



STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
OFFICE OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

September 28, 2006

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

RE: License #: AM190077476  
Coleman House  
3255 E Coleman Road  
East Lansing, MI 48823

Dear Ms. Pettyplace:

Attached is the Addendum to the Original Special Certification 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 (517) 335-6124.

Sincerely,

Barbara Williams, Licensing Consultant  
Office of Children and Adult Licensing  
7109 W. Saginaw  
P.O. Box 30650  
Lansing, MI 48909  
(517) 241-0978

Enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
OFFICE OF CHILDREN AND ADULT LICENSING  
ADDENDUM TO ORIGINAL SPECIAL CERTIFICATION REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AM190077476

**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, Designee

**Name of Facility:** Coleman House

**Facility Address:** 3255 E Coleman Road  
East Lansing, MI 48823

**Facility Telephone #:** (517) 324-1999

**Capacity:** 12

**Program Type:** OFFICIAL FORMER AIS/MR  
CLF/MI

**II. Purpose of Addendum**

Deborah Pettyplace, Licensee Designee, requested by submitting an Application for Certification that the facility type be modified to include the mentally ill population.

**III. Methodology**

- 4/27/2006      Receipt of Application For Certification Modification
- 4/27/2006      Receipt of Revised Program Statement
- 6/23/2006      Onsite inspection conducted

**IV. Description of Findings and Conclusions**

Based on the review of the Application for Certification, the revised Program Statement, facility and staff records it was determined that the facility satisfactorily meets the requirements for the requested modification to the certification.

**V. Recommendation**

It is recommended that the facility type include the mentally ill population.

*Barbara K. Williams*

9/28/2006

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Barbara Williams  
Licensing Consultant

Date