type:</b>	CHILD CARE GROUP HOME (CAPACITY 7-12)

## II. METHODOLOGY

07/29/2011 Inspection Completed-Heating Approved

07/29/2011 Inspection Completed-Water Heater

09/08/2011 Orientation Attended

09/08/2011 Application Complete/Orientation Needed

09/20/2011 Enrollment

09/21/2011 Contact - Document Received

10/17/2011 PSOR on Address Completed

10/17/2011 Application Incomplete Letter Sent

11/16/2011 Contact - Document Received

11/23/2011 Application Incomplete Letter Sent

12/08/2011 Comment  
Address updated/Martha&Spencer.

12/09/2011 File Transferred To Field Office  
Midland.

12/09/2011 Contact - Document Sent  
Act&Rules books.

02/15/2012 Inspection Completed On-site

02/16/2012 Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Description of Facility

The two story home with full basement is located on the corner of State and Pine Streets in the city of Clare. The elementary school is located about a block away from the home. There are four bedrooms in the upper level of the home.

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

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

The basement, main floor and upper level have been approved for child care. The basement has an appropriate window exit that meets all the requirements. It is appropriately labeled as an exit.

The main floor is approved for child care.

The upstairs has two bedrooms that have been approved for child use. These bedrooms will be used for sleeping only in the event that there are children that need occasional night time care. The window exit is located in the Master bedroom as that is the remote exit. There are windows in each of the bedrooms that could be used if necessary.

**Areas not approved:**

n/a

**Ages of children served:**

Ms. King will provide care for children of all ages.

**Equipment:**

Ms. King has a variety of equipment for all developmental ages and sufficient quantity for 12 children.

**Proposed days and hours of operation:**

Ms. King will provide child care Monday through Friday from 5:00 am until 8:00 p.m.

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

Ms. King has not been licensed previously, but worked with her mother in her licensed child care group home.

**Outdoor play area description:**

Ms. King has two outdoor play areas that are totally enclosed. One of the areas is directly in the back of the home. There is another play area across the street that Ms. King owns. The equipment that requires surfacing has it.

**Additional information:**

- Pets? No  Yes  If yes, describe. Ms. King has 2 small dogs that remain indoors. There are 2 other small dogs that are her mother's that are in the home on occasion. These dogs were observed and appeared to be okay 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  Yes  If yes, describe.
- Fireplace or wood burning stove? No  Yes  If yes, describe. Gas wood stove in the enclosed porch area.
- Fireplace/wood burner in use during child care hours? No  Yes   If yes, describe barriers to protect children from burns: The gas wood stove is gated off and will be inspected prior to being used during child care hours.

- CPR, first aid, and blood borne pathogen training current? No  Yes

**Radon test results:**

Radon results were .6 on 6/01/06

**Explanation of variances, if any:**

none

**IV. RECOMMENDATION**

I recommend a provisional group home license be issued.

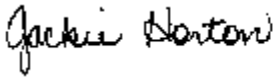


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Stacy M. Tomczak  
Licensing Consultant

2/16/12

Approved By:



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Jackie Horton  
Area Manager

2/16/12