

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 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

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.

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.

<p>6. Name and Address of Health Inspection Agency</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>Department of Human Services Bureau of Children and Adult Licensing 7109 W. Saginaw, 2nd Floor P. O. Box 30650 Lansing, MI 48909-8150</p> </div>		<p>1. License Number</p> <hr/> <p>2. Expiration Date</p> <hr/> <p>3. Status of License</p> <hr/> <p>4. Proposed/Current Capacity</p> <p><input type="checkbox"/> 1-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 100+</p> <p>5. Please return the completed inspection report by this date:</p> <hr/> <p>HEALTH DEPARTMENT TELEPHONE NUMBER</p> <hr/>
<p>7. Water Supply and/or Sewage Disposal (Use BCAL-1788)</p> <p><input type="checkbox"/> Foster Family Home (1-4 children)</p> <p><input type="checkbox"/> Foster Family Group Home (5-6 children)</p> <p><input type="checkbox"/> Family Child Care Home (1-6 children)</p> <p><input type="checkbox"/> Group Child Care Home (7-12 children)</p> <p><input checked="" type="checkbox"/> Child Care Center</p>	<p>9. Reason for Inspection</p> <p><input type="checkbox"/> New Application <input type="checkbox"/> Relocation</p> <p><input type="checkbox"/> Reinspection <input type="checkbox"/> Addition/Plan Review</p> <p><input type="checkbox"/> Renewal Inspection <input type="checkbox"/> Proposed New Construction/ Plan Review</p> <p><input type="checkbox"/> Complaint (Specify in No. 24) <input type="checkbox"/> Other (Specify in No. 24)</p>	
<p>8. Water Supply and/or Sewage Disposal and General Sanitation and Safety (Use BCAL-1788 and BCAL-1789)</p> <p><input type="checkbox"/> Child Caring Institution</p> <p><input type="checkbox"/> Children's Camp</p> <p><input type="checkbox"/> Child Care Center</p> <p><input type="checkbox"/> Special Request (explain in No. 24)</p>	<p>10. Return Completed Inspection Report to (NAME OF AGENCY). Call 866-685-0006 for local office.</p> <hr/> <p>11. Name of Licensing Worker</p> <p>_____</p> <p>Telephone Number _____</p> <hr/> <p>12. Address of Licensing Worker/Consultant (Number, Street)</p> <p>_____</p> <p>City _____ Zip Code _____</p>	
<p>13. Name of Facility</p> <hr/> <p>14. Name of Administrator/Contact Person</p> <hr/> <p>15. Address of Facility (Number, Street)</p> <hr/>	<p>23. Directions to Facility From Nearest Major Intersection</p> <hr/>	
<p>16. City</p> <hr/> <p>18. County</p> <hr/> <p>20. Facility Telephone Number</p> <hr/> <p>22. Date of Last Environmental Health Inspection</p> <hr/>	<p>17. Township</p> <hr/> <p>19. Zip Code</p> <hr/> <p>21. Alternate Telephone Number</p> <hr/>	
<p>24. Comments</p> <hr/>		
<p>25. To be completed by license applicant/licensee:</p> <p>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.</p> <p style="text-align: right;">_____ Signed</p> <p style="text-align: right;">_____ Date</p>		
<p>26. L.H.D. Use</p> <p>Fee Amount \$ _____ Payment made by check (# _____), cash, other _____</p> <p>Received by _____ Date _____</p>		
<p>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.</p>		
<p>AUTHORITY: 1973 PA 116</p> <p>COMPLETION: Voluntary</p> <p>NON-COMPLETION: No license will be issued</p>		