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+

6. Name and Address of Health Inspection Agency

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

HEALTH DEPARTMENT TELEPHONE NUMBER

7. Water Supply and/or Sewage Disposal (Use BCAL-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
- ☐ Relocation
- ☐ Addition/Plan Review
- ☐ Proposed New Construction/ Plan Review
- ☐ Complaint (Specify in No. 24)
- ☐ Other (Specify in No. 24)

8. Water Supply and/or Sewage Disposal and General Sanitation and Safety (Use BCAL-1788 and BCAL-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

23. Directions to Facility From Nearest Major Intersection

14. Name of Administrator/Contact Person

15. Address of Facility (Number, Street)

16. City

17. Township

24. Comments

18. County

19. Zip Code

20. Facility Telephone Number

21. Alternate Telephone Number

22. Date of Last Environmental Health Inspection

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 _____

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:	Voluntary
NON-COMPLETION:	No license will be issued

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 go to www.michigan.gov/mdch > Providers (on left) > Local Health departments (right under Quick Links) and click on the county in which your center is located. 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.