



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

December 20, 2018

Gay Simpson  
1424 Richardson  
Port Huron, MI 48060

RE: Application #: DF740395158  
**Simpson Gay**  
**1424 Richardson Street**  
**Port Huron, MI 48060**

Dear Ms. Simpson:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined full compliance with applicable licensing statutes and rules. Therefore, an original license with a capacity of 6 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 (810) 787-7031.

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

Sincerely,

*Christine Noel*

Christine Noel, Licensing Consultant  
Bureau of Community and Health Systems  
4809 Clio Road  
Flint, MI 48504  
(586) 256-1968

Enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	DF740395158
<b>Applicant Name:</b>	Gay Simpson
<b>Applicant Address:</b>	1424 Richardson Port Huron, MI 48060
<b>Applicant Telephone #:</b>	(810) 956-0682
<b>Licensee:</b>	N/A
<b>Name of Facility:</b>	Simpson Gay
<b>Facility Address:</b>	1424 Richardson Street Port Huron, MI 48060
<b>Facility Telephone #:</b>	(810) 956-0682
<b>Application Date:</b>	07/02/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	CHILD CARE FAMILY HOME (CAPACITY 1-6)

## II. METHODOLOGY

06/14/2018	Inspection Completed-Heating Approved
07/02/2018	Enrollment
07/10/2018	Contact - Document Received Medical clearance and TB
07/10/2018	Contact - Document Sent Rule & Act booklets; MI Child Care Matters;
07/10/2018	Contact - Document Received Verification of BBP
07/10/2018	Application Incomplete Letter Sent
07/11/2018	Contact - Document Received Verification of Infant Safe Sleep
07/19/2018	Contact - Document Received Verification of CPR & 1st Aid
07/20/2018	Inspection Completed-Water Heater
07/23/2018	Contact - Document Received BCHS-CC001
08/02/2018	Contact - Document Received Radon results 2.0 pCi/L
08/22/2018	Application Complete/Orientation Needed
08/22/2018	Workload Transfer for Orientation
09/11/2018	Orientation Scheduled

09/11/2018	Orientation Attended Clinton Twp.
11/28/2018	Inspection Completed On-site
11/28/2018	Inspection Completed-BCAL Sub. Compliance
11/28/2018	Corrective Action Plan Received
12/19/2018	Corrective Action Plan Approved
12/19/2018	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Description of Facility

**Rooms and levels approved for child care use:** The facility is a ranch style home located on a residential street in Port Huron. The following rooms on the main level have been approved for child care use:

Living Room  
Dining Room  
Bedroom #1 (front bedroom)

**Areas not approved:** The master bedroom and back room (behind kitchen) are not approved areas for child care.

**Ages of children served:** Ms. Simpson is approved to provide care for up to six children, ages 12 months to 12 years. Ms. Simpson is not approved to provide care to infants at this time as she does not have appropriate equipment.

**Equipment:** Ms. Simpson has an adequate amount of equipment for the age groups that she wishes to provide care for. She is not requesting to provide care for infants and therefore does not have any equipment for that age group.

**Proposed days and hours of operation:** Ms. Simpson will be providing care from 5:00 AM to 11:00 PM, seven days a week. She is offering transportation services and those specific rules and requirements were reviewed during the on-site inspection. Ms. Simpson is also planning to participate in the food program through ACD.

**Previous or concurrent licenses, including children's foster care:** Ms. Simpson has not previously held any licenses to provide child care or foster care.

**Exiting information (including second floor and basement):** The two remote exits on the main floor of the home include the front and side door.

**Outdoor play area description:** Ms. Simpson's backyard is fenced in on the back and both sides with wooden fencing. There is a garage and two sheds in the backyard that were secure at the time of original on-site inspection. Ms. Simpson has outdoor equipment, which includes ring toss, flying planes, ball toss, tricycles, balls, and bubbles. Ms. Simpson stated that there is a park three blocks down from her house that she intends to use as for outdoor play. The need for written permission from parents allowing their child to walk to and use the park was reviewed with Ms. Simpson.

Additional information:

- Pets? No  Yes  If yes, describe. 3 dogs (Taz, Sweat Pea, & Boo-Boo) Chihuahua, and 3 cats (Patch, Bandit, and Winnie)
- 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:** None

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

Full compliance at time of original issuance

#### IV. RECOMMENDATION

I recommend issuance of an original license to this child care family home (capacity 1-6).

*Christine Noel*

12/19/2018

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Christine Noel  
Licensing Consultant

Date

Approved By:

*Scott Bettys*

12/20/2018

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Scott W. Bettys  
Area Manager

Date