



CHILD IN CARE STATEMENT/RECEIPT [R.400.1907(b)]

State of Michigan
Department of Licensing and Regulatory Affairs
Child Care Licensing Bureau

| | |
|--|----------------|
| Child(ren)'s Name(s) (Last, First, Middle Initial) | |
| | |
| Licensee Name | License Number |
| Amanda Bilan | DG820413360 |

Section 1: Receipt of rules, policies, and licensing notebook notification

Instructions: Parent/guardian must initial each section below.

_____ I have received a copy of the Licensing Rules for Family and Group Child Care Homes or have been directed to the electronic copy at www.michigan.gov/michildcare-rules [R 400.1907(1)(b)(iii)]

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

- Medication is given or applied to my child. [R 400.1918(2)]
- My child is transported in a vehicle. [R 400.1952(1)]
- My child participates in field trips not involving a vehicle. [R400.1952(2)]
- My child participates in swimming. [R 400.1921(10)]

_____ Based on these rules, I understand that the licensee must follow all safe sleep rules for infants and toddlers. If my child has a special need that requires alternative sleep arrangements, I must provide specific instructions from my child's health care provider. [R 400.1912(4)]

_____ I have received the discipline policy that this child care home will be using for my child. [R 400.1907(1)(b)(i)]

Violations can be reported to licensing at www.michigan.gov/cclb-complaints

Section 2: Statement of health, immunizations and authorization for emergency medical treatment

Instructions: Parent/guardian must initial and complete each section below.

_____ Emergency treatment: [R400.1907(1)(d)] I understand that the licensee may obtain emergency medical treatment for my child(ren) while in care. I object to emergency medical treatment for my child(ren) due to religious grounds and will provide a statement that I assume all responsibility for emergency care as required under R 400.1907(1)(d).

_____ Health Status: [R400.1907(1)(b)(iii)] My child(ren) is/are free from health conditions that pose a risk to themselves or other children or adults and have no limitations or special needs affecting participation in daily activities. Names of child(ren):

My child(ren) has/have a health condition which could pose a risk to themselves, other children or adults and/or has/have limitations of participation or special needs. Additional information to be provided on the back of this form or attached. Names of child(ren):

_____ Immunization Status: [R400.1907(1)(c)] My child(ren) has/have received immunizations and boosters as recommended by the Department of Health and Human Services. Names of child(ren):

My child(ren) has/have a waiver for the following reason: religious medical other
Names of child(ren):

Section 3: Notices to parent(s)/legal guardian(s)

Instructions: Licensee must complete applicable check boxes and review with parent/guardian.

| Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | All minors residing in the home have been immunized as recommended by the Department of Health and Human Services. |
| <input type="checkbox"/> | <input type="checkbox"/> | There are animals and pets in the home. [R400.1936(1)] If yes, list here: |
| <input type="checkbox"/> | <input type="checkbox"/> | There are firearms on the premises. [R 400.1907(1)(b)] All firearms are unloaded and properly stored in a secure, safe, locked environment inaccessible to children while children are in care. [R 400.1935(1)] Ammunition is stored in a separate locked location inaccessible to children in care. [R 400.1935(2)] |
| <input type="checkbox"/> | <input type="checkbox"/> | This home was constructed prior to 1978. Choose one: <input type="checkbox"/> There may be potential lead hazards in the home. You will be notified prior to any remodeling, renovating or repainting. OR <input type="checkbox"/> I have documentation available from a lead testing professional that the home is lead safe. [R 400.1907(1)(b)(vi) and R 400.1932(7)] |
| <input type="checkbox"/> | <input type="checkbox"/> | Smoking or vaping occurs in the home and on the premises when children are not in care. [R 400.1903(8)(c)] |
| <input type="checkbox"/> | <input type="checkbox"/> | Smoking and vaping do not occur in child use space or on the premises when children are in care, or in any vehicle when used to transport child care children. I will have a notice posted during child care hours that smoking and vaping on the premises is prohibited. [R 400.1903(8)(a-b)] |
| <input type="checkbox"/> | <input type="checkbox"/> | You will be notified before any pesticide or fertilizer treatments are used at the home. [R400.1932(5)] |
| <input type="checkbox"/> | <input type="checkbox"/> | I keep a licensing notebook. The licensing notebook contains a summary sheet and all licensing reports and corrective action plans since May 28, 2010. You may review the licensing notebook during regular business hours. Reports from at least the past three years are available at www.michigan.gov/michildcare [MCL 722.113g(1-3)] |
| <input type="checkbox"/> | <input type="checkbox"/> | I do not keep a licensing notebook but I have internet access. Reports from at least the past three years are available at www.michigan.gov/michildcare [MCL 722.113g(1-3)] |

Section 4: Food Agreement

Instructions: This section to be completed by the individual providing food to the child(ren) while in care. If a combination, both must initial and indicate which items they will provide.

Licensee Breakfast, AM snack, lunch, PM snack Parent/guardian

I certify that I have read and understand this form. If there are changes to my child's health, I will notify the licensee and update this form.

Parent/legal guardian signature: _____ **Date:** _____

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

Licensee signature: _____ **Date:** _____

| Date Reviewed | Parent/Legal Guardian Initials | Date Reviewed | Parent/Legal Guardian Initials | Date Reviewed | Parent/Legal Guardian Initials | Date Reviewed | Parent/Legal Guardian Initials |
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