

Thanks for Touring!



Little Treasures, Too
Early Childhood Center

A Letter from the Owner FAQ & Next Steps

Dear Parents,

Thank you for taking the time to tour Little Treasures Early Childhood Center. We understand that choosing the right childcare facility for your child is an important decision, and we appreciate the opportunity to show you our center.

We hope that your tour provided you with insight into our program and the nurturing environment we strive to create for our students. If you have any questions or need further information to help with your decision-making process, please don't hesitate to reach out to us.

We understand that this is a significant decision, and we want to ensure that you have all the information you need to make the best choice for your family. We would be happy to provide any additional details or schedule another visit if you'd like to see more.

Thank you again for considering Little Treasures Early Childhood Center. We hope to have the opportunity to welcome your child into our program and provide them with a positive and enriching learning experience.

Warm Regards,

Stephanie Medina

Frequently Asked Questions:

- Does Little treasures provide meals?
 - Yes! We provide a breakfast, lunch and afternoon snack!
- What are your hours?
 - Little treasures is open Monday through Friday 7:30 AM to 6:00 PM
- Are you open during holidays?
 - Little Treasures follows a similar schedule to Waterford schools in regards to holidays and closings.
- How many teachers are in a classroom?
 - Each classroom can have anywhere from 1-3 teachers depending on the ratio for that classroom. Infants and Toddlers is a 1:4 ratio, and Preschool and older is a 1:8 Ratio.
- Does Little Treasures Potty Train?
 - Yes, if a family would like us to work on potty training with their child, we will do whatever schedule is done at home.
- Does Little Treasures have Cameras? Will we be able to have access to them?
 - Yes Little Treasures does have cameras, but parents will not have access to them.
- Does Little Treasures use a curriculum?
 - Yes! Little Treasures uses the HighScope Curriculum to plan meaningful lessons for your little ones everyday!
- Does Little Treasures provide diapers & wipes?
 - If you would like Little Treasures to provide diapers and wipes for your little one that service does come at an additional cost.

We look forward to getting to know your family and welcoming you to the Little Treasures Family!

CONTACT INFORMATION:
BREA LANGLOIS | DIRECTOR
BREAHLANGLOIS.LITTLETREASURES@GMAIL.COM
(248) 618-3252
WWW.LITTLETREASURESECC.COM

Next Steps!

We are delighted to welcome you to the Little Treasures Family! Here are the next steps for enrollment:

- Please ensure that you have completed all enrollment documents provided to you during the tour. Should you have any questions or require assistance with any paperwork, do not hesitate to reach out to us.
- Once your documents are complete, kindly drop them off at the center. Our director will be in contact with you within one business day to confirm receipt.
- Upon verification of all paperwork, you will receive an email containing the link to our parent portal. This portal will serve as a hub for receiving information about your child's day, contacting teachers and administrators, and accessing billing details.
- Select your child's start date.
- Finally, make your first payment, which covers the first week's tuition plus the enrollment fee.

For families utilizing DHS subsidy, please note that billing must be set up before your child can begin. This process typically takes between 2-4 weeks, although it may vary depending on individual circumstances. If you wish to start sooner, you have the option to pay the full weekly tuition out of pocket.

That concludes the enrollment process! You are now officially a part of the Little Treasures Family! Should you have any further questions or require assistance, please do not hesitate to contact us.



Little Treasures, Too

Early Childhood Center

SAMPLE DAILY SCHEDULE

8:00-9:00 Arrival

Children are encouraged to hang up their cubby items and sign in for the day. Adults share the daily announcements. The message board provides pre-emergent literacy experiences. Children are encouraged to discuss the day.

9:00-9:15 Morning Meeting/ Circle time

Adults share the daily announcements. The message board provides pre-emergent literacy experiences. Children are encouraged to discuss the day.

9:15-10:00 Breakfast

Children gather at their small group tables with an adult and share a meal family style. Teachers will revisit the daily messages. Children are encouraged to clean their own space including disposal of leftovers, wiping of tables, and pushing in or stacking their own chairs.

10:00-10:30 Large group

All adults and children participate in activities planned around children's interests, developmental levels, music and movement, cooperative play and projects, and events meaningful to children.

10:30 - 11:00 Small Group/ Craft & Activity Time

An adult-initiated learning experience based on children's interests and development where children explore, play, work with materials, and talk about what they are doing. Individual children explore and use the same set of materials in their own way.

11:00-12:00 Outside Time

Children have many choices about how they play in the outdoor learning environment, much as they do during Work Time indoors. Adults supervise children for safety and join in their active outdoor play, supporting their initiatives and problem solving.

12:00-12:45 Lunch

Children's hour of uninterrupted Choice Time. Children always initiate activities and carry out their intentions. Children make many choices about where and how to use materials. During Work Time, adults participate as partners in child-initiated play and encourage children's problem solving both with materials and during times of social conflict.

12:45-2:30 Nap/ Quiet Time

Resting is a time for sleeping or quiet, solitary, on-your-own mat play. Rest Time plans should be individualized to meet the needs of each child. Quiet play could include books, soft music, baby dolls, or fine motor manipulatives.

2:30-3:00 Snack

Children and adults gather at their tables to enjoy a small snack. Children are encouraged to assist with set up and clean-up of the snack items.

3:00-3:30 Read Aloud

An adult-initiated learning experience based on a children's book. Where children have language and literacy rich experiences based around a book.

3:30-4:30 Outside Time

Children have many choices about how they play in the outdoor learning environment, much as they do during Work Time indoors. Adults supervise children for safety and join in their active outdoor play, supporting their initiatives and problem solving.

4:30-6:00 Dismissal

Children will be sent home with all their belongings. Children may also be sent into our After School program for more new and fun experiences!



Little Treasures, Too

Early Childhood Center

Registration Checklist

- Child Information Record
- Tuition Agreement Contract
- Written Information Packet
- Screening Consent form
- Household Income Eligibility Statement
- Health Appraisal Form
- Immunizations
- Credit Card Authorization form
- First Week's Tuition \$_____
- Enrollment fee
- Child Pilot Sign up

As of _____, Little Treasures Early Childhood Center agrees to provide childcare services for the following named child(ren):

Name of child: _____

Date of Birth: _____

Name of child: _____

Date of Birth: _____

Name of child: _____

Date of Birth: _____

My child(ren) will be attending the:

- Little Treasure Early Childhood Center - 3525 Elizabeth Lake rd Location
- Little Treasures, Too - 4196 Airport Rd Location



Little Treasures, Too
Early Childhood Center

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care 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	
Name of Child (Last, First, Middle Initial)				Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State Zip Code
Parent/Legal Guardian's Name		Home Phone ()	Parent/Legal Guardian's Name (Optional)	
Home Address (if not child's address)		Cell Phone ()	Home Address (if not child's address)	
City	State	Zip Code	City	State Zip Code
Email Address			Email Address	
Employer Name		Work Phone ()	Employer Name	
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number ()		
Hospital Preferred for Emergency Treatment				
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)				

BCAL-373I (Rev. 7-18) Previous edition 6-17 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 Little Treasures, 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.	

BCAL-373I (Rev. 7-18) Previous edition 6-17 may be used.

Tuition Agreement Contract

Thank you for selecting Little Treasures to be your childcare provider! We are excited for a fun year ahead. In order to provide a safe, quality learning experience and plan for needed resources and teachers for the children at Little Treasures, payment is expected regardless of absence.

Payment obligations are based on the days that you agree to use Little Treasures, not on actual attendance to ensure a spot for your child. Two methods of payments are required to be kept on file using our Child Pilot software. Automatic billing will occur on every Friday for the upcoming week.

I understand:

- Payments will occur every Friday for the upcoming week.
- Payment will be due weekly or monthly based upon agreed tuition amount regardless of absence, school closings or holiday breaks.
- There will be no reduction/adjustment in tuition for sickness, holidays, school closings, student absences, vacations, or snow days.
- If I do not bring my child on their scheduled days, my weekly tuition amount will still be the same.
- I must call or message Little Treasures if my child will be absent.
- Little Treasures will sometimes close for inclement weather. Please have alternate care in case of a snow day.
- If payment is late, a \$10.00 late fee will be added everyday payment is not made.
- If there are no sufficient funds on either form of payment, a \$25.00 fee will be added to the current balance.
- I must give a written notice of one week to begin the withdrawal period. If no notice is given, payment is still due for the one week.
- If I do not show respect to staff and students, my child may be withdrawn, and the contract will be terminated.
- Payment will still be due. After 2 weeks of non-attendance/non-payment, your child may be withdrawn from Little Treasures if you have not spoken with staff.
- If a child's extreme behavior significantly disrupts the overall learning and function of the classroom or requires constant 1-on-1 attention from a teacher, we may determine that our setting is not equipped to meet the child's needs.
- All children enrolling at Little Treasures will begin on a trial basis. This trial period will allow us to observe and assess the child's behavior and overall fit within our program. The trial period may last from one week to one month, depending on the individual child's needs and behaviors observed.

I understand and agree to the terms of the Little Treasures Early Childhood Center Tuition Agreement Contract.

Parent Signature : _____

Date: _____

Expected Hours of Care Needed

MON.	TUES.	WED.	THURS.	FRI.

\$75 ANNUAL ENROLLMENT FEE
\$100 ANNUAL ENROLLMENT FEE FOR FAMILIES

_____ PER WEEK

_____ PER MONTH**

_____ TOTAL FIRST PAYMENT DUE BEFORE START DATE

ONLY AN OPTION IF CHILD(REN) ATTEND FULL TIME

DHS Agreement Contact

Thank you for choosing Little Treasures to be your childcare provider! Parents using DHS subsidies are responsible for ensuring that their DHS account remains active. Little Treasures is not responsible for notifying parents if their DHS subsidy becomes inactive. Parents are encouraged to regularly check the status of their DHS subsidy and address any issues promptly to avoid disruption in payment. If a parent's DHS becomes inactive and results in unpaid fees, the parent is responsible for any outstanding bills incurred during the period of inactivity. Tuition fees and other charges must be paid in full by the parent in such circumstances, regardless of DHS subsidy status.

Once a family is approved for child care assistance, the center determines the copay amount. This is usually based on a sliding scale that considers the family's income and the number of children in care. Generally, lower-income families pay a smaller copay or no copay, while higher-income families pay more.

Example of Copay Calculation:

I understand:

- Payments will occur every Friday for the upcoming week.
- Payment will be due weekly or monthly based upon agreed tuition amount regardless of absence, school closings or holiday breaks.
- There will be no reduction/adjustment in tuition for sickness, holidays, school closings, student absences, vacations, or snow days.
- If I do not bring my child on their scheduled days, my weekly tuition amount will still be the same.
- I must call or message Little Treasures if my child will be absent.
- Little Treasures will sometimes close for inclement weather. Please have alternate care in case of a snow day.
- If payment is late, a \$10.00 late fee will be added everyday payment is not made.
- If there are no sufficient funds on either form of payment, a \$25.00 fee will be added to the current balance.
- I must give a written notice of one week to begin the withdrawal period. If no notice is given, payment is still due for the one week.
- If I do not show respect to staff and students, my child may be withdrawn, and the contract will be terminated.
- Payment will still be due. After 2 weeks of non-attendance/non-payment, your child may be withdrawn from Little Treasures if you have not spoken with staff.
- If a child's extreme behavior significantly disrupts the overall learning and function of the classroom or requires constant 1-on-1 attention from a teacher, we may determine that our setting is not equipped to meet the child's needs.
- All children enrolling at Little Treasures will begin on a trial basis. This trial period will allow us to observe and assess the child's behavior and overall fit within our program. The trial period may last from one week to one month, depending on the individual child's needs and behaviors observed.

I understand and agree to the terms of the Little Treasures Early Childhood Center DHS Agreement Contract.

Parent Signature: _____

Date: _____

Expected Hours of Care Needed

MON.	TUES.	WED.	THURS.	FRI.

\$75 ANNUAL ENROLLMENT FEE

\$100 ANNUAL ENROLLMENT FEE FOR FAMILIES

_____ PER WEEK

_____ PER MONTH**

_____ TOTAL FIRST PAYMENT DUE BEFORE START DATE

ONLY AN OPTION IF CHILD(REN) ATTEND FULL TIME

Licensing Rules Disclosure Form

Little Treasures Early Childhood Center is required to inform you that Pursuant to rule 146 (i) (III) of the Licensing Rules for Child Care Center for the State of Michigan:

The licensing notebook contains all of the inspections, investigation reports and corrective action plans. The licensing notebook is available to all parents during regular business hours. Licensing inspection and special investigation reports from at least the past 2 years are available on the childcare licensing website at www.michigan.gov/michildcare If at any time you would like to see this notebook it is available during regular business hours.

Picture/Video Release Form

Little Treasures would like to take pictures and videos of the students throughout the day. These pictures will be used to show learning activities. The pictures will be used to send to parents, in newsletters, and on our website for school purposes. Little Treasures would like your permission to post your reviews from social media to our website.

- I give permission to Little Treasures to take and use pictures/videos of my child. I release Little Treasures from any claims arising out of the use of pictures/videos that I, or my child may have.
- I give permission to Little Treasures to post reviews or statements I make about Little Treasures on their website and social media.
- I do not give Little Treasures my permission to take and use pictures/videos of my child (This does not include the use of security cameras). I release Little Treasures from any claims arising out of the use of pictures/videos that I, or my child may have.

Parent Signature : _____

Date: _____

Sunscreen and Topical Creams

I give the staff at Little Treasures permission to apply sunscreen and topical creams/lotions. I will send all topical items and sunscreen from home (labeled with my child's name), if I would like it to be applied on my child while at school.

Parent Signature : _____

Date: _____

Planned Food Service Program Policy

Meals are eaten family style with staff sitting with the children. Children may bring food from home for lunch or may eat breakfast, lunch and snack provided by Little Treasures. You may provide a snack from home or we will have snacks available. If your child has any allergies, please notify us and provide a doctor's note that states the allergy name and reaction that can occur.

If students require special milk, parents may send in milk labeled with child's first name, last name and date. They will be discarded 7 days after opening and new milk will need to be sent in.

Infants must have enough bottles for the day must be prepared at home by parent and labeled with first, last name and date. premade bottles must be sent each day. They must have cover on each bottle. You may also send in unopened commercially prepared liquid formula that is already mixed with bottles. Bottles will be refrigerated and warmed in bottle warmer. Center is not allowed to mix formula per licensing rules.

Diapers

Children will need to have the proper size of diapers left at school for changing purposes. Children will be changed every two hours per licensing rules. We ask that your child comes with a sufficient number of diapers, wipes, and diaper cream for the month. Communication will be passed on to the parents or guardians if a child needs more supplies. We understand that it may be difficult to find the time to obtain these supplies, so Little Treasures does offer a monthly fee of \$45.00 to ensure your child has diapers, wipes, and diaper cream. If this is something you would like to utilize, please check the box below.

- I would like Little Treasures to supply proper diapering materials for my child(ren)

Discipline Policy

Staff will support children as they begin to understand their behavior choices and learn acceptable ways of interaction with others. The approach we use promotes and encourages self-regulation, self-direction, self-esteem, and a spirit of cooperation. We use a six-step process to resolve conflicts.

The steps are:

1. Approach children calmly and stop any hurtful actions
2. Acknowledge children's feelings
3. Involve children in identifying the problem by gathering information
4. Restate the problem in children's vocabulary
5. Ask children for solutions and encourage them to choose one together
6. Give follow-up support when children act on their decisions

Teachers at Little Treasures will utilize respectful and positive methods of discipline, so that each child is provided with a safe and nurturing learning environment. Students will learn to develop self-control and how to take responsibility for their own actions. Expectations will be clear and consistent.

Kicking, spitting, hitting, disrespectful verbal behavior, and other behaviors that will put your child or another child in danger are not permitted.

Age-appropriate behavior will be modeled and taught. Logical consequences and a calm tone will be used for discipline.

Students will discuss their emotions and feelings in order to solve the behavior issue and may be redirected to a new activity.

If a certain behavior (excessive or aggressive) continues to become harmful to others, a parent meeting will be held to come up with a plan to resolve the concern privately. Parents will be provided with a behavior notice. If necessary, families will be connected with community resources for support.

If families are unable to follow the rules and agreements set by Little Treasures, the child will be withdrawn. If families and students are unable to speak/treat staff members with respect, their contract will be terminated immediately, and payment will still be due for the withdrawal period of two weeks after withdrawal date/notice. Based on the severity or danger of the situation, Little Treasures reserves the right to immediately exclude a child from the program permanently.

If needed, a behavior plan will be implemented. If efforts to correct inappropriate behavior are unsuccessful, your child may be suspended from care for a specific amount of time or withdrawn. Parents have the right to expect that their children will have proper supervision. A child who consistently need the attention of the staff is taking away the rights and learning experiences of the other children and not allowing the needs of all children to be met.

Children may be withdrawn if efforts to control behavior do not work and other students are constantly put in danger.

The director has the right to request withdrawal of a child for reasons such as:

- Failure to provide the requirements listed above for admission
- Non-payment of fees or tuition
- Parental failure to follow school policies
- Parental failure to show respect to staff members
- Non-attendance of at least two weeks
- Behavior

Additional techniques to be used with my child:

Receipt of Parent Handbook Policies

I certify that I have received and understand the handbook, food service, discipline policy, licensing rules, and other school policies.

Upon signing this agreement, the parent or guardian and Little Treasures Early Childhood Center agree to abide by all the policies contained in this contract and within the parent handbook.

Parent Signature: _____

Date: _____

WRITTEN INFORMATION PACKET DOCUMENTATION
Michigan Department of Licensing and Regulatory Affairs
Child Care Licensing Bureau

Child(ren)'s Name(s) (Last, First)	Facility's Name and License Number Little Treasures Early Childhood Center DC630413491
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A written information packet has been provided at the time of enrollment. The packet included all the following information (*R 400.8146 (1-2)*):

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, and holidays during which the center is open, and services are provided.
- Fee policy.
- Discipline policy.
- Food service program.
- Program philosophy.
- Typical daily routine.
- Parent notification plan for accidents, injuries, incidents, and illnesses.
- Transportation policy, if applicable.
- Medication policy.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook. **(CENTER MUST CHECK ONE)**
 - The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigation reports, 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.
- Other _____

I certify that I received all of the above items.

Parent/Guardian Signature

Date

Note: A single CCL-4340 form may be used for all children in the same family.

LARA is an equal opportunity employer/program.

Screening Consent Form

The Ages and Stages Questionnaire-3 (ASQ-3) is a screening tool that asks questions about your child's overall and social emotional development, looking at how children are doing in the important areas of communication, physical ability, problem solving, and personal-social skills.

These screens can help identify your child's strengths as well as any areas where your child may need support. The screening should take about 10-20 minutes to answer questions about your child.

Your individual information is protected to ensure confidentiality. Information is entered on a web-based database that is secure and password protected. Identifying information from the screen will be seen only by the developmental screening specialist, who scores your screening and provides the results to you and the teacher.

General information about the ages and results of children's screening scores are computed at the Oakland Intermediate School District in order to better understand the strengths and challenges of the children living in Oakland County.

I have read the above description and give Great Start Oakland and Little Treasures consent to screen my child(ren).

Yes, I do wish to participate

No, I do NOT wish to participate

Parent/Guardian Signature

Date

Child's Name

Child's Name (if applicable)

Household Income Eligibility Statement – Child Care Institutions

Part 1 - Households Receiving Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPRI) If any member of your household receives FAP, FIP, or FDPRI, provide the name and case number for the person who receives the benefits.

Name: _____ Case Number: _____
 How Often? (x) _____ How Often? (x) _____ How Often? (x) _____

First and Last Names of All Household Members, Related and Unrelated	Enrolled for Child Care (x)	Age	Birth Date	Foster Child (x)	Amount of Earnings from Work (before deductions)	How Often? (x)			Amount of Welfare, Child Support, or Alimony	How Often? (x)			Amount of All Other Income (Indicate source and amount)	How Often? (x)			Mark if No Income (x)		
						A	M	2		A	M	2		A	M	2			
						Y	Y	Y											

Part 3 - All Households: Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date)
 certify that all information on this form is true and that all income is reported. I understand that the center or day care home will receive federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.
 Signature: _____ Print Name: _____ Date: _____
 Last four digits of Social Security Number: XXX-XX-____ I do not have a Social Security Number _____

For Institution Use Only: _____
 For Institution Use Only

For Institution Use Only		APPROVED CATEGORY	
Total Household Members:	Total Income: \$	_____ Annually _____ Monthly _____ 2x Month	_____ Bi-Weekly _____ Weekly
Institution Official Signature: _____		Approval Date: _____	
		Categorical Eligibility (A/Free): Foster FIP FAP FDPRI Other Household Children: A (Free) B (Reduced) C (Paid)	

Form is valid for 12 months from the date of institution signature. Approval date and institution signature are required.

Participant Enrollment Form

Instructions:

1. List full name of participant enrolled in care
2. Circle the typical days each participant is in care
3. List times each participant is in care
4. Circle the meals and snacks each participant typically receives while in care
5. Select the ethnicity of each participant using the following codes: H = Hispanic or Latino, N = Not Hispanic or Latino*
6. Select one or more racial designations of each participant using the following codes: A/I = American Indian or Alaskan Native, A = Asian, B = Black or African American, H/PI = Native Hawaiian or Pacific Islander, W = White*
7. Sign and date the form and return to your care center

Participant's First and Last Name	Typical Days in Care (circle all that apply)	List Times in Care	Meals/Snacks Received (circle all that apply)	Ethnicity	Race
	Mon Tues Wed Thu Fri Sat Sun Mon Tues Wed Thu Fri Sat Sun Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack Breakfast AM Snack Lunch PM Snack Supper Evening Snack Breakfast AM Snack Lunch PM Snack Supper Evening Snack		

* This information is voluntary. This will assist us in assuring the Child and Adult Care Food Program is administered in a nondiscriminatory manner.

Adult/Parent/Guardian's Address

Adult/Parent/Guardian's Phone Number

Signature of Adult/Parent/Guardian

Date Signed

Non-Discrimination Statement

In accordance with Federal civil rights law and US Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (eg. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.aserr.usda.gov/complaint_filing.cas.htm) (AD-3027) (http://www.aserr.usda.gov/complaint_filing.cas.htm) online, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-4142. Submit your completed form or letter to USDA by (1) mail: US Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410; (2) fax: 202-690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

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?	
h		1 Allergies or Reactions (for example, food, medication or other)	Birth History:
		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	Are there any current or past diagnosis(es) h Yes h No
		9 Shortness of Breath	If yes, please describe:
		10 Speech Problems	
		11 Menstrual Problems	
		12 Dental Problems: Date of Last Exam / /	
		Other (please describe): _____	
		Yes No _____	
		Does your child take any medication(s) regularly?	If yes, list medications:
		Reason for Medication _____	
		_____/_____/_____ <i>Parent/Guardian Signature</i> Date	Was the health history reviewed by a health professional? h Yes h 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	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	
		VISION Date: ___/___/___	Visual Acuity						HEIGHT & WEIGHT Other: _____	Height				
			Muscle Imbalance							Weight				
			Other: _____							Other: _____				
		HEARING Date: ___/___/___	Audiometer						HEMOGLOBIN / HEMATOCRIT					
			Other: _____											
		URINALYSIS Date: ___/___/___	Sugar						TUBERCULIN Date: ___/___/___	Reading: _____				
			Albumin							Type: _____				
			Microscopic							Neg.: h Pos.: h _____ mm				
		BLOOD LEAD LEVEL Date: ___/___/___	Level _____ ug/dl						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		VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)	1	2
	2			2	3
DTaP/DTP/DT/Td	1	4	Influenza (IIV/LAIV)	1	3
	2	5		2	4
	3	6	Meningococcal (MCV4 / MPSV4)	1	2
Tdap	1		Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
Haemophilus Influenzae type b (HIB)	1	3		2	
Polio	1	3	OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	2	4		1	
(IPV/OPV)	1	3		2	
Pneumococcal Conjugate	1	3	3		
	2	4	<i>Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable</i>		
(PCV7/PCV13)	1	3	*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.		
Rotavirus (RV1/RV5)	2		Parent/Guardian refused immunizations: h		
Measles, Mumps, Rubella (MMR)	1	2			
Varicella (Chickenpox)	1	2			
History of Chickenpox Disease? h Yes h No If yes, date:					

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	
<input type="checkbox"/>	<input type="checkbox"/>	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:
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other
Other Recommendations		

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____'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

_____ MI _____
Number & Street City 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.

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.

