



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 13, 2025

Charlene Olsen  
3386 Wildwood Ln  
Rogers City, MI 49779

RE: License #: AF710415409  
**Wildwood AFC**  
**3386 Wildwood Ln**  
**Rogers City, MI 49779**

Dear Ms. Olsen:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 335-5985.

Sincerely,

A handwritten signature in blue ink, appearing to read "Matthew Soderquist".

Matthew Soderquist, Licensing Consultant  
Bureau of Community and Health Systems  
931 S Otsego Ave Ste 3  
Gaylord, MI 49735  
(989) 370-8320

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF710415409
<b>Licensee Name:</b>	Charlene Olsen
<b>Licensee Address:</b>	3386 Wildwood Ln Rogers City, MI 49779
<b>Licensee Telephone #:</b>	(989) 916-5428
<b>Licensee/Licensee Designee:</b>	N/A
<b>Administrator:</b>	Charlene Olsen
<b>Name of Facility:</b>	Wildwood AFC
<b>Facility Address:</b>	3386 Wildwood Ln Rogers City, MI 49779
<b>Facility Telephone #:</b>	(989) 734-2917
<b>Original Issuance Date:</b>	04/17/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/13/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 07/09/2025

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed Role:

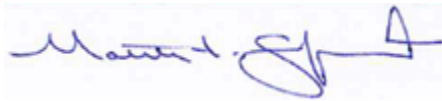
- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.  
no meal service during inspection
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☒ No ☐ N/A ☐  
If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☒ No ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:  
N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.

A handwritten signature in blue ink, appearing to read "Matthew Soderquist", with a stylized flourish at the end.

10/13/25

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Matthew Soderquist  
Licensing Consultant

Date