CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing Bureau

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

Name of Child (Last, First, Middle Initial)			Child's Date of Birth
Address (Number and Street, Building/Apartment Number)	City	State	Zip Code

Parent/Legal Guardian's Name	Primary Phone ( )	Parent/Legal Guardian's Name (Optional)	Primary Phone ( )
Home Address (if not child's address)	2nd Phone (if applicable) ( )	Home Address (if not child's address)	2nd Phone (if applicable) ( )
City / State / Zip Code		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/or Special Instructions? Yes ☐ No ☐ If yes, explain: (Attach additional sheets, if necessary.)	

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 may be used

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.	( )

Parent/Legal Guardian Initials:

_____I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

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

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	Date Card Reviewed	Parent or Legal Guardian Initials

LARA is an equal opportunity employer/program.

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

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 may be used

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ( )
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	WORK TELEPHONE NUMBER ( )

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?
☐	☐	☐	1 Allergies or Reactions (for example, food, medication or other)
☐	☐	☐	2 Hay Fever, Asthma, or Wheezing
☐	☐	☐	3 Eczema or Frequent Skin Rashes
☐	☐	☐	4 Convulsions/Seizures
☐	☐	☐	5 Heart Trouble
☐	☐	☐	6 Diabetes
☐	☐	☐	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)
☐	☐	☐	8 Trouble with Passing Urine or Bowel Movements
☐	☐	☐	9 Shortness of Breath
☐	☐	☐	10 Speech Problems
☐	☐	☐	11 Menstrual Problems
☐	☐	☐	12 Dental Problems: Date of Last Exam / /
☐	☐	☐	Other (please describe): _____

☐ ☐ Does your child take any medication(s) regularly?

Reason for Medication

_____ / / _____

Parent/Guardian Signature Date

Birth History:

Are there any current or past diagnosis(es) ☐ Yes ☐ No

If yes, please describe:

If yes, list medications: ⇨

Was the health history reviewed by a health professional?
☐ Yes ☐ No ***Examiner's Initials:*** _____

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
☐	☐	VISION	Visual Acuity			
			Muscle Imbalance			
		Date: / /	Other:			
☐	☐	HEARING	Audiometer			
			Other:			
		Date: / /				
☐	☐	URINALYSIS	Sugar			
			Albumin			
		Date: / /	Microscopic			
☐	☐	BLOOD LEAD LEVEL	Level _____ ug/dl ⇨			
		Date: / /				

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
☐	☐	HEIGHT & WEIGHT	Height			
			Weight			
☐	☐	Other: _____	Other			
☐	☐	HEMOGLOBIN / HEMATOCRIT	⇨			
☐	☐	BLOOD PRESSURE	Reading: _____			
☐	☐	TUBERCULIN	Type: _____			
		Date: / /	Neg.: ☐ Pos.: ☐ _____ mm			

NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.

Examinations and/or Inspections

Essential Findings Deviating from Normal:

Exam Date: / /

SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3
	2	
DTaP/DTP/DT/Td	1	4
	2	5
	3	6
Tdap	1	
Haemophilus Influenzae type b (HIB)	1	3
	2	4
Polio (IPV/OPV)	1	3
	2	4
Pneumococcal Conjugate (PCV7/PCV13)	1	3
	2	4
Rotavirus (RV1/RV5)	1	3
	2	
Measles,Mumps, Rubella (MMR)	1	2
Varicella (Chickenpox)	1	2

History of Chickenpox Disease? ☐ Yes ☐ No If yes, date:

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis A (HepA)	1	2
Influenza (IIV/LAIV)	1	3
	2	4
Meningococcal (MCV4 / MPSV4)	1	2
Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
	2	
	Type of Vaccine(s)	Date of Vaccine(s)
OTHER Vaccines Specify Date & Type	1	
	2	
	3	

Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable

*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.

Parent/Guardian refused immunizations: ☐

I certify that the immunization dates are true to the best of my knowledge

_____ *Health Professional's Signature* _____ Title _____ / / Date

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
☐	☐	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
☐	☐	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): ☐ Classroom ☐ Playground ☐ Gymnasium ☐ Swimming Pool ☐ Competitive Sports ☐ Other

Other Recommendations

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____ child's name 's teeth. As a result of this examination, my recommendation for treatment is: _____

_____ *Dentist's Signature* _____ / / Date

PHYSICIAN'S SIGNATURE

_____ *Examiner's Signature* _____ / / Date _____ *Examiner's Name (Print or Type)* _____ Degree or License

_____ Number & Street _____ City _____ MI _____ ZIP Code (_____) _____ Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

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Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

SCREENING POLICY REGULATIONS

Due to the amended licensing requirements that went into effect 7/1/2000 regulated by the Department of Consumer and Industry Services, Bureau of Regulatory Services, Child Day Care Licensing – Child Care Center it is required to inform you of our screening policy.

Rule 5102(2)(b) Develop and implement a written screening policy for all staff and volunteers, including parents, who have contact with children.

R400.5104a Staff; parent participation; volunteers
Rule 104a. (1) A volunteer shall not have unsupervised contact with children in care if he or she has been convicted of either of the following:

(a) They have been convicted of child abuse or child neglect.
(b) They have been convicted of a felony involving harm or threatened harm.

(2) Before staff or volunteers may have contact with children while in care of a child care center, the staff or a volunteer shall provide the child care center with documentation from the family independence agency that he or she has not been named in a central registry case as the perpetrator of substantiated child abuse or child neglect before having unsupervised contact with a child in care as defined in Act No. 238, Public Acts of 1975, as amended, being §§722.621 to 722.636 of the Michigan compiled Laws. If the volunteer is a parent, then this subrule may be waived if the center has a written plan of supervision for such parents.
(3) Each child care center shall establish and maintain a written policy regarding supervision of volunteers including volunteers who are parents of a child in care.

It is the legal responsibility of all child care centers in Michigan to assess staff suitability (Administrative Rule R400.5104(1) – Staff Suitability). In additional to asking current and perspective employees questions related to any convictions and/or any history of substantiated abuse or neglect, additional screening measures will be used. These may include but are not limited to:

1. Observing interactions with children and/or adults.
2. Contacting several personal references.
3. Contacting several professional/work related references (peers and supervisory).
4. Reviewing employment histories and reasons for leaving.

Pooh Corner Screening Policy

- Procedure in the event that a staff person or volunteer indicates past convictions or involvement in abuse or neglect: An employee would be dismissed immediately or not be able to work with the children for falsely completing the employment application or employment agreement. Other grounds for immediate dismissal would be their failure to meet licensing standards and program policies.

- The Saline Area School application for employment requires applicants to report if they have been convicted of a felony or if felony charges are pending. Annually, employees must sign an employment agreement stating, "a case of abuse or neglect has not been substantiated against me.....I also certify that I have not been convicted of a felony nor are felony charges pending against me." All employees must submit to a criminal history check by the Michigan State Police and the Federal Bureau of Investigation.

- Staff members will be present at all times to supervise volunteers. Volunteers will never be alone at the center with a child other than their own.

- The center's procedure for checking references involves all references and past employers are notified and asked questions about the professional conduct and reason for dismissal, if any. All applicants sign a statement authorizing a background investigation and a Disclosure of Unprofessional Conduct Authorization, Release and Waiver that is sent to the applicant's current or former employer.

VOLUNTEER QUESTIONNAIRE

The State of Michigan requires that any person who has contact with the children must answer the following two questions regarding substantiated abuse and convictions. This includes all volunteers including parent volunteers.

While this information will be kept confidential, the center is required to notify the Bureau of Regulatory Services Division of Child Day Care Licensing should either of the circumstances addressed below to be true.

1. Have you ever been convicted of a felony involving harm or threatened harm?

   _____ Yes _____ No

2. Do you have a history of substantiated abuse or neglect of children or adults?

   _____ Yes _____ No

I certify that the answers herein are true and complete to the best of my knowledge.

I understand that not giving complete and truthful information may result in dismissal or not being able to work with the children.

I authorize the investigation of all statements contained in this declaration.

Print Name _____

Signature _____ Date _____

Name of child enrolled if applicable _____

PARENT QUESTIONNAIRE
POOH CORNER PRESCHOOL

Child's Name: _____ Birth date: _____

What name would you prefer to be used for your child in the classroom (labeling and writing)?

What name does your child prefer to be called (verbally)?

What are your goals for your child's preschool experience?

What are some of your favorite qualities in your child?

What are some of your child's special interests and skills (academic, sports, hobbies)?

Has your child experienced being separated from you for a short period of time?
If so, how did your child react?

Does your child have any previous preschool experience?

How does your child usually react to new situations?

What's the best way to comfort your child?

Does your child have food, insect, pet allergies, or asthma?

Does your child have any health problems, special needs, or taking any medication we should be aware of?

Do you have any concerns about your child's development?

Is your child potty trained?

List the names and birthdates of your child's siblings.

Are there any special circumstances involving your family that we should know? (impending divorce, death of a close family member, recent move, new sibling).

What activities does your family enjoy most together?

Which language does your child speak at home?

Please check all that apply:

_____**White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____**Black or African American** – A person having origins in any of the Black racial groups of Africa.

_____**American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

_____**Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____**Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

What is the Parent's/Guardian's Occupation if applicable?

_____ (Mother)

_____ (Father)

_____ (Guardian)

POOH CORNER PERMISSION FORM

Circle One

Emergency Medical Release
If emergency medical care is deemed necessary and I cannot be contacted, I authorize the Pooh Corner staff to act on my behalf in granting permission for my child to receive emergency treatment and to arrange appropriate transportation to University of Michigan Mott's Children's Hospital or other appropriate facility for my child to receive such care. Non-emergency medical treatment or elective surgery is not included in this authorization. **Yes** **No**

Class List
I give my permission to Pooh Corner Preschool to list the following information in a class list that is made available to other parents in the class: child's name, address, telephone number, e-mail address and parent's names. **Yes** **No**

Snack Policy
I am aware that a snack will be served every day in each session. The leader's family provides the snack and the necessary paper products. **Yes** **No**

Photographic and Video Permission
I give my permission to have my child appear in photographs for center use.
I understand that their picture may appear in Saline Area Schools and Saline Community Education publications as well as the Pooh Corner website. **Yes** **No**
I give permission for teachers to videotape my child's progress to share at conferences.
The center will not use these videos for any other purposes without further parental consent.

Walking Field Trips
My child _____ has my permission to accompany Pooh Corner staff on walking field trips in the immediate area of Liberty School. **Yes** **No**

Discipline Policy
Pooh Corner staff implemented the following method to guide children's behavior:
1. Natural consequences of a particular behavior, and lets the children choose between options.
2. To redirect a child to less disruptive behavior.
3. Encourage the practice of conflict resolution by talking to one another about a problem under the guidance of their teacher. **Yes** **No**

Financial Policy
I have read the tuition and fee policy stated in the Pooh Corner Preschool Contract. **Yes** **No**
I agree to accept responsibility for payment and abide by the fees and charges specified.

E-Mail Address and secure Facebook Page
I give my permission to Pooh Corner to use my e-mail address to send school related information and post classroom pictures on a secure Facebook page for parents to view classroom activities. **Yes** **No**

E-Mail Address _____

Signature of Parent or Legal Guardian _____ **Date**_____

Family Classroom Volunteer Information Form

Child/Children's Name: _____

Name

Relationship to Child _____
Best Phone Number_____
(*to be reached*)
Best Time to call _____

Area of Interest to Share with Children in the Classroom

- ☐ Share a hobby
- ☐ Share a cultural activity
- ☐ Cut out patterns or flannel board stories
- ☐ Help create a prop box
- ☐ Be a room parent

Skills & Knowledge

- ☐ Graphic Design
- ☐ Sewing
- ☐ Cooking
- ☐ Photography
- ☐ Carpentry
- ☐ Computer
- ☐ Wood Working
- ☐ Art
- ☐ Grant Writing
- ☐ Music
- ☐ Painting

Profession: _____

Availability

What days of the week are you available:
(please circle)

M T W TH F

Time available:

AM PM All Day

Name

Relationship to Child_____
Best Phone Number_____
(*to be reached*)
Best Time To Call _____

Area of Interest to Share with Children in the Classroom

- ☐ Share a hobby
- ☐ Share a cultural activity
- ☐ Cut out patterns or flannel board stories
- ☐ Help create a prop box
- ☐ Be a room parent

Skills & Knowledge

- ☐ Graphic Design
- ☐ Sewing
- ☐ Cooking
- ☐ Photography
- ☐ Carpentry
- ☐ Computer
- ☐ Wood Working
- ☐ Art
- ☐ Grant Writing
- ☐ Music
- ☐ Painting

Profession: _____

Availability

What days of the week are you available:
(please circle)

M T W TH F

Time available:

AM PM All Day

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116

Michigan Department of Licensing and Regulatory Affairs

Child Care Licensing Bureau

CENTER MUST CHECK ONE

☒ The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigations, and related corrective action plans for the last 5 years. The licensing notebook is available to parents/guardians during regular business hours. Reports from at least the past three years are available at **www.michigan.gov/michildcare**.

☐ The center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available at **www.michigan.gov/michildcare**.

I have read the above statement issued by _____

Name of Child Care Center

Child(ren)'s Name(s):	

Parent Name _____

Parent Signature _____ Date _____

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