



STATE OF MICHIGAN  
 DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
 LANSING

GRETCHEN WHITMER  
 GOVERNOR

ORLENE HAWKS  
 DIRECTOR

July 20, 2022

Stacey Wright  
 2750 Carson Hwy  
 Adrian, MI 49221

RE: License #: DF460095978  
**Stacey Wright**  
**2750 Carson Hwy**  
**Adrian, MI 49221**

Dear Ms. Wright:

This letter is a follow-up to the Department’s findings regarding the interim inspection conducted at your home on 07/20/2022. The purpose of this inspection was to determine compliance with applicable licensing statutes and administrative rules for Family and Group Child Care Homes. As a result of the inspection, I did not find any rule or law violations.

I observed appropriate interaction between the child care staff members and the child care children. I observed the children during freedom of choice activities. Other daily activities that the children engage in include outdoor play, snack, lunch, nap/rest time, arts and crafts, and various preschool activities to include, letter and number recognition, learning shapes, music and reading.

<b>During calendar year 2021:</b>	<b>Total</b>
Number of serious injuries that occurred in facility.	<b>0</b>
Number of deaths that occurred in the facility.	<b>0</b>
Number of substantiated cases of abuse and/or neglect of a child that occurred at the facility.	<b>0</b>

You can find a copy of this inspection letter and any associated corrective action plans on our [website](#) under [Statewide Search for Licensed Child Care Centers and Homes](#). A description of when inspection letters are completed can be found under [Overview of Licensing Reports](#).

Please 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 (517) 262-9838.

Per MCL 722.113g, this report and any related corrective action plans must be filed in your Licensing Notebook.

Please 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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink, appearing to read "Timothy A. Swope". The signature is fluid and cursive, with a long horizontal stroke at the end.

Timothy A Swope, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 262-9838