

## Child Development and Care (CDC) License Exempt-Parent on Site Provider Application / Annual Certification

### Purpose

This form is for programs completing annual certification or applying to be enrolled by the State of Michigan as a license exempt-parent on site child care provider, where all parents are on site and readily available for the entire time the children are in care.

### Instructions for completing the Provider Enrollment / Ongoing Eligibility process:

- ✓ The person responsible for certifying that the program meets all required health and safety standards, if the program has all parents on site, must complete this **application / annual certification**.
- ✓ A *Consent and Disclosure: License Exempt-Parent on Site* form must be completed by each staff member or volunteer who has unsupervised access to children, prior to fingerprint submission and background check.
- ✓ Each staff member or volunteer who has unsupervised access to children must complete a comprehensive **criminal history background check**, which includes fingerprinting.
- ✓ Each staff member or volunteer must participate in **health and safety training**.
- ✓ The child care program must complete an annual **health and safety coaching visit**.

### Application / Annual Certification

Completely answer the questions below.

The completed application/annual certification can be submitted by mail or fax to:

**Mail:** Michigan Department of Education  
Child Development and Care  
P.O. Box 30267  
Lansing, MI 48909

**Fax:** 517-284-7529

### Criminal History Background Checks

Before unsupervised access to children is permitted, a comprehensive criminal history background check is required for any staff member whose activities will involve the care or supervision of children, or who will have unsupervised access to children.

Note: To initiate a criminal background check for a staff member (including a prospective staff member) a license exempt provider must submit a completed **Consent and Disclosure** form to the Michigan Department of Education (MDE) Child Development and Care (CDC) office. This form can be found at [www.michigan.gov/childcare](http://www.michigan.gov/childcare) in the Providers section.

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### Health and Safety Training

All program staff members are required to take a one-time Great Start to Quality Orientation training within 45 days of being hired by the program. Staff should register for this training at [www.miregistry.org](http://www.miregistry.org). There is a \$10 fee per person.

### Health and Safety Coaching Visits

A health and safety coaching visit must be completed annually. Failure to respond to a request for a coaching visit will result in provider being ineligible to receive Child Development and Care (CDC) payment.

### ACKNOWLEDGEMENTS

**I certify that this child care program meets the requirements to be a license exempt-parent on site child care provider eligible to be enrolled and receive CDC subsidy payments, and I understand the following related to the child care program:**

1. The terms and conditions of provider enrollment may be changed without advanced notice.
2. All staff must complete the Great Start to Quality Orientation training within 45 days of hire.
3. A change in address, telephone number, or staff members must be reported within 10 calendar days to the Child Development and Care office at 866-990-3227. Failure to report changes may result in the program's inability to receive CDC payment.
4. All staff with unsupervised access to children will complete the required background checks before caring for children in the program.
5. No staff member has been found responsible for the neglect or abuse of children or been charged or convicted of crimes associated with money, abuse, or related to health and safety.
6. The program must give parents of the children in care unlimited access to their children while they are in care.
7. The program must only release a child to the parent or a person authorized by the parent.
8. Suspected abuse / neglect must immediately be reported to MDHHS Central Intake at 855-444-3911.
9. Program staff are not employed by the State of Michigan or CDC and are not eligible for employee-related benefits, such as Worker's Compensation, healthcare or unemployment.
10. The program must keep daily time and attendance records showing the care begin and care end times for each CDC child. The parent must certify that these records are accurate by initialing daily for each child to indicate the entries are correct. Records must be kept for four (4) years.
11. The program must provide attendance records, and any other requested information, when asked by the State of Michigan.
12. The program must only bill for child care services when a CDC child is physically in the program's care (except for child absences on a day when the child would normally be in care).
13. The program may be prosecuted for fraud if intentional misrepresentation causes overpayment.
14. If the program is overpaid for any reason, even in error, the program must repay CDC. If the program is overpaid, CDC may collect up to 20% of any future payments, which will be applied to the overpayment balance until the overpayment has been fully repaid.
15. If the program violates any of the CDC program rules, it may result in disenrollment from CDC for six (6) months, 12 months, or a lifetime.



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### SECTION A: Provider Information

1. Name of Provider/Facility	2. Name of Person Authorized to Complete this Form		
3. Address of Provider/Facility	City	<b>MI</b>	Zip Code
4. Provider/Facility Phone Number	5. Federal or Michigan Tax ID		
6. Date of most recent health and safety visit:			

### SECTION B: Staff Member Information

<b>Instructions: In the section below, list all child care staff who have unsupervised access to the children in your facility. (use additional pages if needed)</b>					
Name	Former/ Maiden/ Alias	Date of Birth	Gender	SSN	Employment Start Date



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### SECTION C: Certification

(must be completed by facility owner/administrator)

#### **I HAVE READ AND UNDERSTAND ALL PARTS OF THIS FORM.**

By signing this, I am agreeing to all terms on this application and those in the Child Development and Care Handbook found at [www.michigan.gov/childcare](http://www.michigan.gov/childcare). I am also indicating that the information I have provided is true and accurate to the best of my knowledge.

I certify that the above child care provider has all parents on site, AND the provider/program meets all required health and safety standards.	
Name	
Title	Date
Signature	Phone