

**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)**

Michigan Department of Licensing and Regulatory Affairs
Child Care Licensing Bureau

LICENSEE

LICENSING CONSULTANT

Licensee 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 licensee must notify child care licensing of all of the following within 3 business days of the change/occurrence:

CHANGES IN HOUSEHOLD COMPOSITION

Persons Moving 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	Date of	Relationship to Licensee
First Name	Middle Initial	Last Name	Date of Birth	Moved: <input type="checkbox"/> In <input type="checkbox"/> Out	Date of	Relationship to Licensee
First Name	Middle Initial	Last Name	Date of Birth	Moved: <input type="checkbox"/> In <input type="checkbox"/> Out	Date of	Relationship to Licensee
First Name	Middle Initial	Last Name	Date of Birth	Moved: <input type="checkbox"/> In <input type="checkbox"/> Out	Date of	Relationship to Licensee

***All persons moving in must complete a BCHS-001 form and a comprehensive background check PRIOR to moving into the home.**

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

First Name	Middle Initial	Last Name	Date of Birth	
<input type="checkbox"/> Arrest <input type="checkbox"/> Arraignment	Details of the Arrest and/or Arraignment			
	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	Date Statement of Fitness Provided

Any misdemeanor (including misdemeanor attempt, or misdemeanor conspiracy to commit or any other state/federal equivalent):

- Involving operating under the presence of a controlled substance, use or possession of a controlled substance, selling or furnishing a controlled substance to a minor.
- Involving the use of computers to commit a crime, a substantial misrepresentation of a material fact, embezzlement, breaking and entering, or any other fraudulent crime (**except** retail fraud in the 3rd degree, petty theft, or shoplifting)
- Involving stalking, assault, spousal abuse, domestic violence, weapons offense, harboring runaways, aiding and abetting, or arson.

Details of the Arraignment/Conviction:

Date of Arraignment/Conviction

Status of the Arraignment/Conviction

To my knowledge, the information I provided is true and accurate.

Licensee's Signature _____

Date _____

AUTHORITY: 1973 PA 116

Penalty for not providing notice: Misdemeanor/felony and/or fines

LARA is an equal opportunity employer/program.