



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

November 2, 2021

Tammy Koerber
4353 Mohawk Trail
Adrian, MI 49221

RE: License #: DF460389683
Tammy L. Koerber
4353 Mohawk Trail
Adrian, MI 49221

Dear Ms. Koerber:

This letter is a follow-up to the Department’s findings regarding the interim inspection conducted at your home on 11/01/2021. 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.

During the on-site inspection, I observed children initiated in nap/rest time. Ms. Koerber provides the children with various daily activities that include arts and craft activities. Caregiver interactions with children were positive and nurturing.

During calendar year 2020:	Total
Number of serious injuries that occurred in facility.	0
Number of deaths that occurred in the facility.	0
Number of substantiated cases of abuse and/or neglect of a child that occurred at the facility.	0

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.

Sincerely,

A handwritten signature in black ink, appearing to read "Timothy A. Swope". The signature is fluid and cursive, with the first name being the most prominent.

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