

FAMILY AND GROUP HOME INCREASED CAPACITY AND RATIO REQUEST

STATE OF MICHIGAN

Department of Lifelong Education, Advancement, and Potential

Child Care Licensing Bureau

Licensee Name:	License Number:	Date:
Name of Facility:		
Address, City, State and Zip Code of Facility:		
Phone Number:	Email address:	

Request to increase capacity:

(Check only one box.)

I currently hold a regular family home license and I am requesting that my capacity be increased from 6 unrelated children to 7 unrelated children. I have held a license for at least 29 consecutive months and have had a regular renewal after at least 29 consecutive months of licensure. During the 29 consecutive months, I have had at least one unrelated child in care.

I currently hold a regular group home license and I am requesting that my capacity be increased from 12 unrelated children to 14 unrelated children. I have held a license for at least 29 consecutive months and have had a regular renewal after at least 29 consecutive months of licensure. During the 29 consecutive months, I have had at least one unrelated child in care.

I currently hold a regular family home license and I was previously approved for an increased capacity of 7 unrelated children. The increase of capacity was rescinded because of disciplinary action or the department's determination that increased capacity was not conducive to the welfare of children. It has been at least 22 months since the approval for increased capacity was rescinded and I have no pending/current disciplinary action against my license. I am requesting that my capacity be increased from 6 unrelated children to 7 unrelated children.

I currently hold a regular group home license and I was previously approved for an increased capacity of 14 unrelated children. The increase of capacity was rescinded because of disciplinary action or the department's determination that increased capacity was not conducive to the welfare of children. It has been at least 22 months since the approval for increased capacity was rescinded and I have no pending/current disciplinary action against my license. I am requesting that my capacity be increased from 12 unrelated children to 14 unrelated children.

Variance Request for Ratio:

I am also requesting a variance to rule R 400.1910(1) to allow my facility to maintain a ratio of 1 personnel to 7 children.

By signing this request document, I understand that the increased capacity and ratio variance may be rescinded due to one or more of the following: corrective action, licensing action, and/or determination by the department that increased capacity is not conducive to the welfare of children.

Licensee Name:	Licensee Signature:	Date: