



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 23, 2022

Lakeshia Johnson
21414 Mitchelldale
Ferndale, MI 48220

RE: Application #: DF630412086
Kingdom Kidz Daycare
21414 Mitchelldale
Ferndale, MI 48220

Dear Ms. Johnson:

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 (248) 975-5053.

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

Sincerely,

J. Manchester

Jinelle M. Manchester, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(313) 938-6141

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
CHILD CARE LICENSING BUREAU
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	DF630412086
Licensee Name:	Lakeshia Johnson
Licensee Address:	21414 Mitchelldale Ferndale, MI 48220
Licensee Telephone #:	(313) 399-3408
Licensee:	N/A
Name of Facility:	Kingdom Kidz Daycare
Facility Address:	21414 Mitchelldale Ferndale, MI 48220
Facility Telephone #:	(313) 399-3408
Application Date:	03/19/2022
Capacity:	6
Program Type:	CHILD CARE FAMILY HOME (CAPACITY 1-6)

II. METHODOLOGY

03/19/2022	On-Line Enrollment
03/22/2022	Contact - Document Sent Rule & Act booklets; MI Child Care Matters; CC Comprehensive Background Cks; Reimburse ltr & form
03/25/2022	Inspection Completed-Heating Approved
03/25/2022	Inspection Completed-Water Heater Electric
04/05/2022	Contact - Document Received Med cl & TB for Deon
04/14/2022	Contact - Document Received Radon results 0.3 pCi/L
04/14/2022	Contact - Document Received Med cl, TB, 001 & DL for Laekshia; TB for [REDACTED] 001 & DL for Deon
04/15/2022	Contact - Document Received Verification of Infant Safe Sleep, Courses 1 & 2 for Lakeshia
04/18/2022	Contact - Document Received App - Signed & dated
04/18/2022	Contact - Document Received Verification of CPR & 1st Aid for Lakeshia
04/18/2022	Application Complete/Orientation Needed
04/18/2022	Workload Transfer for Orientation
05/18/2022	Orientation Scheduled For-

	Pontiac - Virtual
05/18/2022	Orientation Attended Pontiac - Virtual
06/08/2022	Application Incomplete Letter Sent emailed
08/15/2022	Inspection Completed On-site
08/15/2022	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Description of Facility

This is a single family bungalow located in a residential neighborhood.

Rooms and levels approved for child care use:

Ms. Johnson will use the living room and one bedroom on the main floor of the home.

Areas not approved:

The master bedroom and kitchen on the main level are not approved. The second floor and basement are not approved.

Ages of children served:

Ms. Johnson will care for children ages birth to four years old.

Equipment:

Ms. Johnson has varied equipment for this age range. She is aware that there needs to be enough materials accessible for all children enrolled in her care.

Proposed days and hours of operation:

Ms. Johnson will operate Monday – Friday from 6:00 a.m. to 6:00 p.m.

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

There are no previous or concurrent licenses.

Exiting information (including second floor and basement):

The main floor has both a front and side door.

Outdoor play area description:

At this time, Ms. Johnson will take daily walks to the local park a block away. The backyard is not approved at this time. Ms. Johnson will notify the department when the backyard is ready to use and understands approval from the department is needed prior to child use.

Additional information:

- Pets? No Yes If yes, describe. outdoor cats
- 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 at this time.

IV. RECOMMENDATION

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

J. Manchester

08/23/2022

Jinelle M. Manchester
Licensing Consultant

Date

Approved By:

Jacquelin Sharkey

08/23/2022

Jacquelin Sharkey
Area Manager

Date