

**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 |
| | <input type="checkbox"/> Involvement in Substantiated Child Abuse or Neglect | | |
| | Date Substantiated | | |

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 750.115 – 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 750.335a – 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.