

## 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 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](http://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.

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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](http://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.

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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.

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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](http://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.

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**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**     Michigan Department of Human Services  
 **CENTER**                     Bureau of Children and Adult Licensing

<b>FOR DHS USE ONLY – Cashier code: 41</b>	
License Number:	
Paid Amount:	
Cashier:	

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

<b>COMPLETE FOR ALL APPLICANTS</b>		
If <b>Individual</b> , Applicant Name (Last, First, Middle)/If <b>Entity</b> , 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"> <li>• Been Convicted of an Offense Other Than A Minor Traffic Violation?    <input type="checkbox"/> No    <input type="checkbox"/> Yes</li> <li>• A History Of Substantiated Abuse Or Neglect Of Children Or Adults?    <input type="checkbox"/> No    <input type="checkbox"/> Yes</li> </ul>		

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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<b>COMPLETE FOR CHILD CARE CENTER ONLY</b>		
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

<b>Auspices Status</b>				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
<b>Governmental</b> (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		
<b>Non-Governmental</b> (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		<b>LICENSE NUMBER REQUIRED</b> ▼ <b>FOR RENEWALS ONLY</b> ▼
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.)		
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.

## **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](http://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](http://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 \_\_\_\_\_

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.  
 NON-COMPLETION: No registration/license will be issued.