

**CHILD IN CARE STATEMENT/RECEIPT**  
**STATE OF MICHIGAN**  
 Department of Licensing and Regulatory Affairs  
 Child Care Licensing Division

Child(ren)'s Name(s) (Last, First, Middle Initial)	
Licensee Name Tameka Billingslea	License Number DG330250529

**Section 1: Receipt of Policies & Rules – To be completed by the parent.**

Parent/legal guardian must initial that the following have been received:  
 \_\_\_\_\_ Licensing Rules for Family and Group Child Care Homes [R 400.1907 (1b)]  
 Based on these rules, I understand that I must give written permission before:

- Medication is given or applied to my child.
- My child is transported in a vehicle.
- My child participates in field trips, not involving transportation.
- My child participates in swimming.

\_\_\_\_\_ The discipline policy that this child care home will be using for my child. [R 400.1907 (1b)]

Violations can be reported to licensing at [www.michigan.gov/afc-cc-complaints](http://www.michigan.gov/afc-cc-complaints).

**Section 2: Statement of Health and Immunizations – To be completed by the parent.**

Parent/legal guardian must initial all of the following that apply to child(ren) enrolled:

**Health Status**  
 \_\_\_\_\_ My child(ren) is/are free from health conditions which could pose a risk to my child(ren) or other children and adults and has/have no limitations or special needs regarding participation in daily activities. \_\_\_\_\_ Name(s) of child(ren)

\_\_\_\_\_ My child(ren) has/have a health condition which could pose a risk to my child(ren) or other children and adults and/or has/have limitations of participation or special needs or treatment while in care. Please describe (on back). \_\_\_\_\_ Name(s) of child(ren)

**Immunization Status**  
 \_\_\_\_\_ My child(ren) has/have completed or is/are in progress of receiving immunizations as recommended by the Michigan Department of Health and Human Services \_\_\_\_\_ Name(s) of child(ren)

\_\_\_\_\_ If not, please specify the reason ▶  Religious  Medical  Other \_\_\_\_\_ Name(s) of child(ren)

**Section 3: Notices to Parent – To be completed by the provider.**

<b>Yes</b>	<b>No</b>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	An assistant caregiver between ages 14 to 17 years may care for your child. [R 400.1907 (1b)]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	An assistant caregiver may care for your child in my absence. I will inform you before each occurrence. [R 400.1903 (1d)]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	All children who reside in the child care home have been immunized as recommended by the Michigan Department of Health and Human Services. [R 400.1906(3)]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	There are animals and pets in the child care home. [R 400.1936 (1)] If yes, list: <u>Cats</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pesticide or fertilizer treatments are used at the home. I will inform you before each application. [R 400.1932 (5)]
<input type="checkbox"/>	<input checked="" type="checkbox"/>	There are firearms on the premises. [R 400.1907(1b)]
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Smoking occurs in the home and on the premises when children are not in care. [R 400.1903 (9)]
<input type="checkbox"/>	<input checked="" type="checkbox"/>	The child care home was built prior to 1978 and the potential presence of lead-based paint or lead dust hazards exists. If yes, I will inform you in writing prior to any remodeling, renovating, or re-painting that could potentially disturb lead-based paint or produce lead dust. [R 400.1932(7), R 400.1907(1b) & R 400.1932(7)]
<input checked="" type="checkbox"/>	<input type="checkbox"/>	I must follow the requirements for safe infant sleep as required by R 400.1912 and 400.1916.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	I maintain a licensing notebook of licensing inspection and special investigation reports and related corrective action plans. This notebook is available during hours of operation. Reports from at least the past two years are on the licensing website at <a href="http://www.michigan.gov/michildcare">www.michigan.gov/michildcare</a> . [MCL 722.113g]

**Section 4: Food Agreement – To be completed by the individual providing food while the child is in care.**

The individual providing food while the child(ren) is/are in care must initial below. If a combination, both must initial and indicate which items they will be providing.

N/A Provider Not Available For Emergency Back Up Children

\_\_\_\_\_ Parent/legal guardian

I certify that I have read and understand this form. I certify that if my child(ren)'s health changes, I will notify the provider by updating this form.

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date

I certify that I accurately completed this form and if anything changes, I will notify the parent by updating this form.

\_\_\_\_\_ Provider Signature \_\_\_\_\_ Date

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

LARA is an equal opportunity employer/program.

Daycare Licensing requires that all clients that are using child care services receive a copy of the providers discipline policy for his/her facility.

Discipline:

The object of any discipline is to let the children know that certain behavior is neither acceptable nor appropriate. When unacceptable behavior occurs the child's behavior will be stopped and then the child will be told what s/he was doing wrong. If this does not resolve the issue, the child will be removed from the situation. The child will be redirected to a different activity or if necessary the child will be given a "time-out", which is a minute each for the child's age. If unacceptable behavior reoccurs frequently, a parent conference will be requested. Parents will be informed daily of their child's behavior.

Discipline Procedures:

- 1) Consequences of misbehavior will be stated in positive terms and discussed with the child.
- 2) Time-Out/ Cool Down will be enforced.
- 3) A parental conference may be required if the situation cannot be resolved.
- 4) A child may be required to withdraw if behavior is detrimental to the safety or learning experience of the other children.

By signing this form you are stating that you have read and understand the discipline policy for Mrs. B's Daycare.

\_\_\_\_\_  
Child (ren) enrolled name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## CHILD INFORMATION RECORD

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

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:		Date of Admission	Date of Discharge	Child's Date of Birth	
Name of Child (Last, First, Middle Initial)					
Address (Number and Street, Building/Apartment Number)			City	State	Zip Code
Father/Legal Guardian's Name		Home Phone ( )	Mother/Legal Guardian's Name		
Home Address (if not child's address)		Cell Phone ( )	Home Address (if not child's address)		
City		State	City	State	Zip Code
Email Address (optional)			Email Address (optional)		
Employer Name		Work Phone ( )	Employer Name		Work Phone ( )
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ( )		
Hospital Preferred for Emergency Treatment (optional)					
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)					

BCAL-3731 (Rev. 7-12) Previous editions 9-09, 3-08, 10-07, & 1-06 may be used until 12/31/13.

See Reverse Side

**Emergency Contact & Release of Child:** List all individuals including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	( )	( )
2.	( )	( )
3.	( )	( )

**Release of Child Only:** List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	( )	2.	( )
3.	( )	4.	( )

I give permission to \_\_\_\_\_, licensed by the Department of Human Services  
 (Provider's Name)  
 to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.  
 Signature of Parent or Guardian \_\_\_\_\_ Date Signed \_\_\_\_\_

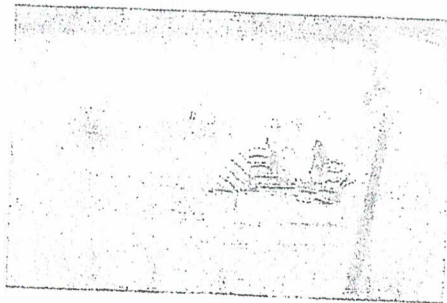
Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

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.

AUTHORITY: 1973 PA 116  
 COMPLETION: Required  
 PENALTY: Rule Violation Citation.

## "WALKING FIELD TRIP"

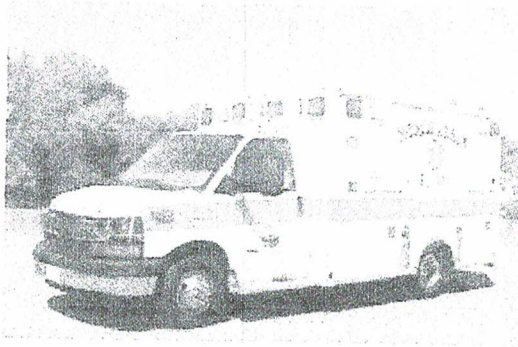
WITH CHANGES IN THE LAWS AND REGULATIONS FOR IN HOME CHILD CARE, WE ARE NOW REQUIRED TO HAVE A WRITTEN AUTHORIZATION FROM PARENTS ALLOWING CHILDREN TO LEAVE THE PREMISES.



I, \_\_\_\_\_, GIVE PERMISSION FOR STAFF AT  
MRS. B'S DAYCARE TO TAKE MY CHILD \_\_\_\_\_  
OFF LICENSED PREMISES TO GO FOR WALKS. I DO REALIZE  
THAT THIS IS CONSIDERED A "WALKING FIELD TRIP"  
BECAUSE CHILDREN ARE LEAVING THE PROPERTY.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



### EMT Release Form

In the event of a life threatening or potentially life threatening situation regarding my son/daughter \_\_\_\_\_, I \_\_\_\_\_ understand that the staff of Mrs. B's Daycare, LLC., may call Emergency Response (911) for assistance. In doing so EMT/Paramedic personnel may be dispatched to the facility to support my child. If EMT/Paramedic personnel feel the need to transport my child to the hospital for Emergency support, I understand and agree that I would be responsible for any/all costs associated with such support. With such an event, I would not seek any payment/restitution for such charges from Mrs. B's Daycare, LLC., nor any employees working for Mrs. B's Daycare, LLC. I am also aware that if Emergency Response (911) is called, I will be notified of the situation and to what hospital my child/ren is to be transported to.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

## MSU Emergency Child Care Late Fee

When parents are locked into a set time for emergency child care services, per the parent's request, our facility is expecting parents to abide by their scheduled times. If parents are late for their scheduled pick up time, we offer a 5-minute grace period of no charge. If parents arrive after their grace period, they will be charged the total amount of time they are late including the 5-minute grace period. The late fee charge is \$1 per minute. Cash payment is expected upon arrival. MSU will NOT cover late fee expenses. By signing this form, before services are rendered, you are agreeing to the terms and expectations.

On \_\_\_\_\_, I, \_\_\_\_\_ have scheduled my child/ren for  
(Date) (Parent Name)  
MSU Emergency child care services from \_\_\_\_\_ a.m./p.m. to  
\_\_\_\_\_ a.m./p.m.

Please note, parents cannot drop off early or extend their child care times without speaking with the provider in advance.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date