



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER
DIRECTOR

February 3, 2016

Kim Gluski
31609 Middleboro
Livonia, MI 48154

RE: Application #: DG820380665
Kim Gluski
31609 Middleboro
Livonia, MI 48154

Dear Ms. Gluski:

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 12 is issued.

Please review the attached documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (313) 456-0380.

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

Sincerely,

A handwritten signature in red ink that reads "Janeiro Byrd".

Janeiro Byrd, Licensing Consultant
Bureau of Community and Health Systems
Child Care Licensing Division
Cadillac Pl. Ste 11-350
3026 W. Grand Blvd
Detroit, MI 48202
(313) 938-5385

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	DG820380665
Applicant Name:	Kim Gluski
Applicant Address:	31609 Middleboro Livonia, MI 48154
Applicant Telephone #:	(313) 533-6216
Licensee:	N/A
Name of Facility:	Kim Gluski
Facility Address:	31609 Middleboro Livonia, MI 48154
Facility Telephone #:	(313) 520-7164
Application Date:	11/11/2015
Capacity:	12
Program Type:	CHILD CARE GROUP HOME (CAPACITY 7-12)

II. METHODOLOGY

04/18/2012	Orientation Scheduled
04/18/2012	Orientation Attended
11/11/2015	Enrollment
12/09/2015	Contact - Document Received zoning approval. TB neg. results medical clearance with neg. TB results, CPR and first aid, BBP verif., infant safe sleep certificate. Radon verif. 1.1Ci/L
12/09/2015	Inspection Completed-Heating Approved
12/09/2015	Inspection Completed-Water Heater
12/09/2015	Contact - Document Received Med clearance with negative TB results, CPR and First Aid certif, BBP certif, infant safe sleep certificate. TB results, first aid and cpr certif. bbp traing verif. infant safe sleep certificate
12/10/2015	Application Incomplete Letter Sent AHHM needs TB test and chg. address at Sec of State.
01/07/2016	Contact - Document Received TB test negative AHHM
01/07/2016	Application Complete/On-site Needed
01/07/2016	File Transferred To Field Office Detroit/Wayne
01/20/2016	Inspection Completed On-site
01/20/2016	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Description of Facility

This child care group home is located in a two-story home south of 5 Mile Road and west of Merriman on Middleboro in the city of Livonia.

Rooms and levels approved for child care use:

The approved child use area is the basement. It has a full kitchen, bathroom, and separate bedroom for napping infants.

Areas not approved:

The main level of the home is not approved for child care.

Ages of children served:

Ms. Gluski is licensed to provide care for 12 unrelated children, birth to 12 years of age.

Equipment:

There is a variety of developmentally age-appropriate equipment to support the capacity of 12 children.

Proposed days and hours of operation:

The group home operates Monday through Friday 7:15 AM to 5:30 PM.

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

Ms. Gluski is currently registered as a family home in Livonia registration number DF820317804. This registration will close. She was also previously licensed in Redford (DG820063610). This home closed on 03/9/2012.

Exiting information (including second floor and basement):

There are two remotely located exits from the basement: an approved egress window in the basement and stairs leading directly upstairs to side door of home.

Outdoor play area description:

The outdoor play area is located in a fenced backyard. There are no water hazards in the outdoor play area. Ms. Gluski will provide direct supervision of children during outdoor activities.

Additional information:

- Pets? No Yes If yes, describe. small dog
- 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.

- Fireplace/wood burner in use during child care hours? No Yes If yes, describe barriers to protect children from burns:

Explanation of variances, if any:


There are no variances.

B. Rule/Statutory Violations

There are no rule/statutory violations.

IV. RECOMMENDATION

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




February 3, 2016

Janeiro Byrd
Licensing Consultant

Date

Approved By:



February 3, 2016

Shirley D. Baskin
Area Manager

Date