

**NOTIFICATION OF CHANGES IN STATUS – Family and Group Child Care Homes
Required by R400.1903(1)(h) and the Child Care Organizations Act (1973 PA 116)**

State of Michigan – Department of Human Services
Bureau of Children and Adult Licensing

PROVIDER

LICENSING CONSULTANT

Provider Name		FACILITY TYPE:		Licensing Consultant
License Number	Provider Phone Number ()		<input type="checkbox"/> Family Child Care Home	
Address		County	<input type="checkbox"/> Group Child Care Home	
City	State	Zip Code		

The provider must notify BCAL of all of the following within 7 business days of the change/occurrence:

CHANGES IN HOUSEHOLD COMPOSITION

Persons Moved In* or Out of the Home (attach additional sheets if needed)					
First Name	Middle Initial	Last Name	Date of Birth	Moved: <input type="checkbox"/> In <input type="checkbox"/> Out	Relationship to Caregiver
First Name	Middle Initial	Last Name	Date of Birth	Moved: <input type="checkbox"/> In <input type="checkbox"/> Out	
First Name	Middle Initial	Last Name	Date of Birth	Moved: <input type="checkbox"/> In <input type="checkbox"/> Out	
First Name	Middle Initial	Last Name	Date of Birth	Moved: <input type="checkbox"/> In <input type="checkbox"/> Out	

***If the person moving in is over 18 years of age, the BCAL-1326 must also be completed and submitted with this form.**

ANY OF THE FOLLOWING HAS OCCURRED FOR ANY HOUSEHOLD MEMBER (including the provider)

First Name	Middle Initial	Last Name	Date of Birth
<input type="checkbox"/> Arrest	Details of the Arrest		
	Status of the Charge		
<input type="checkbox"/> Conviction	Convicted of the Following Crimes		Date of Conviction
<input type="checkbox"/> Court Supervised Parole or Probation	On Parole or Probation for the Following Convictions	Parole/Probation Begin Date	Parole/Probation End Date
<input type="checkbox"/> Admitted to or Released from Correctional Facility	Admitted for the Following Convictions	Date Admitted	Expected Release Date
	Served Time for the Following Convictions		Release Date
<input type="checkbox"/> Admitted to or Released from Hospital, Institution, or Facility for the Treatment of the Following Problems: <input type="checkbox"/> Emotional <input type="checkbox"/> Mental <input type="checkbox"/> Substance Abuse	Admitted for the Following Problems	Date Admitted	Release Date

The provider must provide notice to the department within 3 business days after he/she, an adult household member, or an employee (assistant caregiver) has been arraigned for any of the following crimes:

ANY OF THE FOLLOWING HAS OCCURRED FOR ANY HOUSEHOLD MEMBER OR EMPLOYEE (ASSISTANT CAREGIVER)

First Name	Middle Initial	Last Name	Date of Birth
<input type="checkbox"/> Any Felony	Details of the Charge/Arrest		
Date of Arrest	Status of the Charge/Arrest		
<input type="checkbox"/> Criminal Sexual Conduct in the Fourth Degree	Details of the Charge/Arrest		
Date of Arrest	Status of the Charge/Arrest		
<input type="checkbox"/> Attempt to Commit Criminal Sexual Conduct in the Fourth Degree	Details of the Charge/Arrest		
Date of Arrest	Status of the Charge/Arrest		
<input type="checkbox"/> Child Abuse in the Third or Fourth Degree	Details of the Charge/Arrest		
Date of Arrest	Status of the Charge/Arrest		
<input type="checkbox"/> Attempt to Commit Child Abuse in the Third or Fourth Degree	Details of the Charge/Arrest		
Date of Arrest	Status of the Charge/Arrest		
<input type="checkbox"/> Misdemeanor Involving Cruelty, Torture, or Indecent Exposure Involving a Child	Details of the Charge/Arrest		
Date of Arrest	Status of the Charge/Arrest		
<input type="checkbox"/> Misdemeanor Violation of: <input type="checkbox"/> MCL 333.7410 - Delivering or Distributing a Controlled Substance	Details of the Charge/Arrest		
<input type="checkbox"/> MCL 750.81 - Assault and Battery			
<input type="checkbox"/> MCL 750.81a - Assault			
<input type="checkbox"/> MCL 750.145d - Use of Internet or Computer System for Illegal Sexual Purposes			
<input type="checkbox"/> MCL 436.1701 - Selling or Furnishing Alcoholic Liquor to Person Under 21			
Date of Arrest	Status of the Charge/Arrest		

<input type="checkbox"/> A violation of: <input type="checkbox"/> MCL 750.141 – Breaking and Entering	Details of the Charge/Arrestment
<input type="checkbox"/> MCL 750.141a – Selling/Furnishing Alcohol to Minor	
<input type="checkbox"/> MCL 750.145a – Accosting, Enticing, Soliciting a Minor	
<input type="checkbox"/> MCL 750.355a – Indecent Exposure	
<input type="checkbox"/> MCL 750.359 – Larceny from a Vacant Dwelling	
Date of Arrestment	Status of the Charge/Arrestment
<input type="checkbox"/> Any Misdemeanor that is a listed offense in the Sex Offenders Registration Act (MCL 78.722(e))	Details of the Charge/Arrestment
Date of Arrestment	Status of the Charge/Arrestment
<input type="checkbox"/> A violation of a substantially similar law of another state, of a political subdivision of this or another state, or of the United States	Details of the Charge/Arrestment
Date of Arrestment	Status of the Charge/Arrestment

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, 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.