



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 25, 2019

Jesus Colan
6035 Westshore drive
Oscoda, MI 48750

RE: Application #: DF350397150
Wawa Wasi
6035 Westshore drive
Oscoda, MI 48750

Dear Ms. Colan:

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, 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 (989) 732-8062.

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

Sincerely,

Jeannie C. Ellis

Jeannie Ellis, Licensing Consultant
Bureau of Community and Health Systems
Ste 3
931 S Otsego Ave
Gaylord, MI 49735
(989) 590-0191

enclosure

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

I. IDENTIFYING INFORMATION

License #:	DF350397150
Licensee Name:	Jesus Colan
Licensee Address:	6035 Westshore drive Oscoda, MI 48750
Licensee Telephone #:	(231) 881-3727
Licensee:	N/A
Name of Facility:	Wawa Wasi
Facility Address:	6035 Westshore drive Oscoda, MI 48750
Facility Telephone #:	(231) 881-3727
Application Date:	11/08/2018
Capacity:	6
Program Type:	CHILD CARE FAMILY HOME (CAPACITY 1-6)

II. METHODOLOGY

11/08/2018	On-Line Enrollment
11/09/2018	Inspection Report Requested - Health Invoice No: 1028871
11/09/2018	Contact - Document Sent Rule and Act books
06/25/2019	Contact - Document Received
07/08/2019	Contact - Document Received
07/08/2019	Inspection Completed-Heating Approved
07/08/2019	Contact - Document Sent Incomplete App Letter
07/16/2019	Contact - Document Received Radon Test for basement 3.5 PCi/L
07/29/2019	Contact - Document Received
07/30/2019	Application Complete/Orientation Needed
08/30/2019	Inspection Completed-Env. Health: A
09/18/2019	Orientation Scheduled For- Gaylord
09/18/2019	Orientation Attended
10/09/2019	Inspection Completed On-site
11/07/2019	Contact - Documents Received
11/25/2019	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Description of Facility

This facility is a single-story family home with a basement located just outside the city limits.

Rooms and levels approved for child care use:

The rooms approved are all located on the main floor of the home including; the master bedroom, bedroom 2, living room, kitchen, dining room. The main floor bathroom is also approved for child use.

Areas not approved:

The utility/laundry room on the main floor, attached garage, and basement are not approved for child use.

Ages of children served:

This facility will serve children from 6 months of age to 7 years of age.

Equipment:

There is a sufficient supply of equipment and supplies to accommodate six children in the requested age range. Ms. Colan will continue to add more variety of equipment and supplies as she enrolls children.

Proposed days and hours of operation:

This facility will operate Monday through Friday from 5:30am-6:30pm.

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

Ms. Colan has not been previously licensed for child care or foster care.

Exiting information (including second floor and basement):

There are three exits providing egress from the home's main floor. Exit one is the front door located off the living room which provides egress to the front yard. The second exit is located off the dining room and provides egress to the back yard. The third exit is located off the utility/laundry room and provides egress to the outside through the attached garage.

Outdoor play area description:

The outdoor play area is located in the back yard of the home. It is a partially fenced yard with trees providing natural barriers as well. Ms. Colan states she will be outside with children providing direct care and supervision at all times. There is one piece of elevated play equipment. Ms. Colan submitted a written statement that the elevated equipment will not be used by children in care until it is moved, and cushioning material is placed in the fall zones under and around the equipment.

Additional information:

- Pets? No Yes If yes, describe. There is one labradoodle dog in the home. The dog will have limited, supervised contact with the children in care.
- 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. There is a lake over 300 yards away. To get to the lake you have to cross the street and go through other people's property's. Ms. Colan states she will be outside with children providing direct care and supervision at all times when children are outside.
- 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 approved variances for this facility.

B. Rule/Statutory Violations

This facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

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

Jeannie C. Ellis

November 25, 2019

Jeannie Ellis
Licensing Consultant

Date

Approved By:

Rose A. Rafferty

November 25, 2019

Rose A. Rafferty
Area Manager

Date