CHILD IN CARE STATEMENT/RECEIPT [R.400.1907(b)] State of Michigan Department of Licensing and Regulatory Affairs					0.1907(b)]	Child(ren)'s Name(s) (Last, First, Middle Initial)				
Child Care Licensing Bureau						Licensee Name			License Number	
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 <a href="https://www.michigan.gov/michildcare-rules">www.michigan.gov/michildcare-rules</a> . [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 <a href="https://www.michigan.gov/cclb-complaints">www.michigan.gov/cclb-complaints</a> .										
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 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).							
						n conditions that pose a risk to themselves or other children or adults and have no articipation in daily activities. Names of child(ren):				
has/have limitations of participation or						dition which could pose a risk to themselves, other children or adults and/or special needs. Additional information to be provided on the back of this form or				
attached. Names of child(ren):										
Immunization						mmunizations and boosters as recommended by the Department of Health and :				
[R400.1907(1)(c)]				child(ren) has/h	nave a waiver for t	the following reason:	religious medica	alother		
				of child(ren):						
		to parent(s)/								
Yes	No □					boxes and review with		th and Uuman	Convices	
H	H	All minors residing in the home have been immunized as recommended by the Department of Hea There are animals and pets in the home. [R400.1936(1)] If yes, list here:							Services.	
H	Ħ		here are firearms on the premises. [R 400.1936(1)] If yes, list here.  here are firearms on the premises. [R 400.1907(1(b)] All firearms are unloaded and properly stored in a secure, safe, locked							
	_		t inaccessible to children while children are in care. [R 400.1935(1)] Ammunition is stored in a separate locked location							
		inaccessible	le to children in care. [R 400.1935(2)]							
			This home was constructed prior to 1978. Choose one: There may be potential lead hazards in the home. You will be notified prior							
			-			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)]							
$H \mid$		_	r vaping occurs in the home and on the premises when children are not in care. [R 400.1903(8)(c)] nd vaping do not occur in child use space or on the premises when children are in care, or in any vehicle when used to							
			hild 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)]								
		You will be notified before any pesticide or fertilizer treatments are used at the home. [R400.1932(5)]								
		-	nsing 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 the							he past three years	
		are available at <a href="https://www.michigan.gov/michildcare">www.michigan.gov/michildcare</a> . [MCL 722.113g(1-3)]								
	Ш	I do not keep a licensing notebook but I have internet access. Reports from at least the past three years are available at <a href="https://www.michigan.gov/michildcare">www.michigan.gov/michildcare</a> . [MCL 722.113g(1-3)]							bie at	
Section	4: Food Ag		,ungov/	THE THE PARTY OF T	101 / 11136(1 3)					
Instruct	tions: This s		ompleted	d by the individu	ıal providing food	to the child(ren) while	in care. If a combinatio	on, both must i	nitial and indicate	
Licensee 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 In						Initials Date Reviewed	Parent/Legal Guardian Initials	Date Reviewed	Parent/Legal Guardian Initials	

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