CHILD IN CARE STATEMENT/RECEIPT [R.400.1907(b)]					Child(ren)'s Name(s) (Last, First, Middle Initial)						
State of Michigan Department of Lifelong Education, Advancement, and Potential Child Care Licensing											
				Lice	nsee Name			License Number			
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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.											
	Emerger treatmen [R400.19	nt: [☐ 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 S [R400.19	_	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, othe has/have limitations of participation or special needs. Additional information to be provid attached. Names of child(ren):											
Immunization Status:			My child(ren) has/have received immunizations and boosters as recommended by the Department of Health and Human Services. Names of child(ren):								
	[R400.19		☐ 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)											
Yes	No Instructions: Licensee must complete applicable check boxes and review with parent/guardian.										
All minors residing in the home have been immunized as recommended by the Department of He There are animals and pets in the home. [R400.1936(1)] If yes, list here:							alth and Human Services.				
H	lΗ	The state of the s] All firearms are unloaded and properly stored in a secure, safe, locked				
			nt inaccessible to children while children are in care. [R 400.1935(1)] Ammunition is stored in a separate locked location								
]			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								
			odeling, renovating or repainting. OR l have documentation available from a lead testing professional that the home is 400.1907(1)(b)(vi) and R 400.1932(7)]								
		_		g occurs in the home and on the premises when children are not in care. [R 400.1903(8)(c)]							
		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									
H		You will be notified before any pesticide or fertilizer treatments are used at the home. [R400.1932(5)] 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									
				www.michigan.gov/michildcare. [MCL 722.113g(1-3)]							
	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 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 Guardia	n Initials	Date Reviewed	Parent /Legal Guardian	Initials	Date Reviewed	Parent/Legal Guardian Initials	Date Reviewed	Parent/Legal Guardian Initials	
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