

# Michigan's Kindergarten

## Entry Requirements



Macomb  
Community  
Action



Health  
Department





**Macomb Intermediate School District**

44001 Garfield Road  
Clinton Township, MI 48038-1100  
[www.misd.net](http://www.misd.net)

**Board of Education**

John A. Bozymowski, *President*  
Theresa J. Genest, *Vice President*  
Edward V. Farley, *Treasurer*  
Donald R. Hubler, *Secretary*  
Brian White, *Trustee*  
  
Michael R. DeVault, *Superintendent*  
Dr. Alesia L. Flye, *Chief Academic Officer*

**MISSION**

Macomb Intermediate School District:  
**Service, Support and Leadership**

**VISION**

We are the Macomb Intermediate School District.

We provide quality service to special education and general education students, instructional and technical support to school staff, and cutting-edge educational leadership in Macomb County.

We are committed to all the students of Macomb County. To serve them well, we are resolute in involving parents, school personnel, and the community at large, including business, government, and civic organizations as active partners in planning, delivering and evaluating our services.

We work directly with individuals with disabilities who reside in Macomb County School Districts. We serve students of all ages, from newborns to adults, meeting their unique learning needs and supporting their families all along the way.

Within the twenty-one local districts and public charter schools, we focus our efforts on building capacity with school staff. Through quality training and instructional support, we increase their knowledge, skills and abilities so all students receive a rigorous and effective educational experience.

We promote all aspects of the educational process through our development and support of technology. We provide training in the use of essential technology tools that enhance curricular, instructional and administrative services in our schools and, as a result, opportunities are expanded for all.

We work collaboratively with colleges and universities and are leaders in state and national programs. We anticipate needs and opportunities, all with the single purpose of identifying, developing and implementing programs and practices that, through education, improve the quality of life in Macomb County.

The Macomb Intermediate School District (MISD) is an Equal Opportunity Employer. It is the policy of the MISD that no person on the basis of race, creed, color, religion, national origin, age, sex, height, weight, marital status, or disability shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program or activity for which the MISD is responsible. Inquiries regarding compliance with Section 504, Title IX, or the Americans with Disabilities Act may be directed to: Rosetta K. Mullen, Assistant Superintendent of Human Resources/Legal Affairs and Coordinator under Section 504, Macomb Intermediate School District, 44001 Garfield Road, Clinton Township, Michigan 48038-1100, (586) 228-3309.

# Kindergarten Entry Frequently Asked Questions

The entry age for Kindergarten in a Michigan public school or public school academy gradually changed to require children to be 5 years old by September 1, rather than the current cutoff date of December 1.

Michigan joins the majority of states that require students to reach age 5 before enrolling in a public school and/or public school academy. The requirement was fully implemented in the 2015–2016 school year.

Kindergarten is a great opportunity for learning but is voluntary in the State of Michigan, meaning that kindergarten attendance is permitted but not required.\*\*

[\\*\\*State of Michigan, 96th Legislature, Regular Session of 2012](#)

[\\*\\*MI Revised School Code 380.1147: Enrollment of children in Kindergarten](#)

Question	Answer
1. What is the age my child must be to enter kindergarten in the fall of 2019?	Children who are 5 on or before September 1, 2019 are automatically eligible for kindergarten in the fall of 2019. They will count in membership.
2. Is it possible for me to enroll my child in kindergarten this year if he/she turns 5 after September 1, 2019 but on or before December 1, 2019?	Yes, you must inform your resident district in writing of your intent to enroll your child in kindergarten early. This may be done any time prior to the start of the school year. The child will count in membership.
3. Who decides if my child who turns 5 by December 1, 2019 is ready for kindergarten?	School districts may make a recommendation to parents about whether a child is ready to enroll in kindergarten, but the parent always has the right to decide whether or not to enroll their child.
4. Will these dates and rules change again next year?	The transition to the September 1st cutoff date for kindergarten entry age is now complete and dates will remain the same unless there is new legislation. Parents' rights to request early entry for children who turn 5 between September 2nd and December 1st will also remain in force unless there is new legislation.

## Kindergarten Registration Checklist:

Most districts begin to register for Kindergarten around **February** of each year for the following school year. Kindergarten Round Ups also take place around that time. The following is a general checklist that will make your registration process run smoother and help you be prepared when you go.

- Child's **birth certificate** with raised seal (pages that follow have more information)
- Child's **immunization** record (pages that follow have more information)
- Child's **vision and hearing** test results (pages that follow have more information)
- Proof of **residency** (driver's license and 2 pieces of mail containing your name and address - utility bills work well)
- Health form (if required by district)

**Please contact your district for other specific requirements they might have.**



## Obtaining Your Child's Birth Certificate

Your child's birth certificate may be obtained from the county in which your child was born. Macomb, Oakland and Wayne counties all have websites and contact information is listed below.

### ***Frequently Asked Questions***

**Who can get a copy of my child's birth certificate?** Anyone listed on the birth certificate or legal guardian.

**How much does it cost to get a birth certificate?** Fees vary from \$7.50 to \$25.

**What do I need to request a birth certificate?** A valid driver's license or 3 pieces of Identification.

**Can I request a birth certificate online?** Yes, many counties provide an online service.



### ***Macomb County***

120 N. Main Mt. Clemens MI 48043

<http://clerk.macombgov.org/>

586-469-5120

### ***Oakland County***

[www.oakgov.com](http://www.oakgov.com)

248-858-0581

### ***Wayne County***

[www.waynecounty.com](http://www.waynecounty.com)

*Child born in the city of Detroit*

640 Temple St Suite 678

Detroit, MI 48201

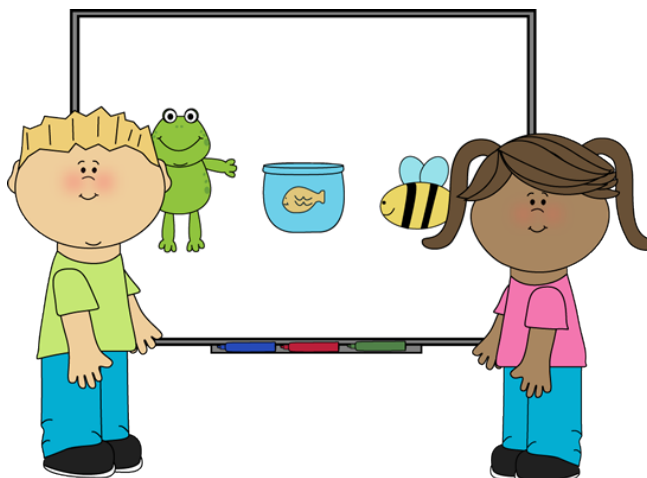
*Child born outside the city of Detroit*

Office of Wayne County Clerk

C/O Birth/Death Records Division

2 Woodward Ave Room 201

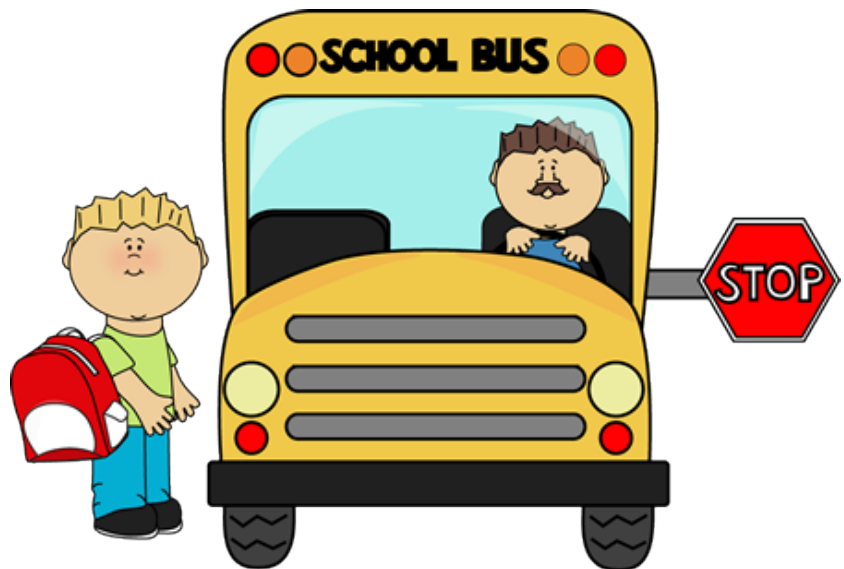
Detroit, MI 48226



## Additional Tips

- Make the call to your local school district early to obtain kindergarten registration dates. Many districts start registration as early as February.
- If before/after school care is needed, ask about the available programs. Registration for these programs is generally done in the spring BEFORE the school year begins. Spaces are limited and generally require a registration fee.
- Inquire about transportation – will your child be bused or will you have to transport your child.
- Take your child on a tour of the new school. Ask at registration when this would be possible. Be sure to point out bathrooms, lockers, gym and lunch room.
- Visit the schools playground during the summer.
- Most of all, enjoy this milestone with your child!
- **Kindergarten Transition PARENT GUIDES** – This resource is a series of tip sheets highlighting a variety of questions parents may have when their children are entering kindergarten.

[http://www.michigan.gov/mde/0,4615,7-140-6530\\_6809-152726--,00.html](http://www.michigan.gov/mde/0,4615,7-140-6530_6809-152726--,00.html)





Health  
Department

## School Immunization Information for Parents/Guardians of Kindergarten or Developmental Kindergarten Students

### **IMMUNIZATIONS ARE REQUIRED FOR SCHOOL ENTRY AND CONTINUED ATTENDANCE**

- Since 1978, Michigan law requires parents or guardians to present a certificate of immunization for their child at the time of school registration or no later than the first day of school.
- Schools are required to assess and report the immunization status of all childcare, **kindergarten**, 7<sup>th</sup> grade and new to district students.
- **To avoid the August back-to-school rush, contact your physician or local health department NOW to schedule an appointment for vaccine administration.**

### **TO ENTER SCHOOL A CHILD 4-6 YEARS OF AGE MUST HAVE THE FOLLOWING VACCINES:**

- 1 dose of DTP/DTaP (Diphtheria, Tetanus, Pertussis)
- 1 dose of Polio
- 1 dose of Hepatitis B
- 1 dose of MMR (Measles, Mumps, Rubella) Administered on or after the 1<sup>st</sup> birthday
- 1 dose of Varicella (Chickenpox) Administered on or after the 1<sup>st</sup> birthday

### **TO REMAIN IN SCHOOL A CHILD 4-6 YEARS OF AGE MUST HAVE THE FOLLOWING VACCINES:**

- 4 doses of DTP/DTaP 1 dose must be administered on or after the 4<sup>th</sup> birthday
- 4 doses of polio If dose 3 was administered on or after the 4<sup>th</sup> birthday, 3 doses are required
- 3 doses of Hepatitis B
- 2 doses of MMR
- 2 doses of Varicella

### **SPECIAL NOTES:**

- Documentation of month, day and year is required for each vaccine administered.
- Immunization dates will be assessed for the required minimum age and time intervals between all vaccines to determine if the doses are valid.

### **IMMUNIZATIONS CAN BE DEFERRED IN THE FOLLOWING SITUATIONS:**

- Laboratory evidence of immunity can be accepted for Hepatitis B, MMR and Varicella.<sup>1</sup>
- Written statement of varicella disease history from a parent/guardian or physician is acceptable.<sup>2</sup>
- A valid medical contraindication exists preventing the child from receiving a vaccine(s).<sup>3</sup>
- A parent or guardian has religious or other objection to a vaccine(s).<sup>4</sup>

<sup>1</sup> Written laboratory test results with reference ranges must be submitted to the Macomb County Health Department for review.

<sup>2</sup> In the case of a varicella outbreak at your school, parents/guardians will be required to obtain a **statement of varicella disease from a physician or the child will be excluded from school.**

<sup>3</sup> Contact your school office for information about obtaining and submitting a **Medical Contraindication Form** for review by the Macomb County Health Department Medical Director.

<sup>4</sup> A **nonmedical Immunization Waiver Form** is available **by appointment only**, at the Macomb County Health Department School Immunization Program. Call **(586)466-6840** to schedule a waiver education appointment.

02/01/2018



Health Department

# Macomb County Health Department 1. Immunization OR 2. Nonmedical Waiver Education Services

THESE SERVICES ARE CONDUCTED BY TWO SEPARATE COUNTY PROGRAMS.  
PLEASE READ EACH SECTION CAREFULLY TO CONTACT THE PROGRAM YOU NEED.

## 1. Information for IMMUNIZATION CLINIC SERVICES ONLY

**NOTE: NEW CLINIC HOURS Effective August 1, 2017**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Mt. Clemens Health Center 43525 Elizabeth Road Mt. Clemens, MI 48043 <b>(586)469-5372</b>	Open 8:30-4:30 TB testing 8:30-4:30	Closed	Open 8:30-6:30 TB testing 8:30-4:30	Open 8:30-4:30 No TB testing	Closed* *Except 3 <sup>rd</sup> Fridays, Open 11:30-4:30
Southwest Health Center 27690 Van Dyke, Ste. B Warren, MI 48093 <b>(586)465-8537</b>	Closed	Open 8:30-4:30 TB testing 8:30-4:30	Open 8:30-4:30 TB testing 8:30-4:30	Open 8:30-6:30 No TB testing	Open* 8:30-4:30 TB testing 8:30-4:30 *Except 3 <sup>rd</sup> Fridays, Open 11:30-4:30
Southeast Health Center 25401 Harper Avenue St. Clair Shores, MI 48081 <b>(586)466-6800</b>	Open 8:30-6:30 TB testing 8:30-4:30	Open 8:30-4:30 TB testing 8:30-4:30	Closed	Closed	Open* 8:30-4:30 TB testing 8:30-4:30 *Except 3 <sup>rd</sup> Fridays (Closed)

**PARENT OR GUARDIAN MUST be available to complete & sign immunization consent forms for each child.**

**FORMS ARE AVAILABLE AT:** <http://health.macombgov.org/Health-Programs-FamilyHealthServices-ImmunizationClinic>

**PLEASE BRING WITH YOU TO THE HEALTH CENTER:**

IMMUNIZATION RECORD(S) for all persons being immunized.

INSURANCE CARD(S) for all persons being immunized.

There may be monetary charges for vaccine administration, payable by CASH or CHECK ONLY.

Medicaid/Medicare will be billed for approved vaccines.

Macomb County Health Department can bill some commercial insurances for immunization services.

Please contact one of our health centers above to check if the Macomb Health Department accepts your insurance.

## 2. Information for NONMEDICAL WAIVER EDUCATION SERVICES ONLY

- For parents, guardians or 18 year old students seeking a nonmedical immunization waiver, **a waiver education session is available by appointment only** through the School Immunization Program.
- Please call (586) 466-6840 to schedule an appointment.**
- The waiver education session is with a public health nurse.
- The **Immunization Waiver Form** (nonmedical waiver form) is not available online or at your school or childcare center office.
- The public health code requires waivers be signed in the year in which a child's immunization status is assessed and reported for school and childcare purposes; which includes: all children in a licensed childcare center, preschool, Head Start; and school-aged children who are new entrants to a school district, in kindergarten or developmental kindergarten, or in the 7<sup>th</sup> grade, including children in special education programs.
- Per the requirements of the **Michigan Public Health Code, R325.176(12)**, all nonmedical immunization waivers "shall be certified by the local health department (LHD) that the individual received education on the risks of not receiving vaccines being waived and the benefits of vaccination to the individual and the community."
- The **Medical Contraindication Form** (medical waiver form for valid medical contraindications to vaccines), is available online or at your school or childcare center office. Contact the office for information about obtaining and submitting a medical waiver for review by the Macomb County Health Department Medical Director.

Schools, Preschools, Childcare Centers and Clinics:  
PLEASE COPY AND DISTRIBUTE THIS FLYER TO PARENTS/GUARDIANS/STUDENTS

08/01/2017





Health  
Department

Hearing and Vision Program – Southeast Family Resource  
Center 25401 Harper Avenue, St. Clair Shores, MI 48081 Phone:  
586-412-5945 Fax: 586-771-6705

## HEARING AND VISION TESTING FOR INCOMING KINDERGARTENERS

Dear Parents/Guardians:

According to the Michigan Public Health Code (Act 368 of 1978), children entering kindergarten must have their hearing and vision tested **before the first day of school.**

Macomb County Health Department provides this service free of charge, **by appointment ONLY**, at various locations/dates from March – May. Please schedule your appointment now so your child will be prepared for kindergarten this fall. We do not offer screenings in June or July. Limited August appointments fill up quickly. If you have not arranged to have your child screened prior to the start of school, it will be necessary for you to visit your doctor for this service.

### **Important information to know:**

1. If your child attends pre-school in Macomb County, check with the pre-school to see if hearing and vision screenings have already been held or are scheduled to be conducted before the end of the school year. If this is the case, you will obtain the required paperwork for kindergarten entrance from your pre-school provider
2. If your child did not attend pre-school or was not screened due to absence on screening day at their pre-school, please call the Hearing & Vision Program at Macomb County Health Department at (586) 412-5945 to schedule an appointment. You will be notified of locations and appointment times when you call.
3. **DO NOT SCHEDULE AN APPOINTMENT FOR LOST OR MISPLACED PAPERWORK.** If you have lost or misplaced your paperwork, please call the office to discuss your options for obtaining documentation.
4. For entrance into kindergarten, documentation is required and provided by Macomb County Health Department (see sample below). Please put this document in a safe place until it is time for kindergarten registration.

MACOMB COUNTY HEALTH DEPARTMENT HEARING AND VISION PROGRAM 586-412-5945	
<u>PARENT/GUARDIAN: IMPORTANT</u>	
This form must be presented when child enters kindergarten in accordance with Michigan Public Health Code (Act 368 of 1978).	
CHILD'S NAME:	SCREENING LOCATION
DATE	
<b>HEARING SCREENING</b>	<b>VISION SCREENING</b>
<input type="checkbox"/> PASSED	<input type="checkbox"/> PASSED
<input type="checkbox"/> DID NOT PASS - An examination by your local health department or family doctor is required	<input type="checkbox"/> DID NOT PASS - An examination by an optometrist or ophthalmologist is required.
MDHHS Trained Hearing Technician	MDHHS Trained Vision Technician

Keep your  
yellow Pass/  
Fail slip in a  
safe place  
until  
kindergarten  
registration!

This page is intentionally blank

# 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?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	<b>Birth History:</b>        Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:        If yes, list medications:        Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Examiner's Initials:</b> _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____	
<input type="checkbox"/>	<input type="checkbox"/>		Does your child take any medication(s) regularly?	
Reason for Medication				⇒
_____/_____/_____ <b>Parent/Guardian Signature</b> Date				

## 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
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: ____/____/____	Visual Acuity Muscle Imbalance Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Height Weight Other: _____				
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: ____/____/____	Audiometer Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE Reading: _____	⇒			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: ____/____/____	Sugar Albumin Microscopic				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Date: ____/____/____ Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm				
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: ____/____/____	Level _____ ug/dl				<b>NOTE:</b> 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 (IV/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	
2	4				
Polio (IPV/OPV)	1	3	OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	2	4		1	
				2	
Pneumococcal Conjugate (PCV7/PCV13)	1	3	3		
	2	4			
Rotavirus (RV1/RV5)	1	3	<i>Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable</i>		
	2		*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.		
Measles, Mumps, Rubella (MMR)	1	2	Parent/Guardian refused immunizations: <input type="checkbox"/>		
	2	4			
Varicella (Chickenpox)	1	2			
	2				
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____					
I certify that the immunization dates are true to the best of my knowledge					
_____				_____ / ____ / ____	
<i>Health Professional's Signature</i>				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:
<input type="checkbox"/>	<input type="checkbox"/>	
<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: \_\_\_\_\_  
child's name

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Dentist's Signature* Date

**PHYSICIAN'S SIGNATURE**

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

\_\_\_\_\_ MI \_\_\_\_\_ ZIP Code \_\_\_\_\_ Telephone \_\_\_\_\_  
Number & Street City

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.

