## CHILD IN CARE STATEMENT/RECEIPT STATE OF MICHIGAN

## Department of Licensing and Regulatory Affairs

**Child Care Licensing Division** 

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

Section 1: Re	eceipt of Policies	& Rules – To be	completed by the	e parent.

Parent/legal guar	dian must initial th	nat the following ha	ave been received	d:				
Licensing	Rules for Family a	and Group Child Ca	are Homes [R 400	0.1907 (1b)]				
Based on	these rules, I unde	erstand that I must	give written perm	nission before:				
<ul> <li>Medic</li> </ul>	ation is given or a	pplied to my child.						
	ild is transported i							
		field trips, not invo	lving transportation	on.				
	ild participates in a line policy that this		will be using for m	ny child. [R 400.19	07 (1b)]			
		sing at <u>www.michi</u> g	•	-	( /2			
Section 2: Star	tement of Healt	h and Immuniza	ations – To be	completed by th	ne parent.			
		II of the following t			•			
Health Status		oo .oo						
My child(re	My child(ren) is/are free from health conditions which could pose a risk to my child(ren) or other children and adults <b>and</b> has/have no limitations or special needs regarding participation in daily activities.							
						s) of child(ren)		
				sk to my child(ren) are. Please descril		and adults and/or	has/have	
						Name(s) of c	hild(ren)	
Immunization S			_				_	
	en) has/have com <sub>l</sub> d Human Services		orogress of receiv	ing immunizations	as recommended	by the Michigan	Department of	
			١	Name(s) of child(ren)				
If not, plea	se specify the rea	son ▶ ☐ Relig	ious   Medical	Other				
	. ,					Name(s) of child(ren)		
Section 3: Not	ices to Parent -	- To be complet	ted by the prov	ider.				
Yes No								
☐ ☐ An ass	istant caregiver be	tween ages 14 to	17 years may car	e for your child. [R	R 400.1907 (1b)]			
An ass	istant caregiver ma	ay care for your ch	nild in my absence	e. I will inform you	before each occui	rence. [R 400. 19	03 (1d)]	
			ne have been imn	nunized as recomr	mended by the Mi	chigan Departmer	t of Health and	
	Services. [R 400.							
		ets in the child car						
				nform you before	each application.	R 400.1932 (5)]		
		premises. [R 400				_		
Smokir	ig occurs in the ho	me and on the pre	emises when child	dren are not in care	e. [R 400.1903 (9)	]		
☐ ☐ The ch	lld care home was	built prior to 1978	and the potential	presence of lead- e-painting that cou	based paint or lea	id dust hazards ex	ists. If yes, I will	
lead du	ist. TR 400.1932(7	'), R 400.1907(1b)	8 R 400.1932(7)	e-painting that cot	ilu poteritially disti	iib leau-baseu pai	in or produce	
				ed by R 400.1912	and 400.1916.			
				pecial investigation		ed corrective action	n plans. This	
				n at least the past				
www.n	nichigan.gov/mic	hildcare. [MCL 72	22.113g]					
Section 4: Foo	d Agreement –	To be complete	ed by the indiv	idual providing	food while the	child is in care		
		<u> </u>		tial below. If a con				
they will be provi		, , , , , , , , , , , , , , , , , , , ,			,			
Provider								
<del></del>	al quardian							
Parent/legal guardian  I certify that I have read and understand this form. I certify that if my child(ren)'s health changes, I will notify the provider by updating this form.								
I certify that I hav	e read and unders	tand this form. I ce	rtity that if my child	d(ren)'s health cha	ng <u>es,</u> I will notify th	ne provider by upd	ating 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 Signatu	re			Date		
	Parent or Legal		Parent or Legal		Parent or Legal		Parent or Legal	
Date Card Reviewed	Guardian Initials	Date Card Reviewed	Guardian Initials	Date Card Reviewed	Guardian Initials	Date Card Reviewed	Guardian Initials	

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