

GRANVILLE-HAVENWOOD QUESTIONNAIRE

DS ADVISORY COUNCIL Date 03/17/2026

BUSINESS

The Granville-Havenwoods Advisory Council reviews plans and proposals for redevelopment projects in the Granville-Havenwoods Development Area for consistency with the goals, needs, and desires of the Granville-Havenwoods community and its residents, businesses, property owners and other stakeholders. The Granville-Havenwoods Development Area is bounded by W. County Line Road, Good Hope Road, N. 43rd Street, and N. 107th Street. Additionally, the council would like to be informed of new businesses or developments coming into the Granville-Havenwoods Development Area or altering operations within the area. The council would like to review those businesses/developments and possibly offer recommendations or provide input on them. Any recommendations made by this council are advisory only to other required processes.

Please be prepared to present your business or proposed business for roughly 5 minutes. If you are not confident in your command of English, please bring a translator with you. Applicants must meet with the local Council member prior to appearing at this meeting and may be moved to the next meeting date, if the meeting runs long

Individual Name: Christina Cunningham <small>INCLUDE ALIASES AND PRIOR NAMES</small>
Email: anurturinghome1@yahoo.com
1. What is the legal name and D/B/A name of your business? A Nurturing Home Away From Home.
2. What is the address of your business or proposed business? 8225 B north 107th Street Milwaukee WI 53224
3a. Are you a new or existing business? Existing
3b. How many years have you been in business? 10 years
4. Describe the product(s) or service(s) you offer. Include specific activities to be held at the proposed location. Include all licensing needed/applied for. State licensed CBRF assisted living for residents with disabilities. We provide daily meals, medication administration, doctors appointments, and showers.
5. What problem does your business solve? We assist Managed care agencies with placement for aged advance that can no longer live alone or homeless members.
6a. How will you involve the community? Build relationships with groups that already serve or care about seniors. A lot of our residents don't have family that visit them on a regular basis. This would help them with social skills and mental health Example Like depression and withdrawal.
6b. How will you give back to the community? Support and involve nearby businesses. Invite barbers and hairstylists for onsite services, local musicians or fitness instructors. Police /fire departments to do a safety presentation.

<p>7. What are the business hours of operation? Monday thru Sunday 24 hours a day 7am to 7am</p>
<p>8. Who is your target audience? Individuals that can't live alone seniors who can't live fully independently resident that benefit from structured , supportive environments.</p>
<p>9a. Why do you want your business to be located within the 9th district? Most of our members need handicap accessibility. This building and location is a perfect area .</p>
<p>9b. How will your business improve the 9th district? <i>A Nurturing Home Away from Home</i>, as an adult family home, will improve the 9th District by providing safe, compassionate, and high-quality care for adults who need assistance with daily living. The business will support individuals in maintaining dignity, independence, and a sense of belonging in a home-like environment. By offering reliable care services, the home will also support families in the community who need trusted care options for their loved ones. This helps reduce caregiver stress and allows families to remain active and productive in the community.</p>
<p>10. Who will maintain the exterior premise of your establishment? The exterior premises of the establishment will be maintained by the owner/operator and designated staff members. Responsibilities will include ensuring the outdoor area is clean, safe, and free of hazards. This includes regular tasks such as picking up litter, maintaining walkways, monitoring playground areas (if applicable), and ensuring proper upkeep of landscaping and entrances.</p>
<p>11. Are you leasing or buying the building where your business will be located? We currently lease the facility. We have plans to purchase the building in the future when funding permits.</p>
<p>12. Describe your security design. <i>A Nurturing Home Away from Home</i> is designed with a strong focus on safety, security, and the well-being of all residents. The building has a secured sign in entry system to ensure that only authorized individuals can enter the premises. All doors and windows will be properly maintained and equipped with locks to prevent unauthorized access.</p> <p>The exterior of the property will be well-lit to enhance visibility and safety, especially during evening hours. Security cameras are installed in common areas and outside the building to monitor activity and ensure resident protection while maintaining privacy, no cameras are allowed in personal spaces due to state statute licensing.</p> <p>Staff is trained to monitor visitors, follow check-in procedures, and respond to emergencies. Emergency preparedness plans, including fire safety measures, alarm systems, and clear evacuation routes, will be in place and regularly practiced.</p>
<p>13. Does your proposal involve any City approvals? If so, what are those approval processes? We currently have an occupancy permit which the business has had for the last 10 years through BOAZ which needs renewing so having approval from this committee will assist us in renewal.</p>
<p>14. What is the project timeline or schedule for your development or business, including any City approvals that are required? Once the committee is approves the site we can than gain a renewal for my occupancy permit</p>
<p>15a. Do you have a written business plan? Yes</p>
<p>15b. Does your plan include a marketing plan? Yes</p>

15c. Are you doing financing? If yes, with whom? No, the business is not utilizing financing. The establishment operates under a commercial lease agreement. Under the terms of this lease, the owner/operator is responsible for any repairs and maintenance required for the building.

15d. What is your plan on hiring and how many full/part-time employees? The business currently employs **6 full-time staff members** to provide quality care and support to residents. As the facility expands to a **16-bed adult family home**, there are plans to increase staffing levels to meet the needs of residents and ensure proper care and supervision.

The hiring plan includes recruiting additional **full-time and part-time employees**, such as caregivers and support staff, to maintain appropriate staff-to-resident ratios. The exact number of new hires will be determined based on licensing requirements and resident needs, with a focus on ensuring adequate coverage for all shifts, including evenings and weekends.

Continued 

- 2 -

GRANVILLE-HAVENWOODS ADVISORY COUNCIL BUSINESS
QUESTIONNAIRE

GRANVILLE DEVELOPMENT DISTRICT CITY OF MILWAUKEE

15e. Are you going to hire within the community and how do you plan to recruit/train these individuals? Yes, the business plans to hire within the local community to support economic growth and build strong community connections. Hiring locally also helps ensure staff are familiar with the needs and values of the community being served.

Recruitment efforts will include posting job openings on local job boards, community centers, social media platforms, and through word-of-mouth referrals. The business may also partner with local workforce programs and training organizations to identify qualified candidates. I am currently a CBRF Trainer with the State of WI. All new hires will participate in a structured training and onboarding process.

15f. What insurance coverage do you have? The business maintains **\$3 million in liability insurance coverage**, as required by the State of Wisconsin. This coverage helps ensure protection for residents, staff, and the facility in the event of accidents or unforeseen incidents, and supports compliance with state regulations.

16. If needed, have you contacted the Department of Public Works? N/A

17. Do you have a contractor for plumbing, HVAC, and architect? If yes, who are they? Yes, the business has identified contractors for key building and maintenance services. The architect for the project is Keith Swerk. HVAC services will be provided by Josh Stiemke, and plumbing services will be handled by Refugio Mandujano. These professionals will support the facility's design, functionality, and ongoing maintenance needs.

18. Have you obtained your seller's permit? N/A

19. Have you registered with the Department of Financial Institutions? Yes, the business has registered with the **Wisconsin Department of Financial Institutions (DFI)** as required for compliance with state regulations governing adult family homes and related business operations.

20. Do you have an accountant and a lawyer? If yes, who are they? Yes, the business has professional support in place. The accountant is **Garland Sanders**, who manages financial records, tax filings, and accounting needs. Legal services are also retained to ensure compliance with state regulations and to provide guidance on contracts, leases, and other legal matters.

21. Do you currently have any unpaid financial judgments against you personally or any businesses you are involved with and/or in? If the questionnaire is not answered in full you will not be recommended to proceed in the process. No, I do not currently have any unpaid financial judgments against me personally or against any businesses I am involved with. I previously owed **\$83,000 in restitution** for a prior business, but this amount has been **paid in full**.

- 3 -

GRANVILLE-HAVENWOODS ADVISORY COUNCIL

Date

INDIVIDUAL QUESTIONNAIRE

All individuals involved in the business must complete this form, including:

- sole proprietor
- all officers, directors, and agents of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) A Nurturing Home Away From Home INC	
2. Business Trade Name or DBA "A Nurturing Home Away from Home INC	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information				
1. Last Name Cunningham		2. First Name Christina		3. M.I. P
4. Relationship to Business (Title) Licensee		5. Email chrisboom8585@gmail.com		6. Phone 414 573-8836
7. Home Address 6730 N 107th Street				
8. City Milwaukee		9. State WI	10. Zip Code 53224	11. Date of Birth 06/26/1979
12. Driver License/State ID Number C552-1157-9726-09			13. Driver License/State ID State of Issuance	

Part C: Address History

1. Do you currently reside in Wisconsin? x Yes
 No

If yes	to 1 above, how long have you 3 continuously	lived in Wisconsin	application?	Years	Months
				30	
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 9097 F N 95 th st		City Milwaukee		State WI	Zip Code 53224
Previous Address 2 3511 W Lisbon Ave		City Milwaukee		State WI	Zip Code 53208
Previous Address 3 2749 N Buffum St		City Milwaukee		State WI	Zip Code 53212
Previous Address 4		City		State	Zip Code

Previous Address 5			City			State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County		State	County		State	County
State	County		State	County		State	County

Continued 

Part D: Criminal History		
<p>1. Have you ever been convicted of any offenses (excluding traffic offenses) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.</p>		
Law/Ordinance Violated Misapporition	Location Milwaukee	Conviction Date 11/2010
Penalty Imposed 2 years prison sentence		Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was the sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Are charges for any offenses currently pending against you (excluding traffic offenses) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> NO If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.</p>		

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully.

Signature

Date 03/17/2026