



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

NICK LYON
INTERIM DIRECTOR

RE: CHILD CARE APPLICATION – CENTERS

Dear Applicant:

The following is information regarding application for a child care center.

Instructions and additional materials are included which will assist you in completing the application.

Please complete and return all of the required application materials with the application fee to:

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

All of the required application materials must be returned in the same envelope. The application fee is \$150.00 for 1-20 children, \$200.00 for 21-50 children, \$250.00 for 51-100 children, and \$300.00 for 101 or more children. The check or money order for payment of the application fee must be payable to the "State of Michigan."

Please make and keep copies of all documents submitted to the Bureau of Children and Adult Licensing for future reference.

For additional information, please contact the Licensing Unit at (517) 284-9738 or Fax at (517) 284-9709.

Thank you.

Enclosures

**CHILD CARE CENTERS
LICENSING PROCESS**
Bureau Of Children And Adult Licensing
Michigan Department of Human Services

THE CHILD CARE LICENSING LAW

It is illegal in the State of Michigan to care for unrelated children in a group setting without being licensed. The Child Care Organizations Act ([1973 PA 116](#)) and the [Licensing Rules for Child Care Centers](#) are the statutory base for the standards of child care centers in the State of Michigan. These are the minimum standards by which programs are regulated. They do not guarantee high quality in child care. In signing the application, you agree to comply with the Act and Rules.

TIME FRAME FOR LICENSING PROCESS

As an applicant, you can expect the licensing process to take 3 to 6 months to complete **after** you submit a complete application packet. Individual circumstances may effect the actual time required to issue your license.

The amount of time required in issuing the license will depend upon completion of:

- Final approval from the appropriate qualified fire inspector and health department.
- Providing documentation of compliance with the Licensing Rules for Child Care Centers and the Child Care Organization Act (1973 PA 116).

SITE SELECTION

A license is issued to a specific person or organization at a specific location. It is non-transferable and remains the property of the department. Therefore, an application to establish a child care center must be for a specific location. You may save time and money if (**before construction, purchase or lease of a building**) you:

- ~ Check with your local zoning board or other authority to obtain permission to operate a child care business.
- ~ Conduct a needs assessment or feasibility study to determine if you have chosen a viable location.
- ~ Contract with a qualified fire inspector for a fire safety assessment of your chosen site. The inspection will tell you if you need to make changes to the building. A listing of approved fire inspectors can be found at http://www.michigan.gov/dhs/0,4562,7-124-5529_49572_53751-82388--,00.html .

NOTE: New construction or renovation may require a plan review (See the New Construction/Renovation/Structural modifications section of this document.)

APPLICATION

Return **ALL** of the items listed below as a **COMPLETE PACKET**. All items must be filled out and **returned together in the same envelope to:**

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

1. Child Care Application (BCAL-3970).
2. Supplemental Information Child Care Center (BCAL-3601).
3. Check or money order payable to the "**State of Michigan.**"
4. Licensing Record Clearance (BCAL-1326-CC) for applicant, each partner, officer, program director, or manager of a child care center.
5. Child Care Center Designee Form (BCAL-5003) (if applicable).

Return to Your Local Licensing Office

Program Director Qualifications - Transcripts are used to verify the semester hours of credit from an accredited college or university. Depending on the individual's specific education, the individual may have to submit verification of hours of experience working with children. See Licensing Rules 400.8113 for detailed education and hours of experience requirements. Submit this information with a cover letter identifying the name and address of the proposed facility.

FACILITY INSPECTIONS

Fire safety and environmental health inspections are required. It is your responsibility to make arrangements for initial and any follow-up inspections and pay for any fees charged for these inspections

FIRE SAFETY INSPECTION – All original applications require a fire safety inspection by a qualified fire safety inspector. The list can be found at http://www.michigan.gov/dhs/0,4567,7-124-5455_49572_53751-82388--,00.html. For centers operating in a school building, a copy of a previous approval from the Bureau of Fire Services, the State Fire Marshal or a statement from the school district superintendent using the Certification of School Building Compliance with Fire Safety Provisions (BCAL-5043) form is acceptable. The completed report must be forwarded to the local licensing office.

ENVIRONMENTAL HEALTH - All original applications require an environmental health inspection. The Environmental Health Inspection Request (BCAL-1787) is included in your application packet. Fees charged by the local health agency are your responsibility. The completed report must be forwarded to the local licensing office.

LEAD HAZARD RISK ASSESSMENT - Child care centers located in structures built before 1978 must have a lead hazard risk assessment performed by a certified lead risk assessor. Any lead hazards identified must be addressed as noted in the lead hazard risk assessment report. For more information and a list of certified lead risk assessors go to http://www.michigan.gov/dhs/0,4562,7-124-5529_49572_53751-336885--,00.html. The Lead Hazard Risk Assessment Summary (BCAL-4344) form must be included with the lead hazard risk assessment.

PLAYGROUND EQUIPMENT SAFETY INSPECTION - If there is playground equipment on the premises of the child care center, it is your responsibility to ensure the playground equipment, surfacing and use zones comply with licensing rule 400.8170(11). This is usually determined by having a playground inspection. See www.michigan.gov/dhs/0,1607,7-124-5455_49572_53751-217255--,00.html for more information on playground inspections and documentation of playground safety.

NEW CONSTRUCTION/RENOVATION/STRUCTURAL MODIFICATIONS

If you are constructing a new building, renovating a building or making structural changes to an existing licensed building, plan reviews are required from the Bureau of Fire Safety and your local environmental health authority. See the fire safety and environmental health inspection sections later in this document for more information on plan reviews.

SUPPORTING DOCUMENTS, PLANS, AND POLICIES

When all application materials have been received and the environmental health and fire safety inspections completed, the licensing consultant will conduct an on-site inspection to assess compliance with all licensing rules. Technical assistance and consultation is provided. The following plans, policies, or documentation must be available for review per the rules indicated below:

- a. Program Plans - R400.8179
- b. Discipline Policy - R400.8140(4)
- c. Children's Records - R400.8143
- d. Emergency and Evacuation Plans – R400.8161
- e. Equipment List - to reflect compliance with R400.8173
- f. Nutrition and Food Service – R400.8330 – R400.8340
- g. Operational Policies - R400.8146
- h. Screening Policy for Staff/Volunteers - R400.8125, R400.8128
- i. Staff Records and Staffing Plan - R400.8125, R400.8128
- j. Staff Training Plan - R400.8131
- k. CPR, First Aid and Blood Borne Pathogen Training Requirements – R400.8131
- l. Plan of Indoor and Outdoor Use Space and documentation of playground safety - R400.8167, R400.8170

If the proposed center will be providing care for specific age groups or other program components, additional licensing rule areas will need to be discussed such as:

- Infant and toddlers
- School-age children
- Swimming
- Night-time care
- Transportation

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 		

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 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. <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 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.
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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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SUPPLEMENTAL INFORMATION CHILD CARE CENTER

Michigan Department of Human Services
Bureau of Children and Adult Licensing

- 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	
Specific Ages:	Specific Ages:	Specific Ages:	Year the Facility was Built:

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.)		
Sunday	From:	To:
Monday	From:	To:
Tuesday	From:	To:
Wednesday	From:	To:
Thursday	From:	To:
Friday	From:	To:
Saturday	From:	To:

DIRECTIONS TO CENTER

(Indicate nearest intersection)

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

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.

CHILD CARE LICENSING RECORD CLEARANCE REQUEST INSTRUCTIONS

The purposes of this form are:

1. Produce a Department of State Police check regarding the possible existence of a conviction record.
2. Produce a Department of Human Services Central Registry File check regarding the possible existence of a substantiated child abuse or neglect record.
3. Produce a Bureau of Children and Adult Licensing (BCAL) Files check against current or previous licensee status of the applicant in any county of the state.

Instructions for processing: The Licensing Record Clearance (BCAL-1326-CC) must be taken with you at the time the FBI fingerprint is conducted. **Note: The TCN# will be filled in by the Fingerprint Specialist and must be completed prior to submitting the form.**

Child Care Applicants Only (DCL): Live Scan Fingerprint Request is required for applicant, licensee, licensee designee and/or program director. You may select a fingerprint vendor from the link in the Private Live Scan Vendors section below.

PRIVATE LIVE SCAN VENDORS can be found on the Michigan State Police website at:
www.michigan.gov/msp/0,1607,7-123-1589_1878_8311-237662--,00.html

The existence of a conviction record does not necessarily disqualify an applicant for licensure. However, it does provide BCAL and the child placing agency with information, which will be carefully evaluated by licensing staff.

A failure on the part of an applicant to provide BCAL with accurate and truthful information and the authorization requested on this form may be sufficient cause to deny issuance of a license or certificate of registration.

- I am aware that Michigan Department of State Police Records will be checked for information regarding criminal convictions under authority of the Good Moral Character Statute.
- I am aware that the Department of Human Services Central Registry will be checked for information concerning substantiated child abuse and neglect.
- I certify that the information I have given on the form is, to the best of my ability, true and correct.
- The Department may perform this check at any time while I am licensed/registered or associated with a licensed/registered facility.
- I understand the personal information and fingerprints submitted by live scan are used to search against criminal identification records from both the Michigan State Police (MSP) and Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to the person or agency listed above. I further understand MSP and the FBI may also retain the submitted information and fingerprints as permitted by the Federal Privacy Act of 1974 (5 USC § 552a(b)) for routine uses beyond the principal purpose listed above. Routine uses include, but are not limited to, disclosures to: governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security, or public safety.
- 28 CFR §16.34- Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

****DISCLAIMER: ALL FINGERPRINTS PROCESSED WITH INCORRECT FINGERPRINT CODES OR USE OF THE WRONG LICENSE RECORD CLEARANCE REQUEST FORM ARE THE RESPONSIBILITY OF THE INDIVIDUAL. MSP WILL CHARGE FOR SECOND REQUESTS DUE TO INCORRECT FINGERPRINT CODES. ****

AUTHORITY:	1973 PA 116	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.
COMPLETION:	Required	
CONSEQUENCE:	Registration/Licensure may be denied or revoked.	

CHILD CARE LICENSING RECORD CLEARANCE REQUEST

Department of Human Services
Bureau of Children and Adult Licensing

DIRECTIONS FOR COMPLETING FORM: <ul style="list-style-type: none"> Please read the accompanying instructions before completing this form. Please type or print CLEARLY so that the information provided can be read. Mail completed form to BCAL Central Office or address noted in box below. 	<h3 style="text-align: center; margin: 0;">LIVESCAN FINGERPRINT REQUEST</h3> <p>TCN# _____ (MUST BE FILLED IN PRIOR TO RETURNING)</p> <p>Date Fingerprinted: _____</p> <p>Type of Picture I.D. presented: _____</p> <p><input type="checkbox"/> DCL (Child Care License)-Agency ID: 10971L-Fee</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> School Fingerprint (I am a school-based center employee who has been previously fingerprinted for this employment). TCN# Provided by School: _____ Date of Fingerprint: _____</p>
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SECTION I: REQUESTOR INFORMATION		
<div style="border: 1px solid black; width: 80%; height: 80%; margin: 5px auto;"></div>		
Licensing Consultant (if known): _____		
LICENSEE/APPLICANT NAME	County	BCAL LICENSE NUMBER (If assigned)

LICENSE/APPLICATION TYPE (CHECK ONLY ONE BOX): <input type="checkbox"/> Family/Group Child Care Home -OR- <input type="checkbox"/> Child Care Center		
THE PERSON BEING CLEARED IS (CHECK ONLY ONE BOX): <input type="checkbox"/> Applicant/Licensee/Registrant -OR- <input type="checkbox"/> Licensee Designee (Centers) -OR- <input type="checkbox"/> Program Director		
-OR- NOT TO BE FINGERPRINTED: <input type="checkbox"/> Adult Member of Household: Specific relationship to licensee: _____		

SECTION II: CLEARANCE INFORMATION (To be completed by applicant or other person to be cleared – If more than one person is named on the application, each is to complete a BCAL-1326-CC) PRINT CLEARLY

NAME (Last, First, Middle Jr., II, etc.)			GENDER	BIRTH DATE	SOCIAL SECURITY NUMBER - -		
MARITAL STATUS <input type="checkbox"/> SGL <input type="checkbox"/> MAR <input type="checkbox"/> DIV <input type="checkbox"/> WID		ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Name(s))					
ADDRESS (Street Number and Name)				MICHIGAN DRIVERS LICENSE OR STATE ID NUMBER - - - -			
CITY	COUNTY	STATE	ZIP CODE	PHONE NUMBER	RACE	HEIGHT	WEIGHT
HOW LONG HAVE YOU LIVED IN MICHIGAN?				OTHER STATES RESIDED IN DURING PAST 10 YEARS?			
HOW LONG HAVE YOU LIVED IN THIS COUNTY?							
HAVE YOU EVER: Been convicted of a crime, felony or misdemeanor? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, explain) Been substantiated for abuse or neglect of children or adults? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, explain) Type, Location and Date of Conviction(s) or Substantiations: (for additional space attach separate sheet)							
My signature certifies that I have reviewed the instruction page.							
SIGNATURE OF PERSON TO BE CLEARED						DATE	

SECTION III: CENTRAL RECORDS CLEARANCE (BCAL Use Only)		SECTION IV: CONVICTION CLEARANCE	
ADDRESS ON MICHIGAN PUBLIC SEX OFFENDER REGISTRY? CHILD CARE HOMES ONLY <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A	INITIALS/CLEARANCE DATE	For BCAL Use Only	
SECRETARY OF STATE DISCREPANCY?	INITIALS/CLEARANCE DATE		
INDIVIDUAL ON CENTRAL REGISTRY?	INITIALS/CLEARANCE DATE		
PREVIOUS REGISTRATION/LICENSE?	INITIALS/CLEARANCE DATE		
REGISTRATION/LICENSE NUMBER:	ADVERSE ACTION? <input type="checkbox"/> YES		

STAFFING PLAN: CHILD CARE CENTERS PART 1: ALL STAFF

Michigan Department of Human Services
Bureau of Children and Adult Licensing

List information for all staff and volunteers in the program.

Facility Name: _____

License Number: _____

Signature: _____
(Licensee or Authorized Designee)

Title: _____ Date: _____

Name	Position ⁺ And Age Group/ Assigned Room	Date of Hire	Work Schedule		Date of	Date of Completion			Date of Staff Screening ⁺		Date of	Date of	
			Days	Times	TB Test	Infant	Child	Adult	First Aid	Blood-Borne Pathogen	CPS Child abuse/neglect	Finger print/ ICHAT*	Signed Abuse/Neglect Statement

You may copy this form if you need additional sheets.

*Electronic fingerprint clearance is required for the program director and licensee only. ICHAT required for all other center staff. For school employees, the licensee verified that fingerprints were completed as required by the school code (1976 PA 451).

*The lead caregivers section (Part 2) must also be completed for all lead caregivers.

*ICHAT (unless fingerprinted) and central registry clearances must be updated every two years at renewal for all staff. See the Technical Assistance and Consultation manual for R 400.8125(10) for more information.

*It is optional to document the staff person's annual evaluation on this form.

Note: All caregivers in infant/toddler classrooms must have shaken baby & infant safe sleep training prior to caring for infants and toddlers.

Instructions: List all staff in Part 1, including lead caregivers.

Authority: 1973 PA 116 Completion: Mandatory Consequence: Failure to provide requested information may result in license denial/revocation.	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.
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**STAFFING PLAN: CHILD CARE CENTERS
PART 2: LEAD CAREGIVERS**

Name of Lead Caregiver	Date of Promotion to Lead Caregiver	Date of Assignment to Current Age Group/Assigned Room	Education	# of Sem. Hours or CEUs in a Child-Related Field	Hours of Experience	Date of Completion		
						Shaken Baby Training	Infant Safe Sleep Training	I/T Dev. & Care Training
Authority: 1973 PA 116 Completion: Mandatory Consequence: Failure to provide requested information may result in license denial/revocation.				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.				

You may copy this form if you need additional sheets.



STATE OF MICHIGAN

RICK SNYDER
GOVERNOR

DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH
LANSING

STEVEN H. HILFINGER
DIRECTOR

Directory of Independent and Local Qualified Fire Safety Inspectors
for
Child Care Centers

Importance of Fire Safety

Fire safety inspections are a necessary part of the licensing process. It is a means of assuring that the building used for a child care center is in compliance with essential fire safety requirements for licensure.

Procedures for Requesting Fire Safety Plan Reviews (New Construction, Additions, Remodeling)

Architectural plan reviews will be provided by the Bureau of Fire Services (BFS) – Child Care section at no cost to the applicant or licensee. A plan review conducted by BFS is required for the following situations:

- New construction.
- Renovation.
- Remodeling.
- Addition to building.

The applicant must submit a set of construction plans, along with the Application for Child Care Plan Review (BFS-13), directly to BFS. The BFS-13 and additional information can be obtained from the [BFS website](#). If the total cost of the project is \$15,000 or more, the plans must be prepared and sealed by a registered architect or engineer. Appropriate BFS - Child Care Section staff will review these plans, and a plan review letter will be returned to the submitter.

Note: Changing interior finishes (e.g., new ceiling tiles, wall finishes, etc.), door hardware, door swing, or door installations would not require a plan review; however, a qualified fire inspector (QFI) must complete an on-site inspection of the changes.

BUREAU OF FIRE SERVICES
525 WEST ALLEGAN STREET, 4th FLOOR • P.O. BOX 30700 • LANSING, MICHIGAN 48909
Phone (517) 241-8847 • Fax (517) 335-4061
www.michigan.gov/bfs

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

Procedures for Requesting Fire Safety Inspections (Conversions, Consultations, Etc.)

Fire safety inspections for conversions, consultations and, if required, existing licensed child care centers must be obtained by the applicant from one of the individuals on the [Independent Qualified Fire Safety Inspectors](#) list.

However, if the proposed or licensed child care center is located within a city that has signed an agreement with the state to conduct fire safety inspections for licensure, within their jurisdiction only, one of their listed qualified fire inspectors must be contacted. These departments are identified on a separate [local qualified fire safety inspectors](#) list.

Applicants must arrange or contract with a qualified fire safety inspector, and, are responsible for any costs of obtaining the inspection. The Department of Human Services will not accept a fire safety inspection report from any other authority, individual or organization that is not on the current applicable list.

If you have further questions regarding this program, please contact BFS or your licensing consultant.

BUREAU OF FIRE SERVICES
525 WEST ALLEGAN STREET, 4th FLOOR • P.O. BOX 30700 • LANSING, MICHIGAN 48909
Phone (517) 241-8847 • Fax (517) 335-4061
www.michigan.gov/bfs

DELEG 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) 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) to, please go to www.michigan.gov/mdch > Providers (on left) > Local Health departments (right under Quick Links) and click on the county in which your center is located. Fill in section 6 on the Environmental Health Inspection Request (BCAL-1787) with the name and address of the health inspection agency.

Complete Section 13 - 25 on the Environmental Health Inspection Request (BCAL-1787). If these sections are not filled out, the form may be returned to you.

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 1-866-685-0006.

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 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 BCAL.

Plan Reviews for a Child Caring Institution:

A facility applicant/licensee considering new construction, renovation or structural modification of the facility must contact the local environmental authority using the BCAL-1787 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 BCAL.