

FAMILY CHILD CARE HOME RENEWAL PROCESS AND CHECKLIST

If you wish to renew your Certificate of Registration, 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 registration. If your packet is incomplete, it will hold up the renewal process.

Michigan Department of Health and Human Services
 Cashier's Office
 P.O. Box 30759
 Lansing, MI 48909-8259

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.
- Family Child Care Home Renewal Checklist.
- Child Care Application (BCAL-3970)
- Supplemental Application Information (BCAL-3737).
- Licensing Record Clearance Request (BCAL-1326-CC). Not required at renewal **EXCEPT** for household members who have turned 18 years of age **or** new adult household members who have **not** previously submitted the DHS-1326-CC. **FINGERPRINTS ARE NOT REQUIRED AT RENEWAL.**
- Medical Clearance Request (BCAL-3704-CC). One for you and any assistant caregivers, signed by your physician (or your assistant caregiver's physician). The Patient Information section must be completed before submitting the form to your (or your assistant caregiver's) physician.
- Proof of a current TB test results for any assistant caregivers and any new persons over 14 years of age residing in your home who have **not** previously submitted documentation.
- Proof of valid infant/child/adult CPR and first aid training for you and any assistant caregivers. (See www.michigan.gov/michildcare for a list of approved organizations for CPR and first aid training.) Proof of blood-borne training for any assistant caregiver, if not previously provided.
- Proof of inspection and approval of your heating system (includes wood-burning stoves and any other permanently installed heating devices) **AND** fuel-fired water heater. Furnaces, other flame or heat-producing equipment used to heat the home when children are in care **AND** fuel-fired water heaters must be inspected by one of the following entities:
 - A licensed heating contractor for a fuel-fired furnace.
 - A licensed heating contractor or licensed plumbing contractor for a fuel-fired water heater.
 - A mechanical inspector for the local jurisdiction or licensed mechanical inspector for a wood stove or other solid fuel appliance.**Note:** Electric heat does not require an inspection.
- Training Record (BCAL-4590) and verification of 10 clock hours of training per calendar year by the registrant, and 5 clock hours of training per calendar year by each assistant caregiver, if applicable. Note: Annual training is assessed by calendar year. Three years' worth of training must be documented on the BCAL-4590 and verification submitted.

FAMILY CHILD CARE HOME RENEWAL CHECKLIST		
Verify each of the following with your signature.		
DATE	SIGNATURE	
		I have tested my smoke detectors to make sure they are working.
		A carbon monoxide detector is installed on each floor that is used by children in care.
		I have checked my fire extinguishers to make sure they are mounted and charged.
		I verify that there is no smoking on the premises while children are in care.

GROUP CHILD CARE HOME RENEWAL APPLICATION PROCESS

I. APPLICATION

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.

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Cashier's Office
P.O. Box 30759
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Application Materials

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- Check or money order payable to the State of Michigan.
- Child Care Application (BCAL-3970).
- Supplemental Application Information (BCAL-3737).
- Licensing Record Clearance Request (BCAL-1326-CC). Not required at renewal **EXCEPT** for household members who have turned 18 years of age **or new** adult household members who have **not** previously submitted the DHS-1326-CC. **FINGERPRINTS ARE NOT REQUIRED AT RENEWAL.**
- Medical Clearance Request (BCAL-3704-CC). One for you and any assistant caregivers, signed by your physician (or your assistant caregiver's physician). The Patient Information section must be completed before submitting the form to your (or your assistant caregiver's) physician.
- Proof of a TB test results for any assistant caregivers and any new persons over 14 years of age residing in your home who have **not** previously submitted documentation.
- Proof of valid infant/child/adult CPR and first aid training for you and any assistant caregivers. (See www.michigan.gov/michildcare for a list of approved organizations for CPR and first aid training.)
- Proof of inspection and approval of your heating system (includes wood-burning stoves and any other permanently installed heating devices) **AND** fuel-fired water heater. Furnaces, other flame or heat-producing equipment used to heat the home when children are in care **AND** fuel-fired water heaters must be inspected by one of the following entities:
 - A licensed heating contractor for a fuel-fired furnace.
 - A licensed heating contractor or licensed plumbing contractor for a fuel-fired water heater.
 - A mechanical inspector for the local jurisdiction or licensed mechanical inspector for a wood stove or other solid fuel appliance.

Note: Electric heat does not require an inspection.

II. INSPECTION

Once all required application materials have been submitted, your licensing consultant will conduct an unannounced inspection of your home to assess compliance with the licensing rules.

The Training Record (BCAL-4590) form and verification of 10 clock hours of training per calendar year must be on file in the child care home and will be reviewed during the on-site inspection. The (BCAL-4590) form and verification of 5 clock hours of training per calendar year and proof of blood-borne pathogen training, if not previously provided, for each assistant caregiver, if applicable, must be on file in the child care home and will be reviewed during the on-site inspection. Two years' worth of training must be documented on the BCAL-4590 and verification on file.

III. LICENSE ISSUANCE

Once the licensing inspection has been completed, the department will make a recommendation regarding the renewal of your license.

FAMILY – 6 or less
 GROUP – 7 to 12
 CENTER

CHILD CARE APPLICATION
 Michigan Department of Human Services
 Bureau of Children and Adult Licensing

FOR DHS USE ONLY – Cashier code: 41	
License Number:	
Paid Amount:	
Cashier:	

BCAL USE ONLY	Application is:
<input type="checkbox"/> Original	<input type="checkbox"/> Renewal
	<input type="checkbox"/> Other

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 					

<p>Check boxes to confirm statements have been read:</p> <p><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.</p> <p><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 Human Services 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.</p> <p><input type="checkbox"/> I agree not to care for more children at one time than my registered/licensed capacity states.</p> <p><input type="checkbox"/> I certify that I have a high school diploma, GED certificate or equivalent (new family/group home applicants only).</p>	<p><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.</p> <p><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.</p> <p><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.</p> <p><input type="checkbox"/> I give permission to the Michigan Department of Human Services to contact persons, including those I give as references, in order to determine if I am in compliance with the Act and the Rules.</p>
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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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Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.	AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: No registration/ approval/license will be issued.
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- FAMILY – 6 or less
 GROUP – 7 to 12

SUPPLEMENTAL APPLICATION INFORMATION

Michigan Department of Human Services
 Bureau of Children and Adult Licensing

LICENSE/APPROVAL/REGISTRATION
 NUMBER FOR RENEWAL ONLY

- ORIGINAL RENEWAL OTHER

SECTION I APPLICANT AND FACILITY INFORMATION:

Applicant Name (Last, First, Middle)		Birthdate	Soc Sec or FED ID Number	Phone Number	
Co-applicant Name (If joint)		Birthdate	Soc Sec or FED ID Number	Phone Number	
Address (Street Number & Name)		City		State MI	Zip Code
Name of Adult Who Will Assist in an Emergency		Telephone ()		Age	
Address (Street Number & Name)		City		State MI	Zip Code
Assistant Caregiver, If Any		Age	Assistant Caregiver, If Any		Age

LIST ALL PERSON(S) LIVING IN YOUR HOME AND RELATIONSHIP

Name	Birthdate	Relationship	Name	Birthdate	Relationship
Water Type: (check one) <input type="checkbox"/> Well <input type="checkbox"/> Public		Sewer Type: (check one) <input type="checkbox"/> Septic <input type="checkbox"/> Public		Water Heater (check one) <input type="checkbox"/> Gas <input type="checkbox"/> Electric	
Heat Type: (check all that apply) <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Wood <input type="checkbox"/> Forced Air <input type="checkbox"/> Boiler					Date of Furnace Inspection
Have you been previously or presently registered/licensed for children or adults? <input type="checkbox"/> No <input type="checkbox"/> Yes (License No.) ▶			Have you applied for any other registration/license to care for children or adults? <input type="checkbox"/> No <input type="checkbox"/> Yes (License No.) ▶		
Number of Children for whom you wish to be licensed.		Who will provide food?		Length of time in present home.	
List room names and sizes for children's use.		Basement <input type="checkbox"/> No <input type="checkbox"/> Yes		Days and Time of Operation (indicate a.m./p.m.):	
Where will children sleep/nap? Describe sleeping arrangements.		Sunday		From:	To:
		Monday		From:	To:
		Tuesday		From:	To:
		Wednesday		From:	To:
		Thursday		From:	To:
		Friday		From:	To:
Directions to Home (Indicate Nearest Intersection).		Saturday		From:	To:

SECTION II – PROGRAM AND TRAINING INFORMATION

What will the children do during the day? Describe planned daily activities including provisions for outdoor play. List toys/materials – attach a separate sheet, if necessary.

How do you plan to supervise children at all times (in your home, outdoors, on field trips, etc.) – attach a separate sheet, if necessary.

Training (Check all that apply)		Name of Training Agency		Date Card Received
<input type="checkbox"/> Have Completed:	<input type="checkbox"/> Infant & Child CPR ▶	Name of Training Agency		Date Card Received
	<input type="checkbox"/> Adult CPR			
<input type="checkbox"/> Have Not Completed:	<input type="checkbox"/> First Aid Training ▶	Name of Training Agency		Date Card Received
	<input type="checkbox"/> Infant & Child CPR	<input type="checkbox"/> Adult CPR	<input type="checkbox"/> First Aid Training	

I have /have not completed 10 hours of training annually. All assistant caregivers have /have not completed 5 hours of training annually.

Applicant/Licensee Signature	Date	Co-Applicant/Licensee Signature	Date
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Authority: 1973 PA 116 Completion: Required Penalty: Applicant cannot be licensed/registered	Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, sexual orientation, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
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