



CHILD CARE
LICENSING BUREAU



Original License Application

JOB AID

Original License Application



Purpose

This job aid covers how to apply for an original license in the Provider's portal.



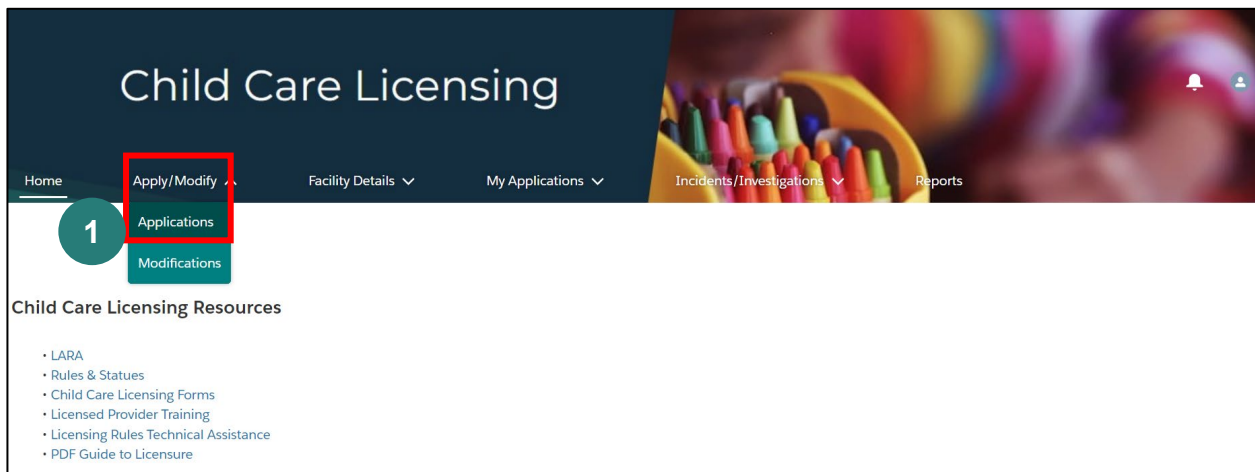
Business Role(s)

- Applicants/Providers

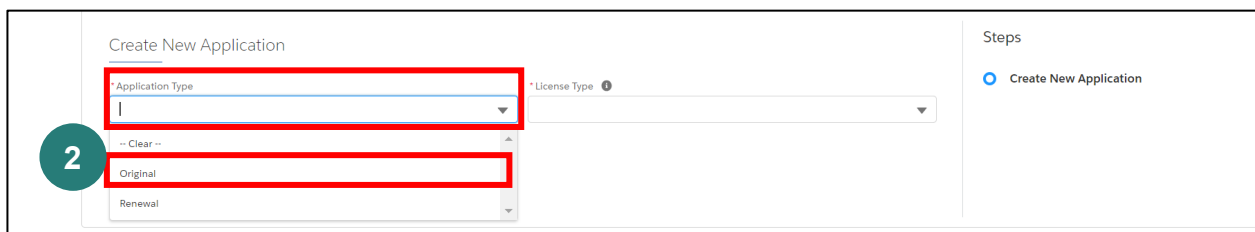
Original License Application

As a first-time applicant, you need to apply for an original license in the Provider's portal. Follow the steps below to apply for an original license:

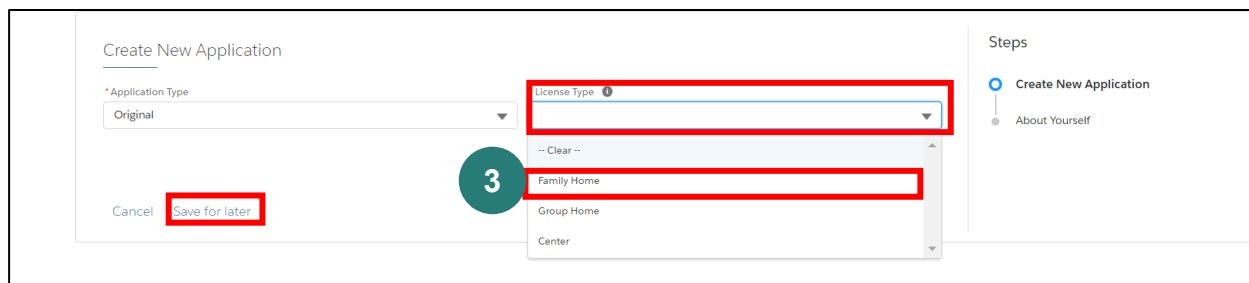
1. In the **Apply/Modify** menu, select the **Applications** option.



2. The **Create New Application** page is displayed. In the **Application Type** drop-down field, select the **Original** option.



3. In the **License Type** drop-down field, select the required license type for your facility. In this example, let's select the **Family Home** option. The application can be saved mid-way by clicking the **Save for later** option to allow you to come back at another time.



Note: Both Family Homes (capacity: 1-6) and Group Homes (capacity: 7-12) are for caring for children in your home while Centers are for caring for children outside of your home in a public or private business setting.

Original License Application

As you progress through the application you will notice the **Steps** section on the right side of the screen helps you track your progress. You can also click a previous step on this section to go back and edit or review. However, you cannot use the steps to click in advance.

4. Click the **Next** button to proceed to the next step.

Create New Application

* Application Type: Original | * License Type: Family Home

Cancel | Save for later

4 Next

Steps

- Create New Application
- About Yourself
- Child Care Location Details
- Contact Preference
- Identify Additional Contacts
- History Details
- Household Member Details
- Environmental Details
- Provide Operations Details
- Confirmation
- Attestation

5. In the **About Yourself** step, there are two sections – **Applicant Legal Name** and **Mailing Address**. Please enter as much detail as possible and note that all fields marked with a red asterisk are required. Select your primary language and then click the **Next** button to proceed.

This script has been automatically saved, in order to resume in the future: Copy the link or Email me the link

5 About Yourself

Applicant Legal Name

Prefix: | * First Name: Demo

Middle Name: | * Last Name: User | Suffix: |

* Birthdate: 08/21/1984 | * Social Security Number: 111-11-1111

* Applicant Phone Number: (111) 121-1243 | * Applicant Email: demotestuser@gmail.com

Mailing Address

Mailing address does not have to be the same as your child care facility.

* Address: Michigan, USA

* Is English your primary language?
 Yes
 No

Cancel | Save for later | Previous | Next

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Note: If English is not your primary language, you will be asked to select your primary language from a drop-down list and then indicate if an interpreter is needed.

Original License Application

- In the **Child Care Location Details** section, you can enter the address and other contact details of the facility. If it is same as your address and email, select the highlighted checkboxes to use your address and email that were previously provided. Click the **Next** button to proceed to the next step.

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Tell me about the residence/location to be used for the care of children

6

Child Care Facility Name Federal ID Number

Address

Please provide the address of your child care facility. Note that family and group child care homes can only operate where the applicant resides.

Same as Mailing Address

Address Line 1

City State

Lansing MI

County Zip

Same as the Applicant Email Same as the Applicant Phone Number

Email Address Telephone Number

Cancel Save for later Previous **Next**

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- In the **Contact Preference** step, select the preferred email and phone number. In this example, let's keep the applicant's contact details as preferred and click the **Next** button.

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Contact Preference

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*What is your preferred Email?

Applicant Email

Facility Email

Email Address

*What is your preferred Phone Number?

Applicant Phone Number

Facility Phone Number

Telephone Number

Cancel Save for later Previous **Next**

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8. In the **Identify Additional Contacts** step, indicate if you have a co-applicant or not. If there is a co-applicant, you will need to provide their details. Co-applicants are applicable only for Family or Group Homes. In this example, we will select **No** and click the **Next** button.

This script has been automatically saved. In order to resume in the future: [Copy the link](#) or [Email me the link](#)

Identify Additional Contacts

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* Do you have a Co-Applicant?
 Yes No

Tell us about the Co-Applicant:

▼ Co-Applicant Details

▼ Co-Applicant Legal Name

Prefix * First Name

Middle Name * Last Name Suffix

* BirthDate * Social Security Number

* Co-Applicant Phone Number * Co-Applicant Email

* Does your mailing address differ from the physical address where child care will be provided?
 Yes No

Cancel Save for later Previous **Next**

Steps

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- ✓ Contact Preference
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9. In the **History Details** step, you can answer the questions related to any previous history of child care licensing or criminal convictions. In this example, let's select **No** to all questions and click the **Next** button.

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History Details

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* Have you ever been licensed to care for children or adults (current or former)?
 Yes No

* Have you previously applied for a license to care for children or adults?
 Yes No

Have you, or has any person that will be assisting in the care of children:

* Been convicted of an offense other than a minor traffic violation?
 Yes No

* Have a history of substantiated abuse or neglect of children or adults?
 Yes No

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10. In the **Household Member Details** step, indicate if you have any other household members in your home. If you have any other household members, you will need to provide their details. The Household Member Details step is applicable only for Family or Group Homes. In case of a Center application, this step is called **Facility Staff** where you can enter the staff details. In this example, let's enter the household member details and click the **Next** button.

This script has been automatically saved. In order to resume in the future: Copy the link or Email me the link

Household Member Details

10 * Do you have household members other than you in your home?
 Yes
 No

Household Member Info Add

Prefix

* First Name Middle Name * Last Name

Suffix

* Birthdate * Relationship

* Social Security Number ⓘ

Cancel | Save for later Previous **Next**

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Note: If you need to add more than one household member, you can click the **Add** link on the top right of this section. Also, you should add all household members including adults, senior citizens, minors, etc.

Original License Application

11. In the **Environment Details** step, provide details regarding the home where the children will be cared for, such as, water type, sewer type, water heater, basement, room details, sleeping arrangements, etc. Then, click the **Next** button.

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Environmental Details

Please tell us about the home where children will be cared for

What type of water do you have?

Well

Public

What is your Sewer Type?

Septic

Public

What type of Water Heater do you have?

Gas

Electric

What type of heat do you have?

Gas

Propane

Boiler

Thermal

Wood

Electric

Does your home have a basement?

Yes

No

> Room Information Add

Where will the children sleep or nap?

Please describe the sleeping arrangements

Is there a smoke detector in each room or area used for napping/sleeping?

Yes

No

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12. In the **Provide Your Operational Details** step, enter the details of your planned operating hours and indicate whether you will provide overnight care. In this example, let's enter the details and click the **Next** button.

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Provide Your Operations Details

Please Tell us your planned operating hours

Repeat details for all days

Day	Opening Hours	Closing Hours
<input type="checkbox"/> Sunday		
<input checked="" type="checkbox"/> Monday	09:00 am	06:00 pm
<input type="checkbox"/> Tuesday		
<input checked="" type="checkbox"/> Wednesday	09:00 am	06:00 pm
<input type="checkbox"/> Thursday		
<input checked="" type="checkbox"/> Friday	09:00 am	06:00 pm
<input type="checkbox"/> Saturday		

Will you provide overnight care?

Yes

No

Cancel Save for later Previous **Next**

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13. In the **Confirmation** step, select the checkboxes corresponding with each statement and then click the **Next** button.

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Confirmation

- Please confirm the following statements have been read
- The applicant is required to acknowledge each of the following:

- 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, I agree to comply with the Act and Rules.
- I understand that the Bureau must enter and inspect my home or center to enforce the Act and Rules. I give consent to the Bureau to inspect center for licensing purposes which includes initial, renewal, interim, and follow-up inspections and complaint investigations. My consent includes inspections of the proposed/approved child care areas of my 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.
- I agree not to care for more children at one time than my licensed capacity states.
- I certify that I will notify the Bureau if I 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.
- 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.
- I certify that any information I give in respect to the Bureau's investigation will be, to the best of my ability, true and correct.
- 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.
- I understand that the Child Care Organizations Act (PA 116) and the administrative licensing rules for a child care family and group home and a child care center are available electronically on the Child Care Licensing Bureau's website, www.michigan.gov/michildcare. I understand that I may obtain a copy of the Act and administrative rules by emailing LARA-CCLB-Help@michigan.gov.

Cancel | Save for later | Previous | **Next**

Steps

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Original License Application

14. In the **Summary** step, all the previous steps that you completed are displayed. Review your entire application to ensure all the data is correct. Once you are done validating, click the **Next** button.

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Summary

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- > Tell us About Yourself
- ✓ Tell me about the residence/location you will be using to care for children:
 - Name
 - Federal ID Number
 - Address
 - Same as Applicant Email
 - Same as Applicant Phone Number
 - Email Address: suhasini.devalekar@accenture.com
 - Telephone Number: 1111211243
- ✓ Contact Preference
 - Which is your preferred Email?
 - Applicant Email
 - Facility Email
 - Which is your preferred Phone Number?
 - Applicant Phone Number
 - Facility Phone Number
 - Telephone Number: (111) 121-1243
 - TelephoneNumber1: (111) 121-1243
- ✓ Additional Contacts Details
 - Do you have a Co-Applicant?
 - Yes
 - No

Steps

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- I agree not to care for more children at one time than my licensed capacity states.
- I certify that I will notify the Bureau 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.
- 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.
- I certify that any information I give in respect to the Bureau's investigation will be, to the best of my ability, true and correct.
- 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.
- I understand that the Child Care Organizations Act (PA 116) and the administrative licensing rules for a child care family and group home and a child care center are available electronically on the Child Care Licensing Bureau's website, www.michigan.gov/michildcare. I understand that I may obtain a copy of the Act and administrative rules by emailing LARA-CCLB-Help@michigan.gov.
- Rule 400.1935 establishes rules for firearms and ammunition. By signing the application below, you are acknowledging that you are and will remain in compliance with the rule.
- I certify that I have a high school diploma, GED certificate or equivalent.

Cancel | Save for later

Previous | **14** | Next

Original License Application

15. In the **Attestation** step, select the checkbox to sign the application and certify that the details you have provided are valid and complete. Then click the **Next** button.

This script has been automatically saved. In order to resume in the future: Copy the link or Email me the link

Attestation

Please attest to the following

By checking this box, I (we) sign this application and certify that the statements in this document are true and complete, including and all attached documents and information provided as part of this application. I (We) understand that any omitted statement, misrepresentation, or fraud of any of the documents and information provided on or as part of this application may cause for denial of my (our) application, disciplinary action, and/or may be punishable by law.

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- ✓ Confirmation
- ✓ Summary
- **Attestation**

16. Based on your responses, a document checklist is created for you listing required documentation needed as part of your application process. At any point during this process, your Consultant may require additional documentation. Click the **Upload** button.

Document Checklist

Name Applicant's valid State or Federal ID	Instruction Upload a legible photo-copy of a current valid State or Federal ID.	16 <input checked="" type="button" value="Upload"/>
Name Applicant's TB Test Results	Instruction Documentation of your tuberculosis test results	<input type="button" value="Upload"/>
Name Applicant's CCL3704 Medical Clearance Form	Instruction For you, signed by our physician or physician's designee which attests to your health. Please complete the Patient Information section prior to submitting to your physician.	<input type="button" value="Upload"/>
Name Radon Inspection	Instruction Documentation that the level of radon gases does not exceed 4 picocuries per liter of air in the lowest level of your home.	<input type="button" value="Upload"/>

Next

Note: Refer to the **Uploading Supporting Documentation** Job Aid for detailed instructions for uploading additional documentation.

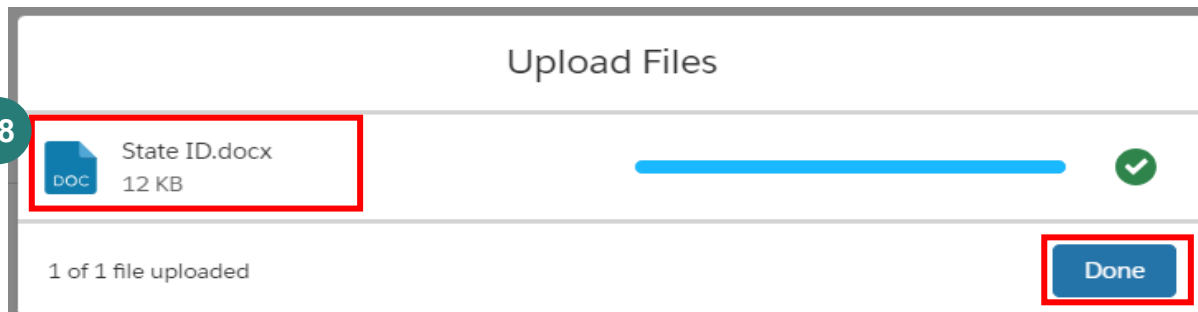
17. In the **Upload File** pop-up window, click the **Upload Files** button and select the required document from your computer. You can also drop your file in this window to upload it.

Upload File

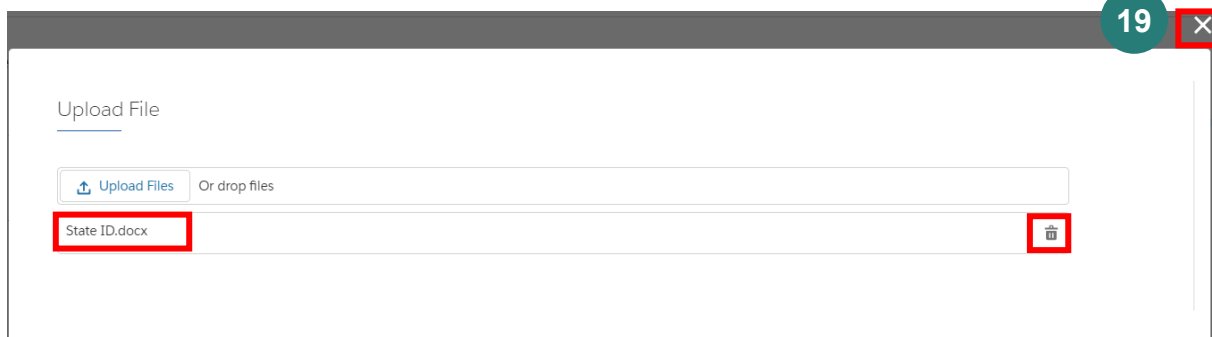
17 Or drop files

Original License Application

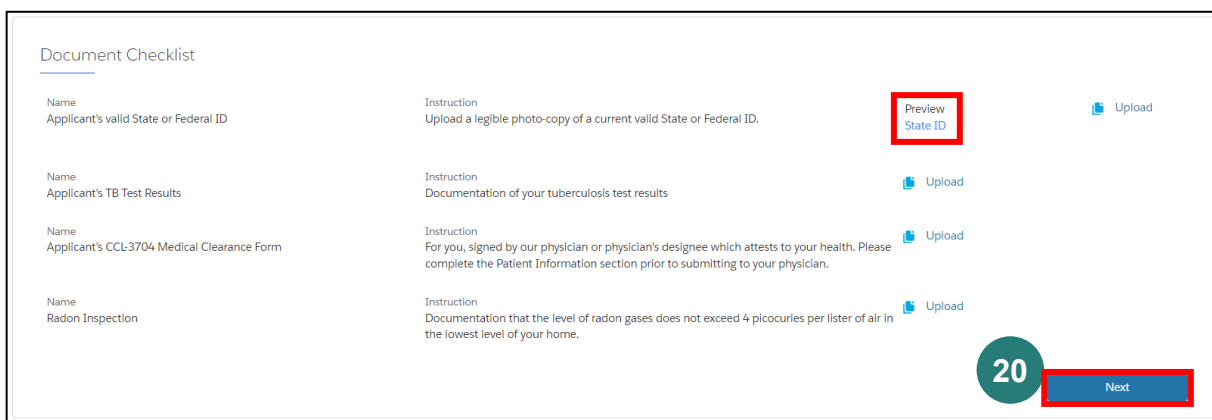
18. Once you select the required document from your computer, you will see that the file is uploaded. Click the **Done** button.



19. In the **Upload File** pop-up window, you can see the uploaded file. You can use the delete icon on the right of the corresponding document to delete it. In this example, let's close the pop-up window.



20. We are back on the **Document Checklist** step, and you can see that the uploaded document is displayed corresponding to the relevant checklist item. Click the document name link to preview the document. Then click the **Next** button to proceed to the next step.



Original License Application

21. Click the **Pay Now** button to pay the required license fee. This will open the payment page in your browser where you will enter your credit card information.

License Fee

Application Fee

\$ 50.00

Fee Paid

21 **Pay Now**

Save for later

Submit

Steps

- License Fee

This will open the payment page in your browser where you will enter your credit card information. Here, you can click the Next button to make payment using your Visa or MasterCard credit card. Once you are done with the payment, you will be redirected to the current **License Fee** page in the portal.

LARA Department of Licensing and Regulatory Affairs

MICHIGAN.GOV Michigan's Official Website

Payment Method

State of Michigan LARA CCLB License Payment Page

Welcome to the CEPAS Credit Card Processing Payment Module for CCLB.

This process is being used as a secure means of processing credit card authorizations.

Payment may be made with a valid Visa or MasterCard credit card.

To begin the payment process, click on "Next" in the box below.

* Indicates required field

Choose Method Of Payment

Pay with new account

Pay by credit card

VISA MasterCard

Back Next Exit

MI.gov Home | Policies | Accessibility | Disability Resources | FOIA | Departments

Note: When applying via the Provider Portal, checks are not an accepted form of payment. Only credit or debit card transactions are allowed.

Original License Application

22. Once you are done with the payment, you will be redirected to the current page where the **Fee Paid** checkbox will be enabled. Then click the **Submit** button to submit your application for an original license.

License Fee

Application Fee
\$ 50.00

Fee Paid

Pay Now

Save for later

Steps
● License Fee

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Submit

Once you click the **Submit** button, the application is automatically displayed with the status of **Submitted**.

Note: You can refer to this page to check the status of your application as it goes through the stages of review and approval by CCLB. You can also click the **Open Application** button to open your application and view the details you have provided and the documents that you have submitted.

Child Care Licensing

Home Apply/Modify Facility Details My Applications Incidents/Investigations Reports

Enrollment Number DF0001852 License Type Family Home Application Type Original

Application Status Submitted

Open Application

Note: Once the Original License Inspection has been scheduled, there will be a reminder notification on your Provider Portal home screen.

Child Care Licensing

Home Apply/Modify Facility Details My Applications Incidents/Investigations Reports

Upcoming Inspection:

Facility Name Kent St. Child Care Facility	Address 10 Kent St., Lake Isabella, MI 48893, US	Inspection Name Original Inspection
Consultant Name Juan Genao	Inspection Date/Time 8/28/2023, 12:00 PM	Attendees Alice Park