JENNIFER M. GRANHOLM
GOVERNOR

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

MARIANNE UDOW
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 return all of the completed and required application materials with a check or money order (which is non-refundable) payable to the "State of Michigan" for the appropriate license application fee of $50.00 for 1 – 20 children; $60.00 for 21 – 50 children; $70.00 for 51 – 100 children or $80.00 for 101 + children to:

Michigan Department of Human Services
Cashier's Office
P.O. Box 30759
Lansing, MI 48909-8150

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

Office 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. Act No. 116 of the Public Acts of 1973, as amended, and the Administrative Rules are the statutory base for the standards of child care centers in the State of Michigan. These are 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.

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 Agency. Thus, an application to establish a child care center must be for a specific location. You may save time and money if you (**before construction, purchase or lease of a building**):

- ~ Contact your local zoning board or other authority to obtain permission to operate a child care business. However, zoning approval is not a requirement of the licensing process.
- ~ 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.
- ~ New construction or renovation may require a plan review. (See below)

APPLICATION

Return to the Licensing Unit

1. Child Care Application (OCAL-3970)
2. Supplemental Information Child Care Center (OCAL-3601)
3. Check or Money Order payable to the **"State of Michigan"**
4. Electronic Fingerprint Clearance (OCAL-1326) for applicant, each partner, officer, or manager of a child care center (see enclosure and utilize form OCAL-1326).
5. Child Care Center Designee Form (OCAL-5003) (if applicable)

Return to Your Local Licensing Office

Program Director Qualifications-transcripts are used to verify a minimum of 60 semester hours of credit from an accredited college or university with not less than 12 semester hours credit in child development, child psychology, or early childhood education, Child Development Associate (CDA) credential; or Montessori credential. Submit with a cover letter identifying the name and address of your 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

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.

ENVIRONMENTAL HEALTH - All original applications require an environmental health inspection. The Environmental Health Inspection Request is included in your application packet. Fees charged by the local health agency are your responsibility.

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 generally 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 - R400.5105b, R400.5112, R400.5113

d. Emergency and Evacuation Plans – R400.5113a

e. Equipment List - to reflect compliance with R400.5108 and R400.5117 (5)

f. Nutrition and Food Service - R 400.5110(9)

g. Operational Policies - R400.5114

h. Screening Policy for Staff/Volunteers - R400.5102 (2)(b)(c), R400.5104a

i. Before a center makes an offer of employment, the center shall perform a Criminal History Check (ICHAT) – MCL 722.115(d)

j. Staff Records and Staffing Plan - R400.5104b

k. Staff Training Plan - R400.5102 (5)

l. CPR & First Aid Requirements - PA 116 (722.112a)

m. Plan of Indoor and Outdoor Use Space - to reflect compliance with R400.5116, R400.5117

n. For Infant/Toddler Programs Only:

- Daily Infant Record - R400.5206
- Health Care Services Plan - R400.5207

TIME FRAME FOR LICENSING PROCESS

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

- Initial fire and health inspections
- Work required by the fire and health inspectors to meet minimum standards for compliance
- Final approval from the qualified fire inspector and health department
- The center's compliance with the administrative rules and the statutory requirements

☐ **FAMILY – 6 or less**
☐ **GROUP – 7 to 12**
☒ **CENTER**

CHILD CARE APPLICATION

Office of Children and Adult Licensing
Michigan Department of Human Services

FOR DHS USE ONLY:
License Number:
Paid Amount:
Cashier:

☒ **ORIGINAL** ☐ **RENEWAL** ☐ **OTHER**

OFFICE:

Consultant/Staff:

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 **MI** / Zip Code	E-mail Address	

Have You Been Previously Licensed/Approved/Registered To Care For Children Or Adults?
☐ No ☐ Yes If Yes, License No. _____

Are You Currently Licensed/Approved/Registered To Care For Children Or Adults?
☐ No ☐ Yes If Yes, License No. _____

Have You Applied For Any Other License/Approval/Registration To Care For Children Or Adults?
☐ No ☐ 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? ☐ No ☐ Yes
- A History Of Substantiated Abuse Or Neglect Of Children Or Adults? ☐ No ☐ Yes

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 **MI**	Zip Code	City	State **MI**	Zip Code
Telephone Number ( )	County		Telephone Number ( )	County	
Applicant's E-mail Address			Sponsoring Organization's E-mail Address		

Auspices Status (Check One) **Governmental**	☐ Local Government ☐ County Government	☐ State Government ☐ Community College	☐ State College/University ☐ Public School	Send Mail To: ☐ Center ☐ Applicant	Corporate Status (Check One) ☐ None ☐ Profit ☐ Non-Profit
Non-Governmental (Check All That Apply)	☐ Church ☐ Privately Owned	☐ Parent Cooperative ☐ Employee Sponsors	☐ Private Funded Comm. Org. ☐ Private School/College		

COMPLETE FOR ALL APPLICANTS (Checked Boxes confirm statements have been read)

☐ I have reviewed Act No. 116 of the Public Acts of 1973, as amended, and the Administrative Rules regarding the operation of the child care organization indicated above, and if granted a license, certificate of approval, or certificate of registration, agree to comply with the Act and Rules

☐ In order to permit a proper determination of conformity with the 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.

☐ I agree not to care for more children at one time than my licensed capacity states.

☐ I certify that I have a high school diploma, GED certificate or equivalent (new family/group home applicants only-effective January 1, 2006).

☐ I hereby 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.

☐ I am aware of the legal provision that to operate a child care organization without a license constitutes a misdemeanor as stated in Act No. 116 of the Public Acts of 1973, as amended, Section 15.

☐ 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.

☐ 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.

Applicant/Representative Signature (If Corporation, Must Be Signed By Authorized Person.)	Title	Date

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.

AUTHORITY: Act No. 116 of the Public Acts of 1973, as amended
COMPLETION: Required
PENALTY: No license will be issued.

SUPPLEMENTAL INFORMATION CHILD CARE CENTER

Michigan Department of Human Services
Office of Children and Adult Licensing

NOTE: Press Hard if Hand Written. ☒ 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 (*Street Number and Name*)	City	State	Zip Code
Secretary's Name Home	Home Telephone Number	Work Telephone Number	
Home Address (*Street Number and Name*)	City	State	Zip Code
Treasurer's Name	Home Telephone Number	Work Telephone Number	
Home Address (*Street Number and Name*)	City	State	Zip Code

CENTER PROGRAM DIRECTOR

Center Program Director's Name (*Last, First, Middle*)	Former or Maiden Name(s)	Home Telephone Number	
Home Address (*Street Number and Name*)	City	State	Zip Code

NOTIFY THIS OFFICE OF ANY CHANGES OF BOARD MEMBERS OR PROGRAM DIRECTOR.

LICENSE TERMS

Does the Center have (check one): ☐ city water/sewage system ☐ well/septic system (private) ☐ combination city/private system

Age Range (*Indicate all applicable*)

☐ BIRTH TO 2 ½ YEARS ☐ 2 ½ YEARS THROUGH 5 YEARS ☐ 6 YEARS AND OLDER

Specific Ages: Specific Ages: Specific Ages:

Child Capacity Requested:

Year the Facility was Built:

PROGRAM INFORMATION

Operation Type (*Check all applicable*)

☐ FULL DAY ☐ PART DAY ☐ BEFORE SCHOOL ☐ AFTER SCHOOL ☐ EVENING ☐ OVERNIGHT

Months of Operation (*Check one box only*)

☐ YEAR-ROUND ☐ SCHOOL YEAR ☐ SEASONAL (Specific Months)

Additional Program Components (*Check all applicable*) ☐ ON SITE FOOD PREPARATIONS/MEALS

☐ INFANTS ☐ DROP-IN ☐ NIGHT-TIME CARE ☐ SWIMMING ☐ TRANSPORTATION ☐ 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: Public Act 116 of 1973, as amended
COMPLETION: Is required.
CONSEQUENCE FOR NONCOMPLETION: Applicant cannot be licensed.

The 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.

Satisfying Your Applicant Fingerprinting Needs is Faster and Easier Than Ever!

Identix Identification Services (IIS) was chosen by the Michigan State Police to help law enforcement, employers, and licensing agencies meet the submission requirements of the state's new electronic fingerprinting policy.

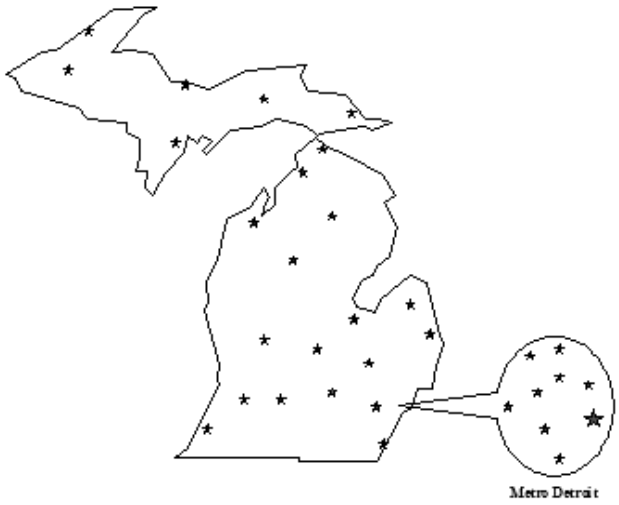
IIS is focused on meeting all of your electronic applicant fingerprinting needs, providing a quick and convenient way for applicants to complete background check requirements. Prospective licensee and employee fingerprints are captured quickly in a friendly, professional environment by one of our certified fingerprint technicians. And you can be assured that results will be fast and accurate because for the last 12 years, IIS has processed nearly 3 million applicants, making us the industry leader in applicant fingerprinting services.

Included in our low transaction fee:

- Applicant fingerprint scheduling - toll free phone number or by secure web site
- High quality electronic fingerprint capture equipment operated by trained, courteous, and professional technicians
- Safe, convenient locations all across the state of Michigan
- Fast, efficient fingerprinting sessions – 5 minute average
- Electronic submission to Michigan State Police for State and FBI processing
- High fingerprint image quality
- Fee collection and billing reconciliation
- On-site fingerprinting sessions for groups of 30 or more applicants

identix®

Identification Services



Convenient Fingerprinting Locations State Wide

"Let our proven experience and expertise translate into a more efficient, effective, and convenient applicant fingerprinting process for you and your applicants"

For more information or to schedule an appointment at a convenient location near you, please contact:

Identix Identification Services
Phone: 1-866-226-2952
Web: www.identix.com/iis/mi.html
Pay by credit card over the phone.
Check or Money Order at time of appointment. No cash accepted.
Agency ID: 10971L

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 Files check regarding the possible existence of a substantiated child abuse or neglect record. **(For Child Day Care and Child Welfare Divisions Only)**
3. Produce a Central Files check against current or previous licensee status of the applicant in any county of the state.
4. **Day 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 (OCAL-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 inserted prior to submitting application to OCAL.**

The existence of a conviction record or a substantiated child abuse or neglect record does not necessarily disqualify an applicant for licensure. However, it does provide the Agency with information, which will be carefully evaluated by licensing staff.

A failure on the part of an applicant to provide OCAL with the information and authorization requested on this form may be sufficient cause to deny issuance of a license.

AUTHORITY:	Public Act 116 of 1973 as amended and Public Act 218 of 1979 as amended	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.
COMPLETION	Required	
CONSEQUENCE:	Licensure may be denied.	

LICENSING RECORD CLEARANCE REQUEST
STATE OF MICHIGAN
Department of Human Services
Office of Children and Adult Licensing

DIRECTIONS FOR COMPLETING FORM:

- **Please read the accompanying instructions before completing this form.**
- **Please type or print CLEARLY so that the information completed can be read.**
- **Mail completed form to OCAL Central office.**

LIVESCAN FINGERPRINT REQUEST

This section for day care only.

Agency ID: 10971L

TCN# _____
(MUST BE FILLED IN PRIOR TO RETURNING)

Date Fingerprinted: _____

Type of Picture I.D. presented:
_____

DCL(Day Care License) - State and FBI
($54 plus livescan fee) total $70.00

SECTION I: REQUESTOR INFORMATION
(Must be completed by licensing consultant/worker)

Licensing Consultant/Worker Name, Address and Phone Number

Department of Human Services
Office of Children and Adult Licensing
7109 W. Saginaw, 2nd Fl.
Lansing, MI 48909-8150

LICENSEE/APPLICANT NAME	County	LICENSE NUMBER (If assigned)

LICENSE/APPLICATION TYPE
☐ Child Foster ☐ Adoption ☐ Adult Foster Care ☐ Family/Group Child Care Home ☒ Child Care Center ☐ Institution/Agency ☐ Camp

THE PERSON BEING CLEARED IS:
☐ Adult Member of Household (specify relationship to licensee):
☐ Applicant ☐ Licensee/Licensee Designee ☐ Administrator ☐ Responsible Person (In charge of daily operations) ☐ 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 OCAL-1326)

NAME (Last, First, Middle Jr., II, etc.)	SEX	BIRTH DATE	SOCIAL SECURITY NUMBER

MARITAL STATUS ☐ SGL ☐ MAR ☐ DIV	ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Name(s))	MICHIGAN DRIVERS LICENSE NUMBER

ADDRESS (Street Number and Name)	HOW LONG HAVE YOU LIVED IN THIS STATE?	COUNTY?	RACE

CITY	COUNTY	STATE	ZIP CODE	PHONE NUMBER	HEIGHT	WEIGHT

- 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 licensed.

HAVE YOU EVER BEEN CONVICTED OF A CRIME, FELONY OR MISDEMEANOR?
☐ NO ☐ YES (If yes, explain)
Type, Location, and Date of Conviction(s)

SIGNATURE OF PERSON TO BE CLEARED	DATE

SECTION III: CENTRAL RECORDS CLEARANCE (OCAL Use Only)

PREVIOUS LICENSE? ☐ NO ☐ YES	INITIALS	CLEARANCE DATE
IS PROTECTIVE SERVICES INFORMATION ON FILE? ☐ NO ☐ YES		LICENSE NUMBER

Disclaimer: Any and all fingerprints processed with incorrect fingerprint codes/reasons, etc. are the responsibility of the REQUESTING AGENCY. MSP will charge for second requests due to incorrect fingerprint reason.

SECTION IV: CONVICTION CLEARANCE

LICENSING RECORD CLEARANCE REQUEST
STATE OF MICHIGAN
Department of Human Services
Office of Children and Adult Licensing

DIRECTIONS FOR COMPLETING FORM:

- **Please read the accompanying instructions before completing this form.**
- **Please type or print CLEARLY so that the information completed can be read.**
- **Mail completed form to OCAL Central office.**

LIVESCAN FINGERPRINT REQUEST

This section for day care only.

Agency ID: 10971L

TCN# _____
(MUST BE FILLED IN PRIOR TO RETURNING)

Date Fingerprinted: _____

Type of Picture I.D. presented:
_____

DCL(Day Care License) - State and FBI
($54 plus livescan fee) total $70.00

SECTION I: REQUESTOR INFORMATION
(Must be completed by licensing consultant/worker)

Licensing Consultant/Worker Name, Address and Phone Number

Department of Human Services
Office of Children and Adult Licensing
7109 W. Saginaw, 2nd Fl.
Lansing, MI 48909-8150

LICENSEE/APPLICANT NAME	County	LICENSE NUMBER (If assigned)

LICENSE/APPLICATION TYPE
☐ Child Foster ☐ Adoption ☐ Adult Foster Care ☐ Family/Group Child Care Home ☒ Child Care Center ☐ Institution/Agency ☐ Camp

THE PERSON BEING CLEARED IS:
☐ Adult Member of Household (specify relationship to licensee):
☐ Applicant ☐ Licensee/Licensee Designee ☐ Administrator ☐ Responsible Person (In charge of daily operations) ☐ 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 OCAL-1326)

NAME (Last, First, Middle Jr., II, etc.)	SEX	BIRTH DATE	SOCIAL SECURITY NUMBER

MARITAL STATUS ☐ SGL ☐ MAR ☐ DIV	ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Name(s))	MICHIGAN DRIVERS LICENSE NUMBER

ADDRESS (Street Number and Name)	HOW LONG HAVE YOU LIVED IN THIS STATE?	COUNTY?	RACE

CITY	COUNTY	STATE	ZIP CODE	PHONE NUMBER	HEIGHT	WEIGHT

- 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 licensed.

HAVE YOU EVER BEEN CONVICTED OF A CRIME, FELONY OR MISDEMEANOR?
☐ NO ☐ YES (If yes, explain)
Type, Location, and Date of Conviction(s)

SIGNATURE OF PERSON TO BE CLEARED	DATE

SECTION III: CENTRAL RECORDS CLEARANCE (OCAL Use Only)

PREVIOUS LICENSE? ☐ NO ☐ YES	INITIALS	CLEARANCE DATE
IS PROTECTIVE SERVICES INFORMATION ON FILE? ☐ NO ☐ YES		LICENSE NUMBER

Disclaimer: Any and all fingerprints processed with incorrect fingerprint codes/reasons, etc. are the responsibility of the REQUESTING AGENCY. MSP will charge for second requests due to incorrect fingerprint reason.

SECTION IV: CONVICTION CLEARANCE

MEDICAL CLEARANCE REQUEST

Michigan Department of Human Services
Office 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
Office of Children and Adult Licensing
7109 W. Saginaw, 2nd Fl.
P.O. Box 30650
Lansing, MI 48909

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, Office 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
☐ No ☐ Yes If Yes ➡		☐ Skin Test ☐ X-Ray	☐ Positive (Explain in Comments) ☐ 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: Public Act 116 of 1973 as amended
Public Act 218 of 1979 as amended
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.

MEDICAL CLEARANCE REQUEST

Michigan Department of Human Services
Office 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
Office of Children and Adult Licensing
7109 W. Saginaw, 2nd Fl.
P.O. Box 30650
Lansing, MI 48909

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, Office 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
☐ No ☐ Yes If Yes ➡		☐ Skin Test ☐ X-Ray	☐ Positive (Explain in Comments) ☐ 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: Public Act 116 of 1973 as amended
Public Act 218 of 1979 as amended
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.

CHILD CARE LICENSEE DESIGNEE
STATE OF MICHIGAN

Department of Human Services
Office 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: Public Act 116 of 1973, as amended. Completion required if you wish to designate another person as representative	The 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 county.

STAFFING PLAN: CHILD CARE CENTERS

State of Michigan

Department of Human Services

Office of Children and Adult Licensing

List information for all staff and volunteers in the program.

Facility Name: _____ License Number: _____

Signature: _____ Title: _____ Date: _____

(Licensee or Authorized Designee)

Name	Position	Work Schedule		Date of Last …		Date of Completion			Staff Screened		
									Y = Yes		N = No
		Days	Times	TB Test	Physical	Infant CPR	Adult CPR	First Aid	DHS/ CPS	Fingerprint/ ICHAT*	Abuse/Neglect Statement

*Electronic fingerprint clearance is required by program director and licensee only. ICHAT for all Center employees.

Authority: Public Act 116 of 1973, as amended.
Completion: Mandatory
Consequence: Failure to provide requested information may result in license denial

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.

You may copy this form if you need additional sheets.

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
LANSING

DAVID C. HOLLISTER
DIRECTOR

Revised **12/12/05**

Directory of Independent and Local Qualified Fire Safety Inspectors For Child Day 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 this bureau's child care section at no cost to the applicant or licensee. Please contact your licensing consultant regarding necessary information required on plans submitted. New construction, additions, and remodeling projects are inspected by State Inspectors working for the Bureau of Construction Codes & Fire Safety.

Procedures for Requesting Fire Safety Inspections (conversions, consultations)

Fire safety inspections for conversions, consultations and, if required, existing licensed child care centers are to be obtained by the applicant or licensee from one of the individuals on the below "Approved Independent Qualified Fire 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 "Local Fire Prevention Authority" list.

Licensees are to arrange or contract with a qualified fire safety inspector, and, are responsible for any costs of obtaining the inspection. The Family Independence Agency 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 your licensing consultant.

Approved Independent Qualified Fire Inspectors

Below is the list of independent qualified fire inspectors approved by the Bureau of Construction Codes and Fire Safety to conduct fire safety inspections for conversions, consultations and, if required, existing licensed child care centers. The list has been arranged geographically starting in the upper peninsula.

QFI List Centers
12/12/05

Ronald E. DeMarse 1996 Orchard St Marquette, MI 49855 (906) 228-5395	Donald R. St. Arnauld 503 West Ave. B. Newberry, MI 49868 (906) 293-5834	Arthur E. Shaw 6336 Greenwood Rd. Petoskey, MI 49770 (231) 347-2288
Frank Matthews 5017 Nicholson Hill Rd. Hubbard Lake, MI 49747 (989) 727-9902 (Home) (989) 370-3758 (Mobile)	Frederick C. Wille 6624 W. Bayshore Rd. Traverse City, MI 49684 (231) 947-2238 (231) 631-7275 (Mobile)	Theron Wiggins 2546 Nolen Flint, MI 48504 (810) 239-9383 (810) 577-9558 (Mobile)
James L. Hall 105 Barbour St. Coleman, MI 48618-0427 (989) 465-6557	Linda Schluchter 11414 Spencer Rd. Saginaw, MI 48609 (989) 792-9691 Ext. 202	Wayne Tingley 7875 West Holiday Court Mears, MI 49436 (231) 873-5127
Donald P. Couturier 8064 Brookfield Saginaw, MI 48609 (989) 430-6334 (Mobile)	Willie L. Miller 3413 Concord Flint, MI 48504 (810) 238-0016	Michael T. Larabel 1736 41st. Street S.W. Wyoming, MI 49519 (616) 531-4818
Kevin J. Abbasse 2022 Engleside Dr. SE Grand Rapids, MI 49546 (734) 732-6269 (Mobile) (616) 942-7854 (Home)	John J. Madden 225 W. Elm Street Elsie, MI 48831 (989) 862-4825 (231) 689-1998	Brian Gaukel 4648 Lambeth Way Holt, MI 48842 (517) 699-2845
Robert D. Patrick 701 Oak Ridge Dr. Brighton, MI 48116 (810) 227-6701	David R. Yarber 8050 Sugarloaf Trail Clarkston, MI 48348 (248) 625-1424	Sandra E. Slaton 48797 Lansdowne Ct. Shelby Twp., MI 48317 (248) 452-2456 (Office) (586) 739-0583 (Home)
John MacDougall 21316 Larkspur Farmington, MI 48336 (248) 477-6145	Darrell Saulsby 19405 Warrington Dr. Detroit, MI 48221-1822 (313) 861-4066	Derek K. Segars P.O. Box 34003 Detroit, MI 48234 (313) 366-5444 (313) 796-5454
Greg Smith 30990 Bayview Dr. Gibraltar, MI 48173 (734) 692-1468 (Home)	Joseph Otis 193 N. Clay Street Coldwater, MI 49036 (517) 278-2643	William L. Bammer 21953 Clear Lake Rd. Battle Creek, MI 49017 (269) 962-0638
Ed deVarona 29470 Middle Crossing Rd. Dowagiac, MI 49047 (269) 782-5030		

QFI List Centers
12/12/05

Approved Local Qualified Fire Inspectors

The below listed local fire protection authorities have signed agreements with the Department to conduct Fire Safety Inspections**, WITHIN THEIR JURISDICTIONS ONLY,** for conversions, consultations and if required, existing licensed child care centers.

D-1	**DETROIT FIRE DEPARTMENT** 250 W. Larned Detroit, MI 48226 (313) 596-2933	Inspector(s): Otis Holt Darrell Saulsby David Tucker Jeffrey Bryant Danette Holmes
D-2	**LANSING FIRE DEPARTMENT** 120 Shiawassee Lansing, MI 48933 (517) 483-4200	Inspector(s): Brian Gaukel
D-3	**FARMINGTON HILLS FIRE DEPT.** 31455 W. 11 Mile Farmington Hills, MI 48336-1101 (248) 871-2820	Inspector(s): Denny Hughes Stephen F. Hume Michael Kish
D-4	**CITY OF SOUTHFIELD** 26000 Evergreen Rd. Southfield, MI 48076 (248) 796-5700	Inspector(s): Bruce K. Johnson Mike Albo
D-5	**STERLING HEIGHTS FIRE DEPT.** 41625 Ryan Road Sterling Heights, MI 48314-3945 (586) 446-2950	Inspector(s): Jeff Chase Fred Golda Larry Pennell Greg Thomas
D-6	**WESTLAND FIRE DEPARTMENT** 37201 Marquette Westland, MI 48185 (734) 467-3201	Inspector(s): Colleen Fedel John Adams

Environmental Health Inspections

Please read this before proceeding any further

You must use the enclosed Environmental Health Inspection Request (OCAL-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 Heath Inspection Request (OCAL-1787) to, please refer to 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 (OCAL-1787) with the Name and Address of the Health Inspection Agency.

Complete Section 13 – 25 on the Environmental Health Inspection Request (OCAL-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.

ENVIRONMENTAL HEALTH INSPECTION REQUEST

Michigan Department of Human Services

MOST LOCAL HEALTH DEPARTMENTS CHARGE AN INSPECTION FEE. YOU ARE ADVISED TO CONTACT THE LOCAL HEALTH DEPARTMENT TO DETERMINE THE AMOUNT OF THE FEE.
IF YOU INTEND TO MAIL THIS FORM TO THE LOCAL HEALTH DEPARTMENT, PLEASE ENCLOSE THE REQUIRED FEE AND COMPLETE ITEMS 4, 13 – 25: ITEMS 1 – 3 AND 5-12 TO BE COMPLETED BY LICENSING WORKER/CONSULTANT.

1. License Number

2. Expiration Date

3. Status of License

4. Proposed/Current Capacity

☐ 1-20 ☐ 21-50 ☐ 51-100 ☐ 100+

5. Please return the completed inspection report by this date:

6. Name and Address of Health Inspection Agency

Department of Human Services
Office of Children and Adult Licensing
7109 W. Saginaw, 2nd Fl.
P.O. Box 30650
Lansing, MI 48909

HEALTH DEPARTMENT TELEPHONE NUMBER

7. Water Supply and/or Sewage Disposal (Use OCAL-1788)

- ☐ Foster Family Home (1-4 children)
- ☐ Foster Family Group Home (5-6 children)
- ☐ Family Child Care Home (1-6 children)
- ☐ Group Child Care Home (7-12 children)
- ☒ Child Care Center

9. Reason for Inspection

- ☒ New Application
- ☐ Reinspection
- ☐ Renewal Inspection
- ☐ Complaint (Specify in No. 24)
- ☐ Relocation
- ☐ 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 OCAL-1788 and OCAL-1789)

- ☐ Child Caring Institution
- ☐ Children's Camp
- ☐ Child Care Center
- ☐ Special Request (explain in No. 24)

10. Return Completed Inspection Report to (NAME OF AGENCY).
Call 866-685-0006 for local office.

11. Name of Licensing Worker

Telephone Number

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

City Zip Code

13. Name of Facility

14. Name of Administrator/Contact Person

15. Address of Facility (Number, Street)

16. City

17. Township

18. County

19. Zip Code

20. Facility Telephone Number

21. Alternate Telephone Number

22. Date of Last Environmental Health Inspection

23. Directions to Facility From Nearest Major Intersection

24. Comments

25. 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 Human Services of the facility indicated in box 13 of this document.

Signed Date

26. L.H.D. Use

Fee Amount $ _____ Payment made by check (# _____), cash, other _____

Received by _____ Date _____

The 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.

AUTHORITY: PA 116 of 1973
COMPLETION: Voluntary
NON-COMPLETION: No license will be issued