

ENVIRONMENTAL HEALTH INSPECTION REQUEST

Michigan Department of Licensing and Regulatory Affairs
Child Care and Camps

1. License Number DC720022892
2. Expiration Date 06-2017
3. Status of License Current
4. Proposed/Current Capacity <input type="checkbox"/> 1-20 <input checked="" type="checkbox"/> 21-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 100+
5. Please return the completed inspection report by this date: Insp. Date 4-4-17

MOST LOCAL HEALTH DEPARTMENTS CHARGE AN INSPECTION FEE. YOU ARE ADVISED TO CONTACT THE LOCAL HEALTH DEPARTMENT TO DETERMINE THE FEE.

6. Name and Address of Local Health Department

Central Michigan District Health
1015 Short Drive #1
Prudenville, MI 48651

HEALTH DEPARTMENT TELEPHONE NUMBER 989 366 9166
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7. Reason for Inspection

New Application
 Reinspection
 Renewal Inspection
 Complaint (Specify in No. 24)

Addition/Plan Review
 Proposed New Construction/
 Plan Review
 Other (Specify in No. 24)

8. Water Supply and/or Sewage Disposal and General Sanitation and Safety (Use BCAL-1788-CC)

Children's Camp or Adult Foster Care Camp
 Child Care Center
 Special Request (explain in No. 24)

9. Return Completed Inspection Report to Your Licensing Consultant.
Go to www.michigan.gov/michildcare>How Do I?>Contact My Consultant for your consultant's address.

10. Name of Licensing Worker
Candice Case-French
Telephone Number _____

11. Address of Licensing Worker/Consultant (Number, Street) _____
Houghton Lake 48629
City Zip Code

12. Name of Facility
Houghton Lake Early Childhood

22. Directions to Facility From Nearest Major Intersection

13. Name of Administrator/Contact Person
Amy Peterson

14. Address of Facility (Number, Street)
4451 W. Houghton Lake Drive

15. City
Houghton Lake

16. Township
Denton

23. Comments

17. County
Roscommon

18. Zip Code
48651

19. Facility Telephone Number
989 366 2023

20. Alternate Telephone Number
989 366 2000

21. Date of Last Environmental Health Inspection

24. To be completed by license applicant/licensee:
I request the health authority to conduct an environmental health inspection that is in accordance with the Sanitarians' Field Manual for Environmental Health Inspections of Facilities Licensed by the State of Michigan Department of Licensing and Regulatory Affairs of the facility indicated in box 13 of this document.

03-22-17
Date

Signed _____

25. L.H.D. Use

Fee Amount \$ _____ Payment made by check (# _____), cash, other _____

Received by _____ Date _____

LARA is an equal opportunity employer/program.	AUTHORITY: 1973 PA 116 COMPLETION: Required. NON-COMPLETION: No registration/license will be issued.
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