

Environmental Health Inspections

Please read this before proceeding any further.

You must use the enclosed Environmental Health Inspection Request (CCL-1787-CC) below 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 (CCL-1787-CC) to, please go to www.michigan.gov/mdhhs > [Inside MDHHS](#) > [County Offices](#) > [Local Health Departments](#) and click on the county in which your center is located. Fill in section 6 on the Environmental Health Inspection Request (CCL-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 CCL-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
LIFELONG EDUCATION, ADVANCEMENT, AND POTENTIAL
Child Care and Camps

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. You can find your consultant using the [child care staff directory](#).

10. Name of Licensing Consultant _____

Telephone Number _____

11. Address of Licensing Worker/Consultant (Number, Street)

P.O. Box 30837, Lansing, MI 48909

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 _____