



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

RE: CHILD CARE HOME APPLICATION

Dear Applicant:

The following is information regarding application for a family child care home of 6 or less children or a group child care home of 7 – 12 children.

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 Licensing and Regulatory Affairs
Bureau of Community and Health Systems
P.O. Box 30664
Lansing, MI 48909-8164

All of the required application materials must be returned in the same envelope. The application fee is \$50.00 for a family child care home application or \$100.00 for a group child care home application. 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 Community and Health Systems for future reference.

For additional information, please contact the Licensing Unit at (517) 284-9738 or toll free at 866-685-0006 or fax to (517) 284-9709.

Thank you.

CHILD CARE HOME APPLICATION PROCESS

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 Licensing and Regulatory Affairs
Bureau of Community and Health Systems
P.O. Box 30664
Lansing, MI 48909-8164

1. Child Care Application (BCAL-3970).
2. Supplemental Information Form (BCAL-3737).
3. **FOR GROUP CHILD CARE HOMES ONLY:** Zoning Approval for Group Child Care Homes (BCAL-3748). Approval for a special use permit or other similar permit to run a group child care home must be obtained from your city or township, per the Michigan Zoning Enabling Act, 2006 PA 110. Your local zoning authority must complete this form and return it to the applicant.
4. A \$50.00 check or money order for family homes or \$100.00 check or money order for group homes, payable to the **State of Michigan**.
5. Upon application, you will receive a “launch letter” from the Child Care Background Check unit. The letter will provide you with the instructions for activating your account in the Child Care Background Check System. Once your account is activated, you may begin to enter all individuals into the system requiring a comprehensive background check, which includes all household members over age 18, all assistant caregivers (regardless of age) and all unsupervised volunteers. You must be determined eligible by the Child Care Background Check System in order to receive a child care license.
6. You must submit a Child Care Licensing Information Request (BCHS-CC-001) form for each Licensee and Adult Household Member. These forms will be sent to you upon completion of your application.
7. A Medical Clearance Request (BCAL-3704-CC) for you and each assistant caregiver. The Patient Information section must be completed before submitting the form to your (or your assistant caregiver’s) physician for completion.
8. Documentation of Tuberculosis (TB) testing results for all persons in the home who are 14 years of age and older. Assistant caregivers must also have documentation of TB test results.
9. Documentation of valid infant/child/adult CPR, First Aid, and blood-borne pathogen training. First aid and CPR training must be from a person certified as a trainer from an organization approved by the department. See www.michigan.gov/michildcare-training for a list of approved organizations.
10. Documentation of completion of the online training “Infant Safe Sleep Training for Child Care Providers” available at www.michigan.gov/michildcare-training. > Infant Safe Sleep and Shaken Baby Syndrome section.
11. Documentation that the level of radon gases does not exceed 4 picocuries per liter of air in the lowest level of your home. See www.michigan.gov/deqradon for more information on radon testing.

12. 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 within the past 12 months. Furnaces, other flame or heat-producing equipment used to heat the home when children are in care **and** fuel-fired water heaters shall 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 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.

WHAT HAPPENS NEXT REGARDING THE CHILD CARE HOME APPLICATION PROCESS?

1. When you have returned the required application materials, they will be reviewed and evaluated. (An incomplete application packet will be returned to you.)
2. **Environmental Health Inspection** – If your application indicates that your home has a **private well and/or septic system**, an environmental health inspection and approval of the system(s) is required. The environmental health inspection, requested and paid for by BCHS, is done by your local health authority prior to licensure.
3. After review and approval of your application materials, you will be scheduled for an orientation by your local licensing office.
 - This orientation lasts approximately 6 hours.
 - It will cover the licensing rules and the Child Care Organizations Act (1973 PA 116).
 - Additional information will be provided which will help you to be successful in the business of caring for children.
 - Time will be provided for you to ask questions.
 - **If you have questions about the orientation, please contact your local licensing office.**
4. **Licensing Inspection** – Once all required application materials have been submitted and are complete, a licensing consultant will inspect your home to assess compliance with the licensing rules. It is your responsibility to be in compliance with the rules and the law at the time of the inspection and at all times thereafter.

Items that must be available during the on-site inspection include:

- At least 1 functioning multipurpose fire extinguisher, with a rating of not less than 2A-10BC, properly mounted on each floor level that will be used by child in care. [R400.1944(3)]
- A **working** smoke detector on each floor of your home. [R400.1944(1)]
- A carbon monoxide detector on each floor that is used by children in care. [R400.1934(3)]
- A posted evacuation and care plan for tornado, fire, and serious accident or injury. [R400.1945]
- A written discipline policy. [R400.1913(1)]

IV. LICENSE ISSUANCE

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. Once it has been determined that you are in compliance with the [rules](#) and the [law](#) you will be issued a 6 month original license.

1. Prior to the expiration of the 6 month original license, you will receive a renewal application packet. After you submit a complete renewal application packet, an on-site inspection will occur. If you continue to remain in compliance with the rules and the statute, you will then be issued a regular license that is valid for 2 years.
2. 10 clock hours of training must be completed each year by the applicant. Annual training is assessed by the calendar year. Note: The orientation session counts as 6 hours of training.

PLEASE NOTE:

A license is issued to a specific person at a specific address.

- If you plan to move, contact BCHS **prior** to the move so that you can apply for a license at your new address.
- If you decide to no longer care for children, contact your local licensing office to request closure of your license.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE LICENSING UNIT AT **1-866-685-0006** OR VISIT OUR CHILD CARE WEBSITE (www.michigan.gov/michildcare).

- FAMILY – 6 or less
 GROUP – 7 to 12
 CENTER

CHILD CARE APPLICATION
 Department of Licensing and Regulatory Affairs
 Bureau of Community and Health Systems

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

BCHS USE ONLY ▶ **Application is:**
 Original Renewal 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 To Care For Children Or Adults? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, License No. _____					
Are You Currently Licensed To Care For Children Or Adults? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, License No. _____					
Have You Applied For Any Other License 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:					
• 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"/> I understand that the Department must enter and inspect my home or center to enforce the Act and Rules. I give consent to the Department to inspect my home or center for licensing purposes which includes initial, renewal, interim, and follow-up inspections of the proposed/approved child care areas of my home or center and non-child care areas that are relevant to the licensing purpose. I understand that I may withdraw this consent in whole or in part at any time, subject to licensing requirements.</p> <p><input type="checkbox"/> I agree not to care for more children at one time than my 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 722.115r, MCL 722.115n 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 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.</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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LARA is an equal opportunity employer/program.	AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: No license will be issued.
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- FAMILY – 6 or less
 GROUP – 7 to 12

SUPPLEMENTAL APPLICATION INFORMATION
 Michigan Department of Licensing and Regulatory Affairs
 Bureau of Community and Health Systems

**LICENSE 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
Name	Birthdate	Relationship	Name	Birthdate	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 are you presently licensed for children or adults? <input type="checkbox"/> No <input type="checkbox"/> Yes (License No.) ▶			Have you applied for any other 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:
Saturday		From:	To:	Directions to Home (Indicate Nearest Intersection).	

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) <input type="checkbox"/> Have Completed: <input type="checkbox"/> Infant & Child CPR ▶ <input type="checkbox"/> Adult CPR ▶ <input type="checkbox"/> First Aid Training ▶	Name of Training Agency		Date Card Received
	Name of Training Agency		Date Card Received
<input type="checkbox"/> Have Not Completed:	<input type="checkbox"/> Infant & Child CPR	<input type="checkbox"/> Adult CPR	<input type="checkbox"/> First Aid Training
I have <input type="checkbox"/> /have not <input type="checkbox"/> completed 10 hours of training annually.		All assistant caregivers have <input type="checkbox"/> /have not <input type="checkbox"/> completed 5 hours of training annually.	
Applicant/Licensee Signature		Date	Co-Applicant/Licensee Signature
			Date

Authority: 1973 PA 116 Completion: Required Penalty: Applicant cannot be licensed/registered	LARA is an equal opportunity employer/program.
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ZONING APPROVAL FOR GROUP CHILD CARE HOMES

Michigan Department of Licensing and Regulatory Affairs

Bureau of Community and Health Systems

Licensee Name: _____

Licensee Address: _____

License Type: DG – Group Child Care Home (capacity 7-12 children)

Zoning Authority:

According to the Michigan Zoning Enabling Act, 2006 PA 110, a group child care home located in a county or township shall be issued a special use permit, conditional use permit, or other similar permit if the group child care home meet specific standards. A group child care home located in a city or village may be issued a special use permit, conditional use permit, or other similar permit.

Please complete the lower portion of this form and return this completed form to the licensee/applicant.

If you have any questions or concerns, please contact the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems, at 517-284-9730.

Thank you.

- Location is APPROVED by the local zoning authority.
- Location is DISAPPROVED by the local zoning authority.
- City, township or county is unzoned.

Signature of Zoning Authority or
City, Township, County Manager for Unzoned Communities

Date

Telephone Number

Printed Name of Zoning Authority Authority or
City, Township, County Manager for Unzoned Communities

Jurisdiction (City, Township)

<p>Authority: 1973 PA 116 Completion: Required Penalty: Applicant cannot be licensed/registered</p>	<p>LARA is an equal opportunity employer/program.</p>
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MEDICAL CLEARANCE REQUEST – CHILD CARE LICENSING

Michigan Department of Licensing and Regulatory Affairs

Bureau of Community and Health Systems

APPLICANT/LICENSEE INFORMATION

Facility/Home Name		License Number	
Facility/Home Address (Street Number and Name)	City	State	Zip Code

PLEASE MAIL TO
➔ Licensing Consultant (Name, Address, Phone)
Licensing and Regulatory Affairs
Child Care Licensing
PO Box 30664
Lansing, MI 48909

License Application Type
 Child Care (Less Than 24-Hour Care)

PATIENT INFORMATION (To be Completed by Patient) (Please Print or Type)

Name (Last, First, Middle, Jr., II, etc.)	Date of Birth	Telephone Number	
Address (Street Number and Name)	City	State	Zip Code

RELEASE OF INFORMATION (To be Completed by Patient)

I authorize the release of medical information concerning me to the home listed above and to the Michigan Department of Licensing and Regulatory Affairs, Child Care Licensing, for the purpose of determining my suitability to provide or be associated with the care of children.	Date
	Patient's Signature
	Physician's Name (Please PRINT or TYPE)

MEDICAL INFORMATION (To be Completed by Physician)

<ul style="list-style-type: none">This individual is, or will be, caring for children in a child care setting and may be solely responsible for children birth to age 17.It is necessary to establish that those providing care are in such physical and mental condition and health as not to adversely affect the health or safety of a child and the quality and manner of his/her care.To assist us in this determination, you are being asked to answer the following.			
Has this Person Been Tested for T.B.? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes ➔	Date Tested (Required Only One Time)	Test Type <input type="checkbox"/> Skin Test <input type="checkbox"/> X-Ray	Results <input type="checkbox"/> Positive (Explain in Comments) <input type="checkbox"/> Negative
How would you describe the patient's general physical/mental condition and health? (Use Comments section for explanations) <input type="checkbox"/> No physical/mental condition or health problem exists that would limit the ability to provide independent care of children (birth to age 17) in a child care setting. <input type="checkbox"/> Physical/mental condition or health problem exists which would affect the ability to provide independent care of children (birth to age 17) in a child care setting, with or without reasonable accommodation. Explain in comments if reasonable accommodation may be needed.			
Comments (Please use back of this form if additional space is needed.)			
Would you like to be contacted by the licensing consultant regarding your recommendation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Physician's Signature	Signature Date	Telephone Number	Examination Date
Address (Street Number and Name)	City	State	Zip Code
AUTHORITY: 1973 PA 116 RESPONSE: Voluntary PENALTY: Application for licensure/registration may be denied.		LARA is an equal opportunity employer/program.	