



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
FAMILY INDEPENDENCE AGENCY  
OFFICE OF CHILDREN AND ADULT LICENSING



MARIANNE UDOW  
DIRECTOR

November 12, 2004

Deborah Pettyplace  
Central State Community Services, Inc.  
Suite 201  
2603 W Wackerly Rd  
Midland, MI 48640

RE: License #: AS560012112  
Mitchell House  
305 E St Andrews St  
Midland, MI 48640

Dear Ms. Pettyplace:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (989) 839-1144.

Sincerely,

Ronald Verhelle, Licensing Consultant  
Office of Children and Adult Licensing  
PO Box 1609  
1509 Washington, Suite A  
Midland, MI 48641  
(989) 839-1110

enclosure

**MICHIGAN FAMILY INDEPENDENCE AGENCY  
OFFICE OF CHILDREN AND ADULT LICENSING  
ADDENDUM TO ORIGINAL LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS560012112

**Licensee Name:** Central State Community Services, Inc.

**Licensee Address:** Suite 201  
2603 W. Wackerly Rd.  
Midland, MI 48640

**Licensee Telephone #:** (989) 631-6691

**Administrator/Licensee Designee:** Deborah Pettyplace, Designated Licensee  
Shelley Wardlow, Administrator

**Name of Facility:** Mitchell House

**Facility Address:** 305 E Saint Andrews St.  
Midland, MI 48640

**Facility Telephone #:** (989) 631-4982

**Capacity:** 6

**Program Type:** CLF/DD  
MI

## **II. Purpose of Addendum**

An addendum to the Licensing Study report is required to modify the terms of the license.

## **III. Methodology**

On November 3, 2004, a Request For Modification Of The Terms Of The License was received.

On November 10, 2004, statements were received from Debbie Pettyplace and Shelley Wardlow regarding their training and experience.

On November 12, 2004, a statement was received from Central State Community Services, Inc. regarding the Program Statement and Admission Policy at Mitchell House.

## **IV. Description of Findings and Conclusions**

- A. The statement received from Debbie Pettyplace indicated she has the required training and at least one year of experience in working with individuals with mental illness.
- B. The statement received from Shelley Wardlow indicated she has the required training and at least one year of experience in working with individuals with mental illness.
- C. The statement received from Central State Community Services, Inc. indicated Mitchell House's Admissions Policy and Program Statement is being changed to reflect that the home will serve individuals with mental illness in addition to serving individuals with developmental disabilities.

## **V. Recommendation**

I recommend the terms of the license be changed to reflect that the population being served at Mitchell House also includes individuals with mental illness.

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Ronald Verhelle  
Licensing Consultant

Date

