

CHILD CARE CENTER RENEWAL INFORMATION

If you wish to renew your license, please carefully review and follow the instructions. Complete and return all of the required documents listed in the Application Materials section below to the address listed as soon as possible, but no later than 45 days prior to the expiration date of your license. If your packet is incomplete, it will hold up the renewal process.

Michigan Department of Social Services
P.O. Box 30111
Lansing, MI 48909-8F11

Application Materials

Forms listed below that are not included in this file are available on the licensing website at www.michigan.gov/michildcare-forms.

- Check or money order payable to the State of Michigan.
- Child Care Application (BCAL-3970).
- Supplemental Information Child Care Center (BCAL-3601).
- Licensing Record Clearance (BCAL-1326-CC). Review the BCAL-1326-CC instructions for fingerprinting. Fingerprinting must be completed for each partner, licensee designee, and program director, **if not previously completed**.
- Child Care Licensee Designee (BCAL-5003), if applicable and if not previously completed.
- Staffing Plan (BCAL-5001).
- No change in Building Construction Declaration (BCAL-2129), is applicable.
- Lead Hazard Risk Assessment Summary (BCAL-4344), if applicable.
- Self-Certification of Transportation Rules (BCAL-5044), if transportation is provided.
Note: This form is not required if transportation is provided in a school bus by a school. [R400.8710].
- Inspection of fuel-fired furnace by a licensed heating contractor.
- Inspection of fuel-fired water heater by a licensed heating contractor or licensed plumbing contractor.
- Annual Documentation of Compliance for School-Age Programs Exempt from Inspection & On-Site Visits, if applicable.

If your program is **located** in a school building, please complete the School-Building Fire Inspection Certification (BCAL-5043) form.

If your program is **not located** in a school building, you will need to do one of the following:

- Request a fire safety inspection of your facility if it has been more than four years since the last fire safety inspection. A list of Qualified Fire Inspectors is online at: www.michigan.gov/michildcare > Licensed Providers > Inspections for Child Care Centers. Fees charged by the Qualified Fire Inspector are your responsibility. **The report will be forwarded by the Qualified Fire Inspector to your local Child Care Licensing Division office.**

- Complete the No Change in Building Construction Declaration (BCAL-2129) form if there has not been any new construction, remodeling, additions or renovations made to the center since the most recent fire safety inspection. **Note:** If there has been any new construction, remodeling, additions or renovations, you must obtain a fire safety inspection.

You will need to request an Environmental Health Inspection **ONLY** if you have any of the following:

- You have private well water and/or septic system.
- You provide food service.

You must use the enclosed Environmental Health Inspection Request (BCAL-1787-CC) to arrange this inspection through your local health authority. **The report is to be forwarded, when complete, to your local Child Care Licensing Division office.** The inspection will be at your expense.

Centers licensed before December 7, 2006 located in a building constructed prior to 1978 have until January 2, 2017 to obtain a lead hazard risk assessment. The Lead Hazard Risk Assessment Summary (BCAL-4344) form must be included with the lead hazard risk assessment to document compliance with this rule. The lead hazard risk assessment must be conducted by a certified risk assessor. A list of certified lead risk assessors can be found at www.michigan.gov/lara/0,4601,7-154-63294_5529_49572_53751-336885--,00.html.

Note: Centers that operate in school buildings serving only school-age children are exempt from this requirement.

CHILD CARE CENTERS

RENEWAL FEE

1 – 20 Children	\$75.00
21 – 50 Children	\$100.00
51 – 100 Children	\$125.00
101+ Children	\$150.00

FAMILY – 6 or less **CHILD CARE APPLICATION**
 GROUP – 7 to 12 Department of Licensing and Regulatory Affairs
 CENTER Bureau of Community and Health Systems

FOR CASHIER USE ONLY – Cashier code: 100201 License Number: _____

BCHS USE ONLY Application is: <input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Other
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COMPLETE FOR ALL APPLICANTS

If Individual, Applicant Name (Last, First, Middle)/If Entity, Corporate Name or Sponsoring Organization Name			Social Security Number or Federal ID Number		
Joint Applicant Name (Last, First, Middle), If Applicable			Social Security Number		
Address (Street Number and Name)			Telephone Number ()		County
City	State	Zip Code	E-mail Address		
Have You Been Previously Licensed/Approved/Registered To Care For Children Or Adults? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Registration/Approval/License No. _____					
Are You Currently Licensed/Approved/Registered To Care For Children Or Adults? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Registration/Approval/License No. _____					
Have You Applied For Any Other License/Approval/Registration To Care For Children Or Adults? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Have You, Or Has Any Person That Will Be Assisting In The Care Of Children Or Living In The Child Care Home: <ul style="list-style-type: none"> • Been Convicted of an Offense Other Than A Minor Traffic Violation? <input type="checkbox"/> No <input type="checkbox"/> Yes • A History Of Substantiated Abuse Or Neglect Of Children Or Adults? <input type="checkbox"/> No <input type="checkbox"/> Yes 					

Check boxes to confirm statements have been read: <input type="checkbox"/> I have reviewed the Child Care Organizations Act (1973 PA 116) and the licensing rules for the operation of the child care organization indicated above, and if granted a license, certificate of approval, or certificate of registration, I agree to comply with the Act and Rules. <input type="checkbox"/> In order to permit a proper determination of conformity with the Act and Rules, I give permission to the Michigan Department of Licensing and Regulatory Affairs to make a necessary and reasonable investigation of activities and standards of care and to make an on-site inspection of my facility and services. <input type="checkbox"/> I agree not to care for more children at one time than my registered/licensed capacity states. <input type="checkbox"/> I certify that I have a high school diploma, GED certificate or equivalent (new family/group home applicants only).	<input type="checkbox"/> I certify that I will notify the Department if I or any member of my household or any person caring for children has been arraigned for an offense specified in MCL 722.115(e), MCL 722.115(f) or has a history of substantiated child abuse or neglect. <input type="checkbox"/> I am aware of the legal provision that to operate a child care organization without a license constitutes a misdemeanor as stated in 1973 PA 116, Section 15. <input type="checkbox"/> I certify that any information I give in respect to the Department's investigation will be, to the best of my ability, true and correct. <input type="checkbox"/> I give permission to the Michigan Department of Licensing and Regulatory Affairs to contact persons, including those I give as references, in order to determine if I am in compliance with the Act and the Rules.
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COMPLETE FOR CHILD CARE CENTER ONLY

Facility Name			Corporate Name/Sponsoring Organization Name, if applicable		
Address (Street Number and Name)			Address (Street Number and Name)		
City	State	Zip Code	City	State	Zip Code
Telephone Number ()		County	Telephone Number ()		County
Applicant's E-mail Address			Sponsoring Organization's E-mail Address		

Auspices Status				Send Mail To <input type="checkbox"/> Facility <input type="checkbox"/> Licensee	Corporate Status (Check One) <input type="checkbox"/> None <input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit
Governmental (Check One)	<input type="checkbox"/> Local Government <input type="checkbox"/> County Government	<input type="checkbox"/> State Government <input type="checkbox"/> Community College	<input type="checkbox"/> State College/University <input type="checkbox"/> Public School		
Non-Governmental (Check All That Apply)	<input type="checkbox"/> Church <input type="checkbox"/> Privately Owned	<input type="checkbox"/> Parent Cooperative <input type="checkbox"/> Employee Sponsors	<input type="checkbox"/> Private Funded Comm. Org. <input type="checkbox"/> Private School/College		

Applicant/Representative Signature (If Corporation, Must Be Signed By Authorized Person.)	Title	Date
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LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.	AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: No registration/ approval/license will be issued.
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SUPPLEMENTAL INFORMATION CHILD CARE CENTER

Michigan Department of Licensing and Regulatory Affairs

Bureau of Community and Health Systems

ORIGINAL

RENEWAL

Center Name		LICENSE NUMBER REQUIRED ▼ FOR RENEWALS ONLY ▼
County	Today's Date	

Applicant's Name (Individual Sponsoring Organizations)

Email Address

ORGANIZATIONS WITH BOARD OF DIRECTORS

Chairperson/President's Name	Home Telephone Number	Work Telephone Number	
Home Address (<i>Street Number and Name</i>)	City	State	Zip Code
Secretary's Name Home	Home Telephone Number	Work Telephone Number	
Home Address (<i>Street Number and Name</i>)	City	State	Zip Code
Treasurer's Name	Home Telephone Number	Work Telephone Number	
Home Address (<i>Street Number and Name</i>)	City	State	Zip Code

CENTER PROGRAM DIRECTOR

Center Program Director's Name (<i>Last, First, Middle</i>)	Former or Maiden Name(s)	Home Telephone Number	
Home Address (<i>Street Number and Name</i>)	City	State	Zip Code

NOTIFY THIS OFFICE OF ANY CHANGES OF BOARD MEMBERS OR PROGRAM DIRECTOR.

LICENSE TERMS

Does the Center have (check one):		Water: <input type="checkbox"/> public <input type="checkbox"/> private	Sewage: <input type="checkbox"/> public <input type="checkbox"/> private
Age Range (<i>Indicate all applicable</i>)			Child Capacity Requested:
<input type="checkbox"/> BIRTH TO 2 ½ YEARS	<input type="checkbox"/> 2 ½ YEARS THROUGH 5 YEARS	<input type="checkbox"/> 6 YEARS AND OLDER	Year the Facility was Built:
Specific Ages:	Specific Ages:	Specific Ages:	

PROGRAM INFORMATION

Operation Type (<i>Check all applicable</i>)			
<input type="checkbox"/> FULL DAY	<input type="checkbox"/> PART DAY	<input type="checkbox"/> BEFORE SCHOOL	<input type="checkbox"/> AFTER SCHOOL
		<input type="checkbox"/> EVENING	<input type="checkbox"/> OVERNIGHT
Months of Operation (<i>Check one box only</i>)			
<input type="checkbox"/> YEAR-ROUND	<input type="checkbox"/> SCHOOL YEAR	<input type="checkbox"/> SEASONAL (Specific Months)	
Additional Program Components (<i>Check all applicable</i>)		<input type="checkbox"/> ON-SITE FOOD PREPARATION AND SERVICE	
<input type="checkbox"/> INFANTS/TODDLERS	<input type="checkbox"/> NIGHT-TIME CARE	<input type="checkbox"/> SWIMMING	<input type="checkbox"/> TRANSPORTATION

Days and Time of Operation (indicate a.m./p.m.)			DIRECTIONS TO CENTER (<i>Indicate nearest intersection</i>)
Sunday	From:	To:	
Monday	From:	To:	
Tuesday	From:	To:	
Wednesday	From:	To:	
Thursday	From:	To:	
Friday	From:	To:	
Saturday	From:	To:	

AUTHORITY: 1973 PA 116
 COMPLETION: Is required.
 CONSEQUENCE FOR NONCOMPLETION: Applicant cannot be licensed.

LARA is an equal opportunity employer/program.
 Auxiliary aids, services and other reasonable accommodations
 are available upon request to individuals with disabilities.

Environmental Health Inspections

Please read this before proceeding any further

You must use the enclosed Environmental Health Inspection Request (BCAL-1787-CC) to arrange this inspection through your local health authority.

In order to determine which health inspection agency you will need to send the Environmental Health Inspection Request (BCAL-1787-CC) to, please go to www.michigan.gov/mdhhs > How Do I? > Find my local health department in my county? and click on the county in which your center is located. Fill in section 6 on the Environmental Health Inspection Request (BCAL-1787-CC) with the name and address of the health inspection agency.

This inspection will be at your expense. Contact your local health authority to verify the cost of the inspection.

If you have additional questions about the need to request a health inspection, please contact your local health department or call 866-685-0006.

Plan Reviews for a Child Care Center:

A child care center applicant/licensee considering new construction, renovation or structural modification of the kitchen, bathroom or food preparation or food storage area must contact the local environmental authority using the BCAL-1787-CC to assure compliance with all local regulations. If the local environmental health authority will not do a plan review, the applicant/licensee must provide documentation to Child Care Licensing.

ENVIRONMENTAL HEALTH INSPECTION REQUEST
 Michigan Department of Licensing and Regulatory Affairs
 Child Care Licensing

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

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

6. Name and Address of Local Health Department

HEALTH DEPARTMENT TELEPHONE NUMBER

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

Telephone Number _____

11. Address of Licensing Worker/Consultant (Number, Street)

City _____ Zip Code _____

12. Name of Facility

22. Directions to Facility From Nearest Major Intersection

13. Name of Administrator/Contact Person

14. Address of Facility (Number, Street)

15. City

16. Township

23. Comments

17. County

18. Zip Code

19. Facility Telephone Number

20. Alternate Telephone Number

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.

Signed Date

25. L.H.D. Use

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

Received by _____ Date _____

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AUTHORITY: 1973 PA 116
 COMPLETION: Required.
 NON-COMPLETION: No registration/license will be issued.