

CHILD IN CARE STATEMENT/RECEIPT

STATE OF MICHIGAN Department of Human Services Bureau of Children and Adult Licensing

Child(ren)'s Name(s) (Last, First, Middle Initial)	
Licensee/Registrant Name	License/Registration Number

Section 1: Receipt of Policies & Rules – To be completed by the parent.

Parent/legal guardian must initial that the following have been received:

____ Licensing Rules for Family and Group Child Care Homes [R 400.1907 (1b)]

Based on these rules, I understand that I must give written permission before:

- Medication is given or applied to my child.
- My child is transported in a vehicle.
- My child participates in field trips, not involving transportation.
- My child participates in swimming.

____ The discipline policy that this child care home will be using for my child. [R 400.1907 (1b)]

Violations can be reported to licensing at www.michigan.gov/bcalcomplaints.

Section 2: Statement of Health and Immunizations – To be completed by the parent.

Parent/legal guardian must initial one of the following:

____ My child is free from health conditions which could pose a risk to my child or other children and adults **and** has no limitations or special needs regarding participation in daily activities.

____ My child has a health condition which could pose a risk to my child or other children and adults and/or has limitations of participation or special needs or treatment while in care. Please describe (use back or attach).

My child has completed or is in progress of receiving immunizations as recommended by the Department of Community Health.

Yes No If no, please specify the reason ► Religious Medical Other

Section 3: Notices to Parent – To be completed by the provider.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	An assistant caregiver between ages 14 to 17 years may care for your child. [R 400.1907 (1b)]
<input type="checkbox"/>	<input type="checkbox"/>	An assistant caregiver may care for your child in my absence. I will inform you before each occurrence. [R 400.1903 (1d)]
<input type="checkbox"/>	<input type="checkbox"/>	All children who reside in the child care home have been immunized as recommended by the Department of Community Health. [R 400.1906(3)]
<input type="checkbox"/>	<input type="checkbox"/>	There are animals and pets in the child care home. [R 400.1936 (1)] If yes, list: _____
<input type="checkbox"/>	<input type="checkbox"/>	Pesticide or fertilizer treatments are used at the home. I will inform you before each application. [R 400.1932 (5)]
<input type="checkbox"/>	<input type="checkbox"/>	There are firearms on the premises. [R 400.1907(1b)]
<input type="checkbox"/>	<input type="checkbox"/>	The child care home was built prior to 1978 and the potential presence of lead-based paint or lead dust hazards exists. If yes, I will inform you in writing prior to any remodeling, renovating, or re-painting that could potentially disturb lead-based paint or produce lead dust. [R 400.1932(7), R 400.1907(1b) & R 400.1932(7)]
<input type="checkbox"/>		I must follow the requirements for safe infant sleep as required by R 400.1912 and 400.1916.
<input type="checkbox"/>		I maintain a licensing notebook of licensing inspection and special investigation reports and related corrective action plans. This notebook is available during hours of operation. Reports from at least the past two years are on the licensing website at www.michigan.gov/michildcare . [MCL 722.113g]

Section 4: Food Agreement – To be completed by the individual providing food while the child is in care.

The individual providing food while the child is in care must initial below. If a combination, both must initial and indicate which items they will be providing.

____ Provider _____

____ Parent/legal guardian _____

I certify that I have read and understand this form. I certify that if my child's health changes, I will notify the provider by updating this form.

_____	_____
Parent/Guardian Signature	Date

I certify that I accurately completed this form and if anything changes, I will notify the parent by updating this form.

_____	_____
Provider Signature	Date

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