

BUREAU OF COMMUNITY AND HEALTH SYSTEMS
REQUEST FOR EXEMPTION FROM P.A. 116 INSPECTIONS & ON-SITE VISITS
Michigan Department of Licensing and Regulatory Affairs

License Number	MCL 722.111(2) provides that a "facility or program for school-age children ...may apply to the department ...to be exempt from inspections and on-site visits required under section 5 of this act."
Name of Facility	Licensee Name
Address	Address (if different from Facility)
City/State/Zip Code	City/State/Zip Code
Contact Person	Phone

Programs exempted from inspections and on-site visits required under section 5 of Public Act 116, must:

- Continue to meet the requirements of this act, the rules promulgated under this act and the terms of a license or approval under this act. [MCL 722.111 (3)]
- Submit documentation annually demonstrating compliance with the requirements of this act, the rules promulgated under this act and the terms of a license or approval under this act. [MCL 722.111 (4)]

LICENSE INFORMATION

Have you attached a resolution supporting this exemption that is signed by the School Board, Board of Directors or governing body? [Application will not be processed without this document.]	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
If exempted from inspections and on-site visits required under section 5 of Public Act 116, the licensee agrees to continue to meet the requirements of this act, the rules promulgated under this act, and the terms of a license or approval under this act, including submitting documentation annually demonstrating compliance with the act and rules.	
<input type="checkbox"/> No <input type="checkbox"/> Yes	
License Effective Date	License Expiration Date
Does this program serve children less than 4.9 yrs of age? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> If yes, we understand that the infant/toddler and/or preschool program will continue to receive inspections and on-site visits by the Bureau of Community and Health Systems.	

SIGNATURES

Signature of person completing report (if not Licensee)	Title	Date
Signature of Licensee	Title	Date
Signature of Superintendent or Board CEO (if not Licensee)	Title	Date

FOR BCAL USE

Special investigations in the past 2 years? <input type="checkbox"/> No <input type="checkbox"/> Yes	Has this facility had substantial act or rule violations in the past 2 years? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Provisional license issued in past 2 years? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Has the center been licensed at this site for at least 2 years? <input type="checkbox"/> No <input type="checkbox"/> Yes	Recommendation to approve exemption request <input type="checkbox"/> No <input type="checkbox"/> Yes If No, please explain.	
Date Exemption Request Granted	Effective Date of Exemption	
Signature of BCAL Representative	Title	Date