

INFANT/TODDLER PRIMARY CAREGIVER DOCUMENTATION

Michigan Department of Licensing and Regulatory Affairs

Bureau of Community and Health Systems com

Facility Name	License Number	
Signature	Title	Date

(Licensee or Authorized Designee)

Child's Name	Child's Date of Birth	Name of Primary Caregiver(s)	Days of the week worked	Hours worked
1. Child's Schedule		1.		
		2.		
		3.		
		4.		
2. Child's Schedule		1.		
		2.		
		3.		
		4.		
3. Child's Schedule		1.		
		2.		
		3.		
		4.		
4. Child's Schedule		1.		
		2.		
		3.		
		4.		

Authority: 1973 PA 116 Completion: Voluntary Consequence: Failure to provide requested information may result in rule violation.	LARA is an equal opportunity employer/program.
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You may copy this form if you need additional sheets.