



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF  
LIFELONG EDUCATION, ADVANCEMENT, AND POTENTIAL  
LANSING

Michelle Richard  
ACTING DIRECTOR

**Report Type** : Addendum to Original Report  
**Inspection Type**: Modification

**Date of Inspection**: N/A  
**Date of Report**: 3/29/2024

Licensee Name(s)	License Number	Capacity
Tracy Cruz	DG720301083	12
Facility Name	Program Type	
Tracy Cruz	Family Home	
Facility Address	Mailing Address	
10860 Otter Dr, St. Helen, MI, 48656	10860 Otter Dr, St. Helen, MI, 48656	
Facility Phone Number	Facility Email Address	
8102821913	mrsacruztlc@hotmail.com	

### Findings of the Inspection

**Purpose of Addendum:** The removal of the middle bedroom from the approved space.

**Findings and Conclusions:** I recommend the removal of the middle bedroom from the approved space.

If you have questions regarding the report, please contact licensing consultant, Dana M. Hart at (517) 388-4625 or hartd8@michigan.gov. In the event that Dana M. Hart is not available and you need to speak to someone immediately, please contact the Child Care Licensing Bureau at 517-284-9730.

Description of Facility
This group child care home is located in a one-story ranch home in a rural setting of St. Helen, MI.

Approved Child Use Space	
Room	Notes
Bedroom (End)	
Room	Notes
Kitchen	
Room	Notes
Dining Room	

<i>Room</i>	<i>Notes</i>
Living Room	
<i>Room</i>	<i>Notes</i>
Master Bedroom	
<i>Room</i>	<i>Notes</i>
Bathroom	
Exits in the Home	There are three exits. The front door that exits out to the front yard; the side door that exits out to the garage and a sliding glass door that exits out to the back yard.
Spaces Not Approved	Middle bedroom.
Restroom(s) Used By Children in Care	The bathroom is located on the main floor of the home.
Fireplaces/Wood Burning Stoves	Yes, not used during child care hours.
Pets	Yes, two dogs.

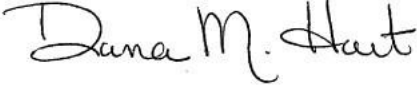
<b>Documentation of Required Inspections</b>		
<i>Type of Inspection</i>	<i>Date of Inspection</i>	<i>Findings</i>

<b>Description of Outdoor Play Area</b>		
<i>Location</i>	<i>Fenced</i>	<i>Outdoor Hazards</i>
Front yard.	Partially fenced in area	None.

<b>Hours of Operation</b>						
<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
06:00 AM To 6:00 PM	06:00 AM To 6:00 PM	06:00 AM To 6:00 PM	06:00 AM To 6:00 PM	06:00 AM To 5:00 PM		

<b>Terms, Program Components, and Variances</b>					
<i>Full Time or Part Time Care</i>	<i>Months of Operation</i>	<i>Care Before 6 AM</i>	<i>Care After 6 PM</i>	<i>Overnight Care</i>	<i>Weekend Care</i>
	Year Round	No	No	No	No
<b>Ages of Children Served</b>		Birth - 17 years			

<b>Previous or Concurrent Licenses, Including Children's Foster Care Variances</b>	
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<b>Recommendation</b>	
I recommend removal of the middle bedroom from the approved space.	
<b>Approved By:</b>	
	
Dana M. Hart <b>Licensing Consultant</b>	03/29/2024 <b>Date</b>