



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



ISMAEL AHMED
DIRECTOR

RE: CHILD CARE APPLICATION – CENTERS

Dear Applicant:

The following is information regarding application for a child care center.

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 Human Services
Cashier's Office, Grand Tower
P.O. Box 30759
Lansing, MI 48909-8259

All of the required application materials must be returned in the same envelope. The application fee is \$150.00 for 1-20 children, \$200.00 for 21-50 children, \$250.00 for 51-100 children, and \$300.00 for 101 or more children. 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 Children and Adult Licensing for future reference.

For additional information, please contact the Licensing Unit at (517) 241-2488 or Fax at (517) 241-1680.

Thank you.

Enclosures

**CHILD CARE CENTERS
LICENSING PROCESS**
Bureau Of Children And Adult Licensing
Michigan Department of Human Services

THE CHILD CARE LICENSING LAW

It is illegal in the State of Michigan to care for unrelated children in a group setting without being licensed. The Child Care Organizations Act ([1973 PA 116](#)) and the [Licensing Rules for Child Care Centers](#) are the statutory base for the standards of child care centers in the State of Michigan. These are the minimum standards by which programs are regulated. They do not guarantee high quality in child care. In signing the application, you agree to comply with the Act and Rules.

TIME FRAME FOR LICENSING PROCESS

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.

The amount of time required in issuing the license will depend upon completion of:

- Final approval from the appropriate qualified fire inspector and health department.
- Providing documentation of compliance with the Licensing Rules for Child Care Centers and the Child Care Organization Act (1973 PA 116).

SITE SELECTION

A license is issued to a specific person or organization at a specific location. It is non-transferable and remains the property of the department. Therefore, an application to establish a child care center must be for a specific location. You may save time and money if (**before construction, purchase or lease of a building**) you:

- ~ Check with your local zoning board or other authority to obtain permission to operate a child care business.
- ~ Conduct a needs assessment or feasibility study to determine if you have chosen a viable location.
- ~ Contract with a qualified fire inspector for a fire safety assessment of your chosen site. The inspection will tell you if you need to make changes to the building. A listing of approved inspectors is enclosed.

NOTE: New construction or renovation may require a plan review (See the New Construction/Renovation/Structural modifications section.)

APPLICATION

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 Human Services
Cashier's Office, Grand Tower
P.O. Box 30759
Lansing, MI 48909-8259

1. Child Care Application (BCAL-3970).
2. Supplemental Information Child Care Center (BCAL-3601).
3. Check or money order payable to the **“State of Michigan.”**
4. Licensing Record Clearance (BCAL-1326) for applicant, each partner, officer, program director, or manager of a child care center.
5. Child Care Center Designee Form (BCAL-5003) (if applicable).

Return to Your Local Licensing Office

Program Director Qualifications - To qualify as a program director, the individual must have at least 18 semester hours in early childhood education or child development. Transcripts are used to verify the semester hours of credit from an accredited college or university. Depending on the individual's specific education, the individual may have to submit verification of hours of experience working with children. See Licensing Rules 400.5103(3-4) for detailed education and hours of experience requirements. Submit this information with a cover letter identifying the name and address of the proposed facility.

FACILITY INSPECTIONS

Fire and environmental health inspections are required. It is your responsibility to make arrangements for initial and any follow-up inspections and pay for any fees charged for these inspections

Child care centers located in structures built before 1978 must have a lead hazard risk assessment performed by a certified lead risk assessor. Any lead hazards identified must be addressed as noted in the lead hazard risk assessment report.

FIRE SAFETY - Must be completed by a qualified fire safety inspector (list enclosed). For schools, a report by the State Fire Marshal dated no earlier than 1973 is acceptable. The completed report is to be sent to the local licensing office.

PLAYGROUND SAFETY INSPECTION – If there is a playground on the premises of the child care center, it is your responsibility to ensure your playground complies with licensing rule 400.5117(7). This is usually determined by having a playground inspection. See www.michigan.gov/dhs/0,1607,7-124-5455_49572_53751-217255--,00.html for more information on playground inspections and documentation of playground safety.

ENVIRONMENTAL HEALTH - All original applications require an environmental health inspection. The Environmental Health Inspection Request (BCAL-1787) is included in your application packet. Fees charged by the local health agency are your responsibility. The completed report is to be sent to the local licensing office.

NEW CONSTRUCTION/RENOVATION/STRUCTURAL MODIFICATIONS

If you are constructing a new building, renovating a building, or making structural changes to an existing licensed building, inspections and approvals are required from the following prior to occupancy.

FIRE SAFETY - A plan review by the Office of Fire Safety is required. Contact your local licensing office.

ENVIRONMENTAL HEALTH - A plan review by the local health authority is generally required. Contact your local licensing office.

SUPPORTING DOCUMENTS, PLANS, AND POLICIES

When all application materials have been received and the environmental health and fire safety inspections completed, the licensing consultant will conduct an on-site inspection to assess compliance with all licensing rules. Technical assistance and consultation is provided. The following plans, policies, or documentation must be available for review per the rules indicated below:

- a. Program Plans - R400.5106
- b. Discipline Policy - R400.5107 (4)
- c. Children's Records - R400.5111
- d. Emergency and Evacuation Plans – R400.5113a(1)
- e. Equipment List - to reflect compliance with R400.5108 and R400.5117

- f. Nutrition and Food Service - R 400.5110
- g. Operational Policies - R400.5114
- h. Screening Policy for Staff/Volunteers - R400.5102 (2), R400.5104, R400.5104a
- i. Staff Records and Staffing Plan - R400.5104b, R400.5104
- j. Staff Training Plan - R400.5102a
- k. CPR, First Aid and Blood Borne Pathogen Training Requirements – R400.5102a
- l. Plan of Indoor and Outdoor Use Space and documentation of playground safety - R400.5116, R400.5117
- m. Health Care Plan - R400.5111b

If the proposed center will be providing care for specific age groups or other program components, additional licensing rule areas will need to be discussed such as:

- Infant and toddlers
- School-age children
- Swimming
- Night-time care
- Transportation

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

CHILD CARE APPLICATION
 Bureau of Children and Adult Licensing
 Michigan Department of Human Services

FOR DHS USE ONLY:	
Registration/License Number:	
Paid Amount:	
Cashier:	
OFFICE:	Consultant/Staff:

ORIGINAL
 RENEWAL
 OTHER

COMPLETE FOR ALL APPLICANTS

Applicant Name (Last, First, Middle, Former or Maiden)			Social Security Number or Federal ID Number		
Applicant Name (If Joint)			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"> • 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 					

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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COMPLETE FOR CHILD CARE CENTER ONLY

Facility Name			Corporate Name/Sponsoring Organization Name		
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"/> Center <input type="checkbox"/> Applicant	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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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		LICENSE NUMBER REQUIRED ▼ FOR RENEWALS ONLY ▼
County	Today's Date	

Applicant's Name (Individual Sponsoring Organizations)

Email Address

ORGANIZATIONS WITH BOARD DIRECTOR

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 PREPARATIONS/MEALS	
<input type="checkbox"/> INFANTS	<input type="checkbox"/> NIGHT-TIME CARE	<input type="checkbox"/> SWIMMING	<input type="checkbox"/> TRANSPORTATION
		<input type="checkbox"/> FIELD TRIP 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.

FINGERPRINT CONTACT INFORMATION

Child Care License

Because Licensing Record Clearance (BCAL-1326) form has a **DCL** code (Child Care License) at the bottom of the upper right hand box titled LIVESCAN FINGERPRINT REQUEST, you may select a fingerprint vendor from the Michigan State Police website at:

http://www.michigan.gov/msp/0,1607,7-123-1589_1878_8311-237662--,00.html.

LICENSING RECORD CLEARANCE REQUEST INSTRUCTIONS

There are four purposes to this form:

1. Produce a Department of State Police check regarding the possible existence of a conviction record.
2. Produce a Department of Human Services Central Registry File check regarding the possible existence of a substantiated child abuse or neglect record.
3. Produce a Bureau of Children and Adult Licensing (BCAL) Files check against current or previous licensee status of the applicant in any county of the state.
4. **Child Care Applicants Only:** Live Scan Fingerprint Request is required for applicant, licensee, and/or program director. Refer to enclosed information regarding locations to conduct fingerprinting. The Licensing Record Clearance (BCAL-1326) must be taken with you at the time the FBI fingerprint is conducted. **Note: The TCN# will be filled in by the Fingerprint Specialist and must be completed prior to submitting the application to BCAL.**

The existence of a conviction record does not necessarily disqualify an applicant for licensure. However, it does provide BCAL with information, which will be carefully evaluated by licensing staff.

A failure on the part of an applicant to provide BCAL with accurate and truthful information and the authorization requested on this form may be sufficient cause to deny issuance of a license or certificate of registration.

AUTHORITY:	1973 PA 116 1979 PA 218	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.
COMPLETION:	Required	
CONSEQUENCE:	Registration/Licensure may be denied.	

LICENSING RECORD CLEARANCE REQUEST STATE OF MICHIGAN

Department of Human Services
Bureau of Children and Adult Licensing

DIRECTIONS FOR COMPLETING FORM: <ul style="list-style-type: none"> Please read the accompanying instructions before completing this form. Please type or print CLEARLY so that the information provided can be read. Mail completed form to BCAL Central Office or address noted in box below. 	LIVESCAN FINGERPRINT REQUEST <i>This section for child care only.</i> Agency ID: 10971L TCN# _____ (MUST BE FILLED IN PRIOR TO RETURNING) Date Fingerprinted: _____ Type of Picture I.D. presented: _____ DCL(Child Care License)
SECTION I: REQUESTOR INFORMATION	
Return this form to: <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> Department of Human Services Bureau of Children and Adult Licensing 7109 W. Saginaw, 2nd Fl. P.O. Box 30650 Lansing, MI 48909-8150 </div>	

LICENSEE/APPLICANT NAME	County	LICENSE NUMBER (If assigned)
LICENSE/APPLICATION TYPE (<i>check only one per form</i>): <input type="checkbox"/> Family/Group Child Care Home -OR- <input checked="" type="checkbox"/> Child Care Center -OR- <input type="checkbox"/> Institution/Agency -OR- <input type="checkbox"/> Camp		
THE PERSON BEING CLEARED IS (<i>check only one per form</i>): <input type="checkbox"/> Adult Member of Household (specify relationship to licensee): <input type="checkbox"/> Applicant -OR- <input type="checkbox"/> Administrator -OR- <input type="checkbox"/> Registrant/Licensee/Licensee Designee -OR- <input type="checkbox"/> Director/Program Director		

SECTION II: CLEARANCE INFORMATION (To be completed by applicant or other person to be cleared – If more than one person is named on the application, each is to complete a BCAL-1326) PRINT CLEARLY

NAME (Last, First, Middle Jr., II, etc.)	GENDER	BIRTH DATE	SOCIAL SECURITY NUMBER - -
MARITAL STATUS <input type="checkbox"/> SGL <input type="checkbox"/> MAR <input type="checkbox"/> DIV <input type="checkbox"/> WID	ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Name(s))		
ADDRESS (Street Number and Name)	MICHIGAN DRIVERS LICENSE OR STATE ID NUMBER - - - -		
CITY	COUNTY	STATE	ZIP CODE
PHONE NUMBER	RACE	HEIGHT	WEIGHT

OTHER STATES RESIDED IN DURING PAST 5 YEARS:

- I am aware that Michigan Department of State Police records will be checked for information regarding criminal convictions under authority of the Good Moral Character Statute.
- I am aware that the Department of Human Services Central Registry will be checked for information concerning substantiated child abuse and neglect.
- I certify that the information I have given on the form is, to the best of my ability, true and correct.
- The Department may perform this check at any time while I am registered/licensed.

HAVE YOU EVER:

Been convicted of a crime, felony or misdemeanor? NO YES (If yes, explain)

Been substantiated for abuse or neglect of children or adults? NO YES (If yes, explain)

Type, Location and Date of Conviction(s) or Substantiations:

SIGNATURE OF PERSON TO BE CLEARED	DATE
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SECTION III: CENTRAL RECORDS CLEARANCE (BCAL Use Only)	SECTION IV: CONVICTION CLEARANCE
SECRETARY OF STATE DISCREPANCY? <input type="checkbox"/> NO <input type="checkbox"/> YES	For BCAL Use Only
INITIALS/CLEARANCE DATE	
ADDRESS ON MICHIGAN PUBLIC SEX OFFENDER REGISTRY? CHILD CARE HOMES ONLY <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A	
INITIALS/CLEARANCE DATE	
INDIVIDUAL ON CENTRAL REGISTRY? <input type="checkbox"/> NO <input type="checkbox"/> YES	
PREVIOUS REGISTRATION/LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED	INITIALS/CLEARANCE DATE
REGISTRATION/LICENSE NUMBER: ADVERSE ACTION? <input type="checkbox"/> YES	

If you have multiple individuals in the home that will require additional forms, please print additional copies of this form before filling it out.

MEDICAL CLEARANCE REQUEST

Michigan Department of Human Services
Bureau of Children and Adult Licensing

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)
 Department of Human Services
 Bureau of Children and Adult Licensing
 7109 W. Saginaw, 2nd Floor
 P.O. Box 30650
 Lansing, MI 48909-8150

License Application Type

Adult Foster Care (24-Hour Care)
 Child Foster Care (24-Hour Care)
 Child Care (Less Than 24-Hour Care)
 Capacity _____

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

Name (Last, First, Middle, Jr., II, etc.)	Date of Birth	Social Security Number	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 care facility listed above and to the Michigan Department of Human Services, Bureau of Children and Adult Licensing, for the purpose of determining my suitability to provide or be associated with the care of children/dependent adults.	Date
	Patient's Signature
	Physician's Name (Please PRINT or TYPE)

MEDICAL INFORMATION (To be Completed by Physician)

- This individual is, or will be, employed in a child/dependent adult care setting.
- 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/dependent adult 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.?	Date Tested	Test Type	Results
<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes →		<input type="checkbox"/> Skin Test <input type="checkbox"/> X-Ray	<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)

No physical/mental condition or health problem exists that would limit the ability to work with or around children/dependent adults.

Physical/mental condition or health problem exists that would not limit the ability to work with or around children/dependent adults. Explain in Comments if reasonable accommodation may be needed.

Physical/mental condition or health problem exists which would affect the ability to work with or around children/dependent adults, with or without reasonable accommodation.

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? Yes No

Physician's Signature	Signature Date	Telephone Number	Examination Date
Address (Street Number and Name)	City	State	Zip Code

AUTHORITY: 1973 PA 116 1979 PA 218 RESPONSE: Voluntary PENALTY: Application for licensure may be denied.	Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, 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.
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**CHILD CARE LICENSEE DESIGNEE
STATE OF MICHIGAN**

Department of Human Services
Bureau of Children and Adult Licensing

The Child Care Organization Application and other appropriate licensing forms and documents must be signed by the person legally responsible for the child care organization (board president, superintendent, owner, etc.). However, this responsibility may be designated to another person within the organization such as the program director or administrator.

If your organization wishes to do this, the legally responsible person (board president, superintendent, owner, etc.) must complete this form, designating another person as the representative for the licensee.

I designate _____
Name and Position

to serve as _____'s representative for the
Owner/Sponsoring Agency

licensing of the _____ . This person
Name of Child Care Center

shall be legally responsible to represent the licensee in all licensing matters.

Name of Owner or Organization Head	Position
_____ Signature	
_____ Date	

Authority: 1973 PA 116 Completion required if you wish to designate another person as representative	Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, 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.
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JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH
LANSING

STANLEY "SKIP" PRUSS
DIRECTOR

Revised 6/03/10

Directory of Independent and Local Qualified Fire Safety Inspectors for Child Care Centers

Importance of Fire Safety

Fire safety inspections are a necessary part of the licensing process. It is a means of assuring that the building used for a child care center is in compliance with essential fire safety requirements for licensure.

Procedures for Requesting Fire Safety Plan Reviews (New Construction, Additions, Remodeling)

Architectural plan reviews will be provided by the Bureau of Fire Services (BFS) – Child Care section at no cost to the applicant or licensee. A plan review conducted by BFS is required for the following situations:

- New construction.
- Renovation.
- Remodeling.
- Addition to building.

The applicant or licensee must submit a set of construction plans, along with the Application for Child Care Plan Review (BFS-13) directly to BFS. The BFS-13 and additional information can be obtained from the [BFS website](#). If the total cost of the project is \$15,000 or more, the plans must be prepared and sealed by a registered architect or engineer. Appropriate BFS - Child Care Section staff will review these plans, and a plan review letter will be returned to the submitter.

Note: Changing interior finishes (e.g., new ceiling tiles, wall finishes, etc.), door hardware, door swing, or door installations would not require a plan review; however, a qualified fire inspector (QFI) must complete an on-site inspection of the changes.

BUREAU OF FIRE SERVICES
525 WEST ALLEGAN STREET, 4th FLOOR • P.O. BOX 30700 • LANSING, MICHIGAN 48909
Phone (517) 241-8847 • Fax (517) 335-4061
www.michigan.gov/bfs

DELEG is an equal opportunity employer/program.

Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Procedures for Requesting Fire Safety Inspections (Conversions, Consultations, Etc.)

Fire safety inspections for conversions, consultations and, if required, existing licensed child care centers must be obtained by the applicant or licensee from one of the individuals on the below “Approved Independent Qualified Fire Safety Inspectors” list.

However, if the proposed or licensed child care center is located within a city that has signed an agreement with the state to conduct fire safety inspections for licensure, within their jurisdiction only, one of their listed qualified fire inspectors may be contacted. These departments are identified below on a separate “Approved Local Qualified Fire Safety Inspectors” list.

Applicants/licensees must arrange or contract with a qualified fire safety inspector, and, are responsible for any costs of obtaining the inspection. The Department of Human Services will not accept a fire safety inspection report from any other authority, individual or organization that is not on the current applicable list.

If you have further questions regarding this program, please contact BFS or your licensing consultant.

If you will be obtaining your license renewal fire safety inspection (required every four years for licensed centers), please review [Preparing for Your License Renewal Fire Safety Inspection](#) to help you prepare for you fire safety inspection and to keep the children at your center safer from potential fire hazards throughout the year. This document can be found on the child care website at www.michigan.gov/michildcare.

BUREAU OF FIRE SERVICES
525 WEST ALLEGAN STREET, 4th FLOOR • P.O. BOX 30700 • LANSING, MICHIGAN 48909
Phone (517) 241-8847 • Fax (517) 335-4061
www.michigan.gov/bfs

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Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Environmental Health Inspections

Please read this before proceeding any further

You must use the enclosed Environmental Health Inspection Request (BCAL-1787) 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) to, please refer to <http://www.michigan.gov/mdch> and click on the right hand side on "Local Health Department Map" and click on the county your center is located in. Fill in section 6 on the Environmental Health Inspection Request (BCAL-1787) with the name and address of the health inspection agency.

Complete Section 13 - 25 on the Environmental Health Inspection Request (BCAL-1787). If these sections are not filled out, the form may be returned to you.

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 1-866-685-0006.

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 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 BCAL.

Plan Reviews for a Child Caring Institution:

A facility applicant/licensee considering new construction, renovation or structural modification of the facility must contact the local environmental authority using the BCAL-1787 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 BCAL.

