## PURPOSE OF THE TECHNICAL ASSISTANCE AND CONSULTATION MANUAL

The Child Care Licensing Division provides a Technical Assistance and Consultation Manual on the Licensing Rules for Child Care Centers and the Licensing Rules for Family and Group Child Care Homes. This manual is on the rules for child care centers.

For each rule, you will typically find a rationale section, a technical assistance section and a consultation section. The rationale section describes the reason the rule was enacted. The technical assistance section outlines how to comply with the rule. The consultation section contains recommendations and best practices for going beyond rule requirements to improve the quality of care provided.

## JULY 1, 2017 UPDATE

**Table of Contents**
Revision date was updated on the items in this release.

**Rule 400.8143**
The BCAL-3731 was updated in June 2017. Previous editions can be used until September 30, 2018. The June 2017 version makes it optional to list a second parent/legal guardian's information. If a second parent/legal guardian is not listed, all the information regarding that parent/legal guardian can be left blank. Even if previous versions of the card are being used, the second parent/legal guardian's information will be considered optional.

**Rule 400.8380**
Updates were made to the techincal assistance and consultation provided regarding lead hazard risk assessments.

**Rules 400.8510, 400.8515, 400.8520, 400.8525, 400.8530, 400.8535, 400.8540, 400.8545, 400.8550, 400.8560**
References to the Health Facilities Evaluation Section was updated to the Environmental Health and Safety Section, Child Care and Camps Unit. The contact information has also been updated.

## Maintenance Instructions

**Table of Contents and rules 400.8143, 400.8380, 400.8510, 400.8515, 400.8520, 400.8525, 400.8530, 400.8535, 400.8540, 400.8545, 400.8550, and 400.8560**

Replace the entire section.

## PART 1. GENERAL PROVISIONS FOR ALL CHILDREN

**400.8101** Definitions. [Revised 11/01/2014.]

**400.8104** Rule variances. [Revised 01/02/2014.]

**400.8107** Center license applicant. [Revised 07/01/2016.]

**400.8110** Licensee. [Revised 04/01/2014.]

**400.8113** Program director qualifications; responsibilities. [Revised 02/01/2017.]

**400.8116** Multi-site school-age program director. [Revised 01/02/2014.]

**400.8119** Site supervisor qualifications; responsibilities. [Revised 01/02/2014.]

**400.8122** Lead caregiver qualifications; responsibilities. [Revised 01/01/2016.]

**400.8125** Staff and volunteers. [Revised 07/01/2015.]

**400.8128** Health of staff and volunteers. [Revised 01/02/2014.]

**400.8131** Professional development requirements. [Revised 02/01/2017.]

**400.8134** Hand washing. [Revised 01/02/2014.]

**400.8137** Diapering; toileting. [Revised 02/01/2017.]

**400.8140** Discipline. [Revised 04/01/2014.]

**400.8143** Children's records. [Revised 07/01/2017.]

**400.8146** Information provided to parents. [Revised 04/01/2014.]

**400.8149** Parent permission for transportation. [Revised 07/01/2015.]

**400.8152** Medication; administrative procedures. [Revised 07/01/2015.]

**400.8155** Child accidents and incidents; child and staff illness. [Revised 02/01/2017.]

**400.8158** Incident, accident, injury, illness, death, fire reporting. [Revised 01/01/2016.]

**400.8161** Emergency procedures. [Revised 07/01/2015.]

**400.8164** Telephone service. [Revised 01/02/2014.]

**400.8167** Indoor space. [Revised 01/02/2014.]

**400.8170** Outdoor play area. [Revised 07/01/2015.]

**400.8173** Equipment. [Revised 02/01/2017.]

**400.8176** Sleeping equipment. [Revised 02/01/2017.]

**400.8179** Program. [Revised 04/01/2014.]

**400.8182** Ratio and group size requirements. [Revised 11/01/2014.]

**400.8185** Primary care. [Revised 01/02/2014.]

**400.8188** Sleeping, resting, and supervision. [Revised 01/02/2014.]

**400.8191** Nighttime care. [Revised 07/01/2015.]

**PART 2. ENVIRONMENTAL HEALTH PROVISIONS**

**400.8301** Definitions. [Revised 01/02/2014.]

**400.8305** Plan review; approval; inspections. [Revised 07/01/2016.]

**400.8310** Food preparation areas. [Revised 01/02/2014.]

**400.8315** Food and equipment storage. [Revised 01/02/2014.]

**400.8320** Food preparation. [Revised 02/01/2017.]

**400.8325** Sanitization. [Revised 02/01/2017.]

**400.8330** Food services and nutrition generally. [Revised 01/01/2016.]

**400.8335** Food services and nutrition; provided by center. [Revised 01/01/2016.]

**400.8340** Food services and nutrition; provided by parents. [Revised 01/02/2014.]

**400.8345** Water supply; plumbing. [Revised 01/01/2016.]

**400.8350** Toilets; hand washing sinks. [Revised 04/01/2014.]

**400.8355** Sewage disposal. [Revised 01/02/2014.]

**400.8360** Garbage and refuse. [Revised 01/02/2014.]

**400.8365** Heating; temperature. [Revised 01/02/2014.]

**400.8370** Light, ventilation, and screening. [Revised 01/02/2014.]

**400.8375** Premises. [Revised 01/02/2014.]

**400.8380** Maintenance of premises. [Revised 07/01/2017.]

**400.8385** Poisonous or toxic materials. [Revised 01/02/2014.]

## PART 3. FIRE SAFETY PROVISIONS

**400.8501** Adoption by reference. [Revised 01/02/2014.]

**400.8505** Definitions. [Revised 01/02/2014.]

**400.8510** Plans and specifications; submission; approval; inspections. [Revised 07/01/2017.]

**400.8515** Construction. [Revised 07/01/2017.]

**400.8520** Interior finishes. [Revised 07/01/2017.]

**400.8525** Exits. [Revised 07/01/2017.]

**400.8530** Hazard areas. [Revised 07/01/2017.]

**400.8535** Fire alarm. [Revised 07/01/2017.]

**400.8540** Smoke detectors; carbon monoxide detectors. [Revised 07/01/2017.]

**400.8545** Fire extinguishers. [Revised 07/01/2017.]

**400.8550** Electrical service. [Revised 07/01/2017.]

**400.8555** Open flame devices; candles. [Revised 07/01/2016.]

**400.8560** Multiple occupancy. [Revised 07/01/2017.]

**400.8565** Fire safety; exemptions for public and nonpublic school buildings. [Revised 04/01/2014.]

## PART 4. TRANSPORTATION PROVISIONS

**400.8701** Definitions. [Revised 01/02/2014.]

**400.8710** Transportation. [Revised 01/02/2014.]

**400.8720** All motor vehicles. [Revised 01/02/2014.]

**400.8730** Safety equipment in motor vehicles. [Revised 01/02/2014.]

**400.8740** Manufacturer’s rated seating capacity; restraint devices; safety belts. [Revised 01/02/2014.]

**400.8750** Motor vehicle operator. [Revised 01/02/2014.]

**400.8760** Staff/volunteer-to-child ratio and supervision in transit. [Revised 01/02/2014.]

**400.8770** Time limitation on child transit. [Revised 01/02/2014.]

## PART 5. SWIMMING PROVISIONS


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|---|---|
| **400.8801** | Definitions. [Revised 01/02/2014.] |
| **400.8810** | Swimming caregiver-to-child ratio. [Revised 01/02/2014.] |
| **400.8820** | Swimming activity supervision. [Revised 01/02/2014.] |
| **400.8830** | Instructional swim. [Revised 01/02/2014.] |
| **400.8840** | Swimming activity area. [Revised 01/02/2014.] |
| **Appendix A** | Statutes. [Revised 01/02/2014.] |

**R 400.8101** **Definitions.**

**As used in these rules:**

**(a) "Accredited college or university" means a college or university that has been accredited by a regional or national institutional accrediting association recognized by the United States department of education.**

**(b) "Ages" means all of the following:**
**(i) "Infant" - birth** *until 1 year* **of age.**
**(ii) "Toddler" – 1 year of age** *until 30 months* **of age.**
*(iii) "Preschooler" – 30 months of age until eligible to attend a grade of kindergarten or higher.*
**(iv) "School-ager" –** *a child who is eligible to attend a grade of* **kindergarten or higher, but less than 13 years of age.** *A child is considered a school-ager on the first day of the school year in which he or she is eligible.*

When a child turns age five, he/she may be considered a school-ager even if he/she is not yet attending kindergarten.

**Children Age 13 and Older**
Programs serving children age 13 and older are not required to be licensed under the Child Care Organizations Act (1973 PA 116) because "center" is defined as a facility receiving 1 or more children under 13 years of age for care. However, some programs may choose to serve children age 13 and older. If the program is licensed for school-age children and serves both children age 12 and younger and children age 13 and older:

- The licensing rules don't apply to children age 13 and older if the children who are age 13 and older are in their own well-defined space.
- The licensing rules apply to all the children, including required records for children, if children age 12 and younger and children age 13 and older are mixed in the same well-defined space. The caregiver-to-child ratio for the youngest child present would apply.

**(c) "Caregiver" means a** *person 18 years of age* **or older who provides direct care,** *education,* **supervision, and guidance of children. A 17-year-old shall qualify as a caregiver if he or she meets 1 of the following:**
**(i) Has satisfactorily completed at least 1 year of a vocational-occupational child care aide training program approved by the department of** *licensing and regulatory affairs.*
**(ii) Has completed 1 year of apprenticeship in a recognized child care apprenticeship program sponsored by the United States department of labor.**

**Note:** The vocational-occupational education careers (CIP 13.0000) training program approved by the Department of Education, Office of Career and Technical Education is equivalent to the vocational-occupational child care aide training program approved by the Department of Licensing and Regulatory Affairs. The child care aide program will end June 2014.

**(d) "Center" means a child care center or day care center which is a facility other than a private residence, which receives 1 or more children** *under 13 years of age* **for care for periods of less than 24 hours a day, and at which the parents or guardians are not immediately available to the children.** *"Center"* **includes a facility that provides care for not less than 2 consecutive weeks, regardless of the number of hours of care per day. The facility is generally described as a child care center, day care center, day nursery, nursery school, parent cooperative preschool, prekindergarten, play group, or drop-in center. "Center" does not include any of the following:**

**(i) A Sunday school, a vacation Bible school, or a religious instructional class which is conducted by a religious organization and at which children are in attendance for not more than 3 hours per day for an indefinite period, or not more than 8 hours per day for a period not to exceed 4 weeks during a 12-month period, or a facility operated by a religious organization where children are cared for not more than 3 hours while persons responsible for the children are attending religious services.**

**(ii) A special education program or service conducted under the authority of article 3 of 1976 PA 451, MCL 380.1701 to 380.1766.**

**(iii)** *A kindergarten operated by a local or intermediate school district under the authority of 1976 PA 451, MCL 380.1 to 380.761, or* **as part of a nonpublic elementary school. However, this exemption shall not apply to a nonpublic kindergarten operated as part of a center.**

**(iv) A program that is primarily supervised, school-age-child-focused training in a specific subject, including, but not limited to, dancing, drama, music, or religion. This exclusion applies only to the time a child is involved in supervised, school-age-child-focused training.**

**(v) A program that is primarily an incident of group athletic or social activities for school-age children sponsored by or under the supervision of an organized club or hobby group, including, but not limited to, youth clubs, scouting, and school-age recreational or supplementary education programs. This exclusion applies only to the time the school-age child is engaged in the group athletic or**

**social activities and if the school-age child can come and go at will.**

**(e) "CEU" means a continuing education unit awarded by an accredited college or university sponsor of continuing education units** *or equivalent awarded by* **the state board of education.**

As of May 18, 2012, State Board CEUs (SB-CEUs) became State Continuing Education Clock Hours (SCECHs).

- SB-CEUs were calculated by dividing the total number of contact/instructional hours by the number 10. An eight-hour session was eligible to receive 0.8 SB-CEU.
- SCECHs are the total number of contact/instructional hours in a program. An eight-hour session is now eligible to receive 8 SCECHs.

**(f) "Degrees and semester hours" means degrees and semester hours from an accredited college or university.**

A semester hour is the unit by which a college or university measures its course work. The number of semester hours assigned to a course quantitatively reflects the outcomes expected, the mode of instruction, the amount of time spent in class, and the amount of outside preparatory work expected for the class.

The US Department of Education website (http://ope.ed.gov/accreditation/) provides a listing of schools that are accredited.

- If a college or university is not accredited, the center must determine whether any accredited colleges or universities will accept credits from the college/university in question on a transfer basis. Written verification is required from the accepting college.

- Online and correspondence courses can be accepted only if from an accredited college or university or if an accredited college or university will recognize them. The center must provide documentation from an accredited college or university showing which credits would be accepted and the semester hour equivalency.

- Transcripts from other countries may be accepted. The center must provide written verification from a university or a private agency that determines equivalency to American credits. The following organizations evaluate international transcripts:
  - World Education Services, www.wes.org.
  - Educational Credential Evaluators, www.ece.org.

- Transcripts from the following colleges are acceptable:
  - Bob Jones University.
  - Tennessee Temple College.
  - Marantha Bible College.
  - Hyles-Anderson College.

**(g) "Department" means the department of human services.**

**(h) "Developmentally appropriate" means age appropriate as well as appropriate to the individual child.**

**(i) "Easily cleanable" means that surfaces are readily accessible and made of such materials and finish and so fabricated that residue may be effectively removed by normal cleaning methods.**

**(j) "Field trip" means children and caregivers leaving the center premises for an excursion, trip, or program activity.**

**(k) "First aid kit" means a kit containing, at a minimum, all of the following: sterile gauze pads** *(assorted sizes)***, a roll of gauze, adhesive** *bandages (assorted sizes)***,** *adhesive cloth tape***, an elastic bandage,** *tweezers, and scissors***.** *A "first aid kit" is prohibited from containing any non-prescription or prescription medications as defined under R 400.8152.*

**(l) "Group size" means the specified number of children assigned to a caregiver or team of caregivers occupying an individual classroom or well-defined space for each group within a larger room. Two or more groups may be combined for collective activities as long as appropriate child/staff ratios are maintained in the room or area.**

*(m) "Licensee designee" means the individual designated in writing by the board of directors of the corporation or by the owner or person with legal authority to act on behalf of the company or organization on licensing matters.*

**(n) "Parent" or "parental" means a child's parent, guardian, or other legally responsible person.**

**(o) "Playspace" means a piece or pieces** *of age-appropriate toys***,** *play* **equipment,** *and materials* **that 1 child can use independently for 15 minutes.**

*(p) "Program components" means the different services offered by a center. They include, but are not limited to, infant/toddler, pre-*

*school, and school-age care and education; nighttime care; food service; swimming; and transportation.*

*(q) "Routine transportation" means regularly scheduled travel on the same day of the week, at the same time, to the same destination.*

**(r) "Sanitization" means effective bactericidal treatment by a process that provides enough accumulative heat or concentration of chemicals for enough time to reduce the bacterial count, including pathogens, to a safe level.**

**(s) "School" means a building or part of a building which is owned or leased by, or under the control of, a public or private school or school system for the purpose of instruction as required by 1976 PA 451, MCL 380.1561 which is occupied by 6 or more students, and which is used 4 or more hours per day or more than 12 hours per week.**

**(t) "Staff" means** *any compensated employee of the center***.**

*(u) "Volunteer" means a person 16 years of age or older who is not a compensated employee of the center. Volunteers may be counted in the caregiver-to-child ratios outlined in R 400.8182(3) if they meet the definition of caregiver as defined by subdivision (c) of this rule.*

**(v) "Well-defined space" means space designed and used exclusively for a specific group of children.**

**R 400.8104 (1)** **Rule variances.**

**(1) Upon written request of an applicant or licensee, the department may grant a variance from an administrative rule if the alternative proposed provides clear and convincing evidence that the health, welfare, and safety of children is protected.**

Rationale

Allows a center to meet the intent of a rule by an alternative means when special circumstances exist.

Technical Assistance

The center is responsible and accountable for:

- Submitting a written request for a variance to a particular rule. The written request much be sent to the local office.
- Describing the alternative proposed which will meet the intent of the rule in a different way.
- Assuring that the proposed alternative does not compromise the safety of children.
- Assuring that the proposed change is not initiated until written confirmation from the department is received approving the variance.

If the variance is requested on a rule regarding environmental health or fire safety, a recommendation may be needed from an environmental health sanitarian or a fire safety authority regarding the proposed options.

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**R 400.8104 (2)** **Rule variances.**

**(2) The decision of the department, including the conditions under which the variance was granted, shall be kept on file at the center.**

Rationale

Assures that the program director and other appropriate center staff are aware of the terms of any variances.

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**R 400.8104 (3)** **Rule variances.**

**(3) The granted variance may remain in effect for as long as the licensee continues to comply with the conditions of the variance or may be time-limited.**

Rationale

Allows flexibility in determining the appropriateness of the duration of a variance.

Technical Assistance

Reasons for rescinding a variance may include:

- Failure of a licensee to comply with the terms of the variance.
- The variance is no longer necessary or appropriate.

**R 400.8104 (4)** **Rule variances.**

*(4) Variances will not be granted from statutory requirements.*

**R 400.8107(1)** *Center license applicant.*

*(1) A center license applicant shall meet all of the following qualifications:*
*(a) Be of good moral character as defined in 1974 PA 381, MCL 338.41 to 338.47.*
*(b) Be suitable to meet the needs of children.*
*(c) Be able to assure that the proposed services and facilities are conducive to the welfare of children.*
*(d) Demonstrate a willingness and ability to comply with 1973 PA 116, MCL 722.111 to 722.128, and the rules promulgated under the act.*

Rationale

Assures:
- The safety and welfare of children.
- That the applicant exhibits mature, responsible behavior and has the ability to respond appropriately to children's needs.

Technical Assistance

Good Moral character is assessed on the applicant based on the Good Moral Character Statute (1974 PA 381).

Suitable means the applicant:
- Is truthful to the department and the public.
- Does not have a criminal history which could affect the safety and welfare of children in care.
- Is capable of making appropriate judgements.
- Is knowledgeable of the developmental needs of children of varying ages.
- Conducts self in a way so that rule requirements are met.
- Is not on central registry as a perpetrator of child abuse or neglect.

To assess an applicant's good moral character and suitability, the applicant must submit a completed Licensing Record Clearance Request (BCAL-1326-CC) and the Livescan Fingerprint Background Check Request form to the department. **Note:** The Livescan Fingerprint Background Check Request form is not required if School district Livescan fingerprint clearance results are being used for school sponsored centers.

The applicant must be fingerprinted. Review the BCAL-1326-CC and the Livescan Fingerprint Background Check Request form instructions for fingerprinting.

The BCAL-1326-CC and the Livescan Fingerprint Background Check Request forms are used for the following:

- Criminal history clearance in the state of Michigan. This screens for convictions in the state of Michigan.

- Criminal records clearance through the Federal Bureau of Investigation using a fingerprint scan. This screens for convictions nationwide.

- Central registry clearance for the State of Michigan. This determine if the individual is listed on central registry as a perpetrator of child abuse or neglect.

**Results of the Criminal History Clearance**
The department must not issue an original license if a criminal history clearance reveals a conviction for the following offenses:

- A listed offense - defined by the Sex Offenders Registration Act (1994 PA 295). See Appendix A for the listed offenses.
- Child abuse under section 136b of the Michigan penal code (1931 PA 328, MCL 750.136b).
- Child neglect under section 145 of the Michigan penal code (1931 PA 328, MCL 750.145).
- A felony involving harm or threatened harm to an individual within the 10 years immediately preceding the date of application.

**Note:** Convictions of crimes in the Good Moral Character Statute that are not “listed offenses” will be assessed for good moral character and suitability.

**Results of the Central Registry Clearance**
If the applicant is listed on central registry, the department must not issue an original license.

**Note:** If the applicant has his/her name expunged from the central registry, he/she may be issued a license. An expungement is requested by the individual named on central registry to the Department of Health and Human Services office that placed the person on central registry.

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**R 400.8107 (2)** *Center license applicant.*

*(2) Before issuance of the original provisional license, a center license applicant shall comply with applicable child care center administrative rules.*

Rationale Assures for the safety and welfare of children.

**R 400.8110 (1)** **Licensee.**

**(1) The licensee shall do all of the following:**

**(a)** *Be* **of good moral character as defined in 1974 PA 381, MCL 338.41 to 338.47.**

*(b) Be* **suitable to meet the needs of children.**

**(c) Comply with** *section 5c of* **1973 PA 116, MCL 722.115c, requirements for a Michigan department of state police criminal history record check, a criminal records check through the federal bureau of investigation, and a department of human services check for a history of substantiated abuse and neglect.**

**(d) Be responsible for compliance with 1973 PA 116, MCL 722.111** *to 722.128***, and the rules promulgated under the act.**

*(e) Report to the department within 3 business days after any arraignment as indicated in section 5e of 1973 PA 116, MCL 722.115e, and any subsequent conviction.*

Rationale

Assures:

- The safety and welfare of children.
- That the licensee exhibit mature, responsible behavior and have the ability to respond appropriately to children's needs.

Technical Assistance

Good Moral character is assessed on the licensee based on the Good Moral Character Statute (1974 PA 381).

Suitable means the licensee:

- Is truthful to the department and the public.
- Does not have a criminal history which could affect the safety and welfare of children in care.
- Is capable of making appropriate judgements.
- Is knowledgeable of the developmental needs of children of varying ages.
- Conducts self in a way so that rule requirements are met.
- Is not on central registry as a perpetrator of child abuse or neglect.

The department continually monitors the licensee for any criminal activity or placement on central registry as a perpetrator of child abuse or neglect. The department must initiate steps to revoke or refuse to renew the license if a central registry clearance reveals that an active licensee is listed on central registry or if a criminal history clearance reveals a conviction for the following offenses:

- A listed offense - defined by the Sex Offenders Registration Act (1994 PA 295). See Appendix A for the listed offenses.
- Child abuse under section 136b of the Michigan penal code (1931 PA 328, MCL 750.136b).

- Child neglect under section 145 of the Michigan penal code (1931 PA 328, MCL 750.145).
- A felony involving harm or threatened harm to an individual within the 10 years immediately preceding the date of licensure.

**Note:** Convictions of crimes in the Good Moral Character Statute that are not “listed offenses” will be assessed for good moral character and suitability.

**Note:** If the licensee has his/her name expunged from the central registry, he/she may hold a license. An expungement is requested by the individual named on central registry to the Department of Health and Human Services office that placed the person on central registry.

**Reporting an Arraignment of Licensee or Employee**
A licensee must report to the department within three business days after he or she has been arraigned for one or more crimes (listed below) as specified in the Child Care Organizations Act (1973 PA 116). An employee of a center must report to the center within three business days after he or she has been arraigned for one or more crimes (listed below) as specified in 1973 PA 116. A person who fails to report as required is guilty of a felony or a misdemeanor, depending on the offense.

Arraignment is when an individual is formally charged and appears in a court of law and enters a plea.

**The following offenses that must be reported to the department or center within three days of being arraigned:**
- Any felony.
- Any of the following misdemeanors:
  - Criminal sexual conduct in the fourth degree or an attempt to commit criminal sexual conduct in the fourth degree.
  - Child abuse in the third or fourth degree or an attempt to commit child abuse in the third or fourth degree.
- A misdemeanor involving cruelty, torture or indecent exposure involving a child.
- A misdemeanor violation of MCL 333.7410 -violations by individual 18 years of age or over; “library” and “school property” defined; distribution of marijuana; penalties.
- A violation of:
  - MCL 750.115 - Breaking and entering or entering without breaking; buildings, tents, boats, railroad cars; entering public buildings when expressly denied.
  - MCL 750.141a - Definitions; prohibited conduct by person having control of real property; applicability of section; violation of subsection (2) as misdemeanor; penalty; evidence of

rebuttable presumption; selling or furnishing alcoholic beverage to minor not authorized by act; criminal penalty.
    - MCL 750.145a - Accosting, enticing, soliciting a minor for immoral purpose.
    - MCL 750.335a - Indecent exposure; violation; penalty.
    - MCL 750.359 - Larceny from a vacant dwelling.
- A misdemeanor violation of:
    - MCL 750.81 - Assault and battery; penalties; applicability to individual using necessary reasonable physical force in compliance with MCL 380.1312 of the revised school code; “dating relationship” defined.
    - MCL 750.81a - Assault; infliction of serious or aggravated injury; “dating relationship” defined.
    - MCL 750.145d - Use of internet or computer system; prohibited communication; violation; penalty; order to reimburse state or local governmental unit; definitions.
    - MCL 436.1701 - Selling or furnishing alcoholic liquor to a person less than 21 years of age; failure to make diligent inquiry; misdemeanor; signs; consumption of alcoholic liquor as cause of death or injury; felony; enforcement against licensee; consent of parent or guardian in undercover operation; defense in action for violation; report; definitions.
- Any misdemeanor that is a listed offense in the Sex Offenders Registration Act, MCL 78.722(e).
- A violation of a substantially similar law of another state, or a political subdivision of this state or another state, or of the United States.

It is the licensee’s responsibility to assure that all employees are aware of their requirement to report an arraignment for the above listed crimes to the center.

Consultation

The Employee Notification to Child Care Center of Arraignment (BCAL-1486) may be used by center staff to notify the center of an arraignment.

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**R 400.8110 (2)** **Licensee.**

*(2) The licensee shall have the administrative capability to operate the center in order to provide the services and facilities that are conducive to the welfare of children.*

Rationale

Assures for the welfare of children.

Technical Assistance

Lack of administrative capability means the repeated inability to maintain compliance with the licensing rules and the Child Care Organiza-

tions Act (1973 PA 116). This includes, but is not limited to, the inability to:

- Maintain accurate records.
- Maintain utilities.
- Ensure financial obligations are met.
- Correct physical problems in the center.
- Address issues with staff.

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**R 400.8110 (3)** **Licensee.**

**(3) The** *following* **shall** *be* **in a place** *accessible and* **visible to parents:**

**(a) The current license** *and if applicable, the letter extending the license beyond the expiration date.*

**(b) A copy of the current child care center administrative rules** *and a copy of any variances granted***.**

**(c) A notice stating** *that* **the center requires a criminal history check on its employees and** *whether the center requires a criminal history check on its* **volunteers.**

Rationale

Informs the parents of the following:

- The capacity, terms and status of the license.
- The rules and regulations the center is required to meet.
- The rules the center is complying with in an alternative manner.
- The extent that the center goes to assess employees and volunteers for criminal history.

Technical Assistance

A visible place means a location where parents, staff and others can easily see it. In a place accessible to parents, includes but is not limited to, having the required documents available in a location parents have access to in any of the following manners:

- Posted.
- In a binder with the contents clearly labeled.
- On a desk, table or shelf.

The extension letter notifies the licensee that the license has been extended beyond the expiration date. The Administrative Procedures Act (1969 PA 306) states that when a licensee makes timely and sufficient application for the renewal of a license, the existing license does not expire until the department makes a decision on the application.

**R 400.8110 (4)** **Licensee.**

*(4) There shall be a licensing notebook on the premises which includes all licensing inspection and special investigation reports and related corrective action plans since May 28, 2010 and a summary sheet outlining the documents contained in the notebook. The notebook shall be made available to parents and prospective parents at all times during the center's normal hours of operation.*

Rationale

Effective May 27, 2010, the Child Care Organizations Act (1973 PA 116) requires providers to maintain a licensing notebook.

Consultation

The Licensing Notebook Summary Sheet (BCAL-5052) may be used as the required summary sheet in the licensing notebook. The BCAL-5052 is available on the licensing website at www.michigan.gov/michidcare-forms.

It is recommended that when inspection reports and related CAPs are added to the licensing notebook, the center notify parents within three business days of the receipt of the report or approval letter for the CAP.

**R 400.8110 (5)** **Licensee.**

**(5) The actual number and ages of children in care at any time shall never exceed the number and ages of children for which the center is licensed.**

Rationale

Assures that appropriate care and supervision is provided to all children and assures the safety and welfare of all children.

Technical Assistance

The overlapping of children's schedules, which puts the number of children above the licensed capacity, is not permitted at any time.

Consultation

The following best practices are recommended:

- Enroll children carefully so there is no overlapping of schedules that exceeds the license capacity.
- Inform parents that a back-up care plan is necessary when parents are not able to drop off or pick up their children at the agreed upon time.
- A written policy, distributed to parents, regarding attendance and the necessity to follow the agreed upon schedule for drop-off and pick-up may prevent misunderstandings and conflicts.

**Children Age 13 and Older**
Programs serving children age 13 and older are not required to be licensed under the Child Care Organizations Act (1973 PA 116)

because “center” is defined as a facility receiving 1 or more children under 13 years of age for care. However, some programs may choose to serve children age 13 and older. If the program is licensed for school-age children and serves both children age 12 and younger and children age 13 and older:

- The licensing rules don’t apply to children age 13 and older if the children who are age 13 and older are in their own well-defined space.
- The licensing rules apply to all the children, including required records for children, if children age 12 and younger and children age 13 and older are mixed in the same well-defined space. The caregiver-to-child ratio for the youngest child present would apply.

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**R 400.8110 (6)-(7)** **Licensee.**

**(6) A child** *shall only be* **released to persons authorized by the parent.**

**(7) A child shall be released to either parent unless a court order prohibits release to a particular parent. A copy of the order prohibiting release** *shall* **be kept on file at the center.**

Rationale

Assures for the safety and welfare of children and protects the center from becoming an unwitting accomplice in custody disputes or kidnapping.

Technical Assistance

Both parents have a right to pick up the child regardless of whether they are listed on the Child Information Record (BCAL-3731 or a comparable substitute) unless a court order is on file prohibiting release to a particular parent.

Consultation

It is best practice to require prior written authorization from parents before releasing a child to the identified person. The center may establish a mechanism for identifying a person for whom the parents have given prior authorization to pick up their child, such as:

- Require photo identification.
- Require the use of a password.

The following best practices are recommended in dealing with child custody conflicts:

- Maintain your role as the child's advocate.
- Limit any discussion with either parent to the child and the effects the conflict may be having on the child.
- Limit all discussions with the parent to a time when the child is not present.
- Request a copy of the court order that establishes custody.

- Do not answer questions regarding the child over the phone.
- If the non-custodial parent wishes to obtain information regarding the child, schedule an appointment and require identification.

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**R 400.8110 (8)** **Licensee.**

*(8) Within 5 business days, the licensee shall notify the department of the separation of a program director or a central administrator approved by R 400.8113(16) and a plan for replacement of the program director or central administrator.*

Rationale

Assures that the center notifies the department of program director or the central administrator changes in a timely manner. A trained and qualified program director or central administrator is essential to assure optimal program functioning.

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**R 400.8110 (9)** **Licensee.**

**(9) The licensee shall cooperate with** *any state or local* **department** *or agency* **inspections or investigations** *related to the child care license* **by both of the following:**

**(a)** *Providing* **access to all relevant records, materials, and staff.**

**(b)** *Assuring* **information provided** *is* **accurate and truthful.**

Rationale

Allows the department to examine policies, reports and records required to determine the center's compliance with licensing regulations and to investigate complaints.

Technical Assistance

In most circumstances, records, documents and other materials are to be on-site at the center for review. If there are extenuating circumstances where some documents are not kept on-site, the records must be made available to the department upon request at the time of the on-site inspection or another designated time.

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**R 400.8110 (10)** **Licensee.**

*(10) Written approval from the department shall be obtained before making any changes in the terms of the license, including but not limited to, adding use space, changing age groups served, changing program components, changing the capacity of the center, or making changes to a room or well-defined space that will result in a change in capacity of the room or well-defined space.*

Rationale

Assures that children have safe and adequate space for daily activities and room to move. Assures that department is aware of the services

offered by the center and that the center is in compliance with rules related to newly added components.

Technical Assistance

The center is responsible for submitting a modification request and obtaining approval from the licensing consultant prior to using new space and previously unapproved space or other changes to the terms of the license or program components. The center must notify the department prior to making changes to a room or well-defined space (e.g., switching classrooms, etc.) that will result in a change in capacity of the room or well-defined space.

Consultation

The Request for Modification of the Terms of the License/Registration (BCAL-5054) and the Change of Use Space Request for School-Age Programs Located in Schools (BCAL-4342) forms are available on the department's website at www.michigan.gov/michildcare-forms.

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**R 400.8110 (11)** **Licensee.**

**(11)** *The records required by 1973 PA 116, MCL 722.111 to 722.128, and the rules promulgated under the act must be retained and made available to the department upon request for 2 years, except the following:*

**(a) The name, address, and telephone number for each child enrolled and each employee for at least 2 years after** *he or she* **has left the center.**

*(b) Staff and volunteer health records as required by R 400.8128 and documentation of qualifications shall be retained until that person has left the center.*

*(c) The licensing notebook shall be maintained and retained until the license is closed.*

Rationale

The department may need past records when conducting complaint investigations. Past records will assist the center in resolving licensing issues.

Technical Assistance

In most circumstances, records are to be on-site at the center for review. If there are extenuating circumstances where some documents are not kept on-site, the records must be made available to the department upon request at the time of an on-site inspection or another designated time.

Training records must be kept for the past two full calendar years. For example, at a renewal inspection on July 1, 2016, your licensing consultant will review training records for calendar year 2014 and 2015.

Consultation

Centers are encouraged to store inactive files on children and staff separately from active files.

Records for other programs (e.g., Child Development and Care payments, Child and Adult Care Food Program, etc.) and for taxes purposes may need to be kept longer than two years.

**R 400.8110 (12)** **Licensee.**

**(12) Smoking *shall* not occur in or during either of the following:**
**(a) In the child care center or on real property that is under the control of the child care center and upon which the child care center is located.**
**(b) On field trips and in vehicles when children are present.**

Rationale

The Child Care Organizations Act (MCL 722.113b) prohibits an individual from smoking in a child care center or on the real property under control of the center.

The hazards of second-hand smoke warrant the prohibition of smoking in proximity of child care areas at any time. Residual toxins from smoking at times when children are not using the space can trigger asthma and allergies when children do use the space.

Technical Assistance

Smoking must not occur in the child care center or on the premises (real property) of the child care center, including when children are **not** in care. The licensee must assure that employees, volunteers, parents, and visitors comply with this rule.

Consultation

Centers may post a no smoking sign at the center as a reminder to parents or other visitors that smoking is not allowed in the center or on the center's premises (real property).

**R 400.8113 (1)** **Program director qualifications; responsibilities.**

**(1)** *As used in* **this rule:**

**(a) "Child-related field"** *for an early childhood program director* **means elementary education, child guidance/counseling, child psychology, family studies, and social work.**

**(b) "Child-related field"** *for a school-age program director* **means early childhood education, elementary education, secondary education, physical education and recreation, child development, child guidance/counseling, child psychology, family studies, social work, human services, and youth development.**

**(c) "Child care administration" means child care administration, education administration, or business administration.**

**(d) "Child development associate credential (CDA)" means a credential awarded by the council for professional recognition or similar credential approved by the department.**

*(e) "Early childhood program director" means the program director of a center serving children of all ages.*

*(f) "Hours of experience" means experience serving the ages and developmental abilities of children for which the center is licensed.*

**(g) "Montessori credential" means a credential issued by the association Montessori internationale (AMI), American Montessori society (AMS), or any Montessori teaching training institution recognized by the Montessori accreditation council for teacher education (MACTE) that meets or exceeds 270 hours of academic training.**

**(h) "Michigan school-age***/youth development* **credential" means a credential issued by the Michigan** *afterschool* **association or similar credential approved by the department.**

*(i) "School-age program director" means the program director of a center serving only school-age children.*

Technical Assistance

The Child Development Associate Credential (CDA) is a nationally recognized credential that requires 480 hours of experience working with children and 120 clock hours of training. The clock hours can be obtained at the community college or higher level or through other organizations.

The Michigan School-Age/Youth Development credential is issued by the Michigan AfterSchool Association.

Consultation

For more information about the CDA, contact the Council for Professional Recognition at (800) 424-4310 or go to their website at www.cdacouncil.org.

For more information about the Michigan School-Age/Youth Development credential, contact the Michigan AfterSchool Association at (517) 241-4290 or go to their website at www.miafterschool.com.

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**R 400.8113 (2)** **Program director qualifications; responsibilities.**

*(2) Before hiring a new program director,* **a center shall submit the credentials of the proposed program director to the department for review and approval.**

Rationale

A trained and qualified program director is essential to assure optimal program functioning.

Technical Assistance

Before hiring a new program director, the center must submit the credentials of the proposed program director to the department. The department must review the proposed program director's credentials and give approval prior to the center hiring the individual as the program director.

To have a program director approved, the following documents must be submitted to your licensing consultant:

- A completed Licensing Clearance Request (BCAL-1326-CC) and the Livescan Fingerprint Background Check Request form for the proposed program director. **Note:** The Livescan Fingerprint Background Check Request form is not required if School district Livescan fingerprint clearance results are being used for school sponsored centers.

  The proposed program director must be fingerprinted. Review the BCAL-1326-CC and the Livescan Fingerprint Background Check Request form instructions for fingerprinting.

  These forms allows the department to complete criminal history, central registry and Public Sex Offender Registry clearances as required by licensing rules, the Child Care Organizations Act (1973 PA 116) and licensing policy. See Rule 400.8125 for more information on background checks on staff.

  **Note:** If the proposed program director has not been a resident of Michigan for the past 10 years as an adult, the following must be provided:

  •• A copy of the request for a child abuse and neglect registry clearance and any results from the other states of residence.

- If the proposed program director has not received the results of the child abuse and neglect registry clearance from the other states of residence, the proposed program director must complete the Self-Certification Statement (BCAL-4346) form.
- The proposed program director must submit the results of the child abuse and neglect registry clearance from other states of residence to licensing when he/she receives them.

- A copy of the proposed program director's transcripts.

- If the proposed program director will qualify under 400.8113(9)(b, d, e, f) or 400.8113(10)(c-g) indicate which courses the center believes qualify. The course must be specifically labeled in the title as child development or early childhood education course for programs serving children of all ages or a child-related field for school-age only programs. If it does not, the course catalog description or course syllabus must be provided and must demonstrate that the course content specifically addresses child development or early childhood education or for school-only programs, a child-related field. Refer to subrule (9) and (10) of this rule for more information on courses that may qualify.

- A copy of any applicable credentials: Montessori credential, CDA, School-Age/Youth Development credential.

- Documentation of how the proposed program director meets the child care administration course requirement - at least 2 semester hours or a minimum of 3.0 CEUs in child care administration or an administrative credential approved by the department. Documentation includes the following:
  - A copy of the proposed program director's transcripts.
  - Written documentation of completed CEUs.
  - Copy of the administrative credential.

  **Note:** If there is a central administrator, see R 400.8113(16).

- Documentation of applicable hours of experience. Documentation must be proof of previous or current license or registration as a family or group child care home or written verification from previous employer(s), internships, volunteer experiences, etc.

When submitting transcripts, official transcripts, copies of transcripts and those stamped "Issued to Student" are acceptable. Those downloaded from a school's website are not acceptable.

**Note:** If the center is unsure if the proposed program director meets the education requirements of subrules (9) or (10) of this rule, the proposed program director can wait to be fingerprinted until after the

licensing consultant reviews the proposed program director's credentials.

**R 400.8113 (3)** **Program director qualifications; responsibilities.**

**(3) A program director shall be present** *in the center* **in the following** *manner***:**

**(a) Full time for programs operating less than 6 continuous hours.**

**(b) At least 50% of the time children are in care but not less than a total of 6 hours per day for programs operating 6 or more continuous hours.**

Rationale

The director of a center plays a pivotal role in ensuring smooth day-to-day functioning of the facility within the framework of appropriate child development principles and knowledge of family relationships. The well-being of children, the confidence of the parents and the high morale and consistent professional growth of staff depend largely on the knowledge, skills and dependable presence of a director who is able to respond to long-range and immediate needs and able to engage staff in decision-making that affects their day-to-day practice.

Technical Assistance

- The program director may be on duty but away from the center engaged in activities with children such as field trips or transporting children.
- The program director may occasionally be on duty but away from the center for meetings or administrative duties.
- Compliance can be determined by observation, staff interviews or a review of the staffing plan or staff timekeeping records.
- The total hours present do not have to be 6 consecutive hours per day.

**Example 1**: If children are in care 10 hours per day, a program director must be present six hours per day.

**Example 2**: If children are in care 24 hours per day, a program director must be present 12 hours per day.

**Example 3**: If children are in care five hours per day, a program director must be present full time (five hours per day).

**Example 4**: If children are in care 18 hours per day, a program director must be present nine hours per day.

**Note:** The center may have more than one program director on staff to meet this requirement.

A program director may be absent from time to time due to illness, attendance at training or for vacations. A violation may not be cited in these cases, depending on the circumstances such as length of absence or frequency of absences.

**R 400.8113 (4)** **Program director qualifications; responsibilities.**

**(4)** *All program directors are responsible for the general management of the center, including the following minimum responsibilities:*

**(a) Develop***ing***, implement***ing***, and evaluat***ing* **center policies and program.**

**(b) Administer***ing* **day-to-day operations including being available to address parent, child, and staff issues.**

**(c) Monitor***ing* **staff***, including an annual evaluation of each staff member.*

Rationale

Assures that the facility, staff and program are properly administered and managed.

Technical Assistance

Subrule (c) of this rule does not require a written annual evaluation. Ways to document that an annual evaluation was completed, include, but are not limited to, any of the following:

- A written evaluation document.
- A signed statement that it was completed.
- A checklist documenting the date of the evaluation was completed.
- Interviews with the program director and staff.

At the time of renewal, if the evaluations have been updated in the past year, the center will be in compliance with this rule.

Consultation

The annual evaluation may be documented on the Staffing Plan (BCAL-5001) form. This form is available on the department's website at www.michigan.gov/michildcare-forms.

**R 400.8113 (5)** **Program director qualifications; responsibilities.**

*(5) A program director may also serve as a caregiver, provided that role does not interfere with management and supervisory responsibilities.*

Rationale

The director of a center plays a pivotal role in ensuring smooth day-to-day functioning of the facility. Assures that the facility, staff and program are properly administered and managed.

Technical Assistance

Because program directors of multi-room facilities need time to deal with parents, child and staff issues and with paperwork, it may limit their ability to be a full-time caregiver.

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**R 400.8113 (6)** **Program director qualifications; responsibilities.**

*(6) If absent from the center, the program director shall designate a staff member to be in charge who at least meets the qualifications of caregiver.*

Rationale

The director of a center plays a pivotal role in ensuring smooth day-to-day functioning of the facility. Assures that the facility, staff and program are properly administered and managed.

Technical Assistance

This rule applies to anytime the program director is not on-site at the center.

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**R 400.8113 (6)-(7)** **Program director qualifications; responsibilities.**

*(7) A substitute program director shall be appointed for a program director who has left employment or has a temporary absence that exceeds 30 consecutive workdays until return or replacement. A substitute program director shall at least meet the qualifications of lead caregiver. The department shall be notified when a substitute program director is appointed.*

Rationale

The director of a center plays a pivotal role in ensuring smooth day-to-day functioning of the facility. Assures that the facility, staff and program are properly administered and managed.

Technical Assistance

A substitute program director must be appointed for any program director who has left employment with the center. **Note:** When a program director leaves employment with a center, the center is in violation of R 400.8113(9) or (10) until a qualified replacement is found, even though a substitute is appointed under this subrule of this rule.

Per R 400.8110(8), the licensee must notify licensing of the separation of a program director from the center and the plan for replacement of the program director within five business days. The plan must include the name of the substitute program director.

A substitute program director must be appointed when the program director has a temporary absence that exceeds 30 consecutive workdays. A temporary absence is one where the program director is scheduled return to work. This includes, but is not limited to:

- Any leave of absence as defined under the Family and Medical Leave Act.
- Parental leave.
- Military leave.
- Extended vacation.
- Leave of absence.
- Extended jury duty.

**Note:** This subrule of this rule does not allow a program director to be regularly absent from the center for less than 30 consecutive workdays. A program director must be present at the center as outlined in subrule (3) of this rule.

Consultation

It is recommended that a substitute program director be appointed when the program director will have any temporary absence that exceeds more than five consecutive workdays.

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**R 400.8113 (8)** **Program director qualifications; responsibilities.**

**(8)** *All* **program director***s* **shall have** *all of* **the following qualifications:**
**(a) Be at least 21 years of age.**
**(b) Have earned a high school diploma or GED.**

Rationale

A trained and qualified program director is essential to assure optimal program functioning.

Technical Assistance

The following are examples of acceptable verification of age:
- A copy of a driver's license.
- A copy of the program director's birth certificate.
- A self certifying statement.

The following would be acceptable verification of compliance with subrule (b) of this rule:
- A copy of a high school diploma, GED or equivalent.
- A self-certifying statement.

**R 400.8113 (9) - (10)**

**Program director qualifications; responsibilities.**

**(9)** *Early childhood* **program directors shall meet 1 of the following qualifications:**

| | Education | *Coursework* in Early Childhood Education or Child Development | Hours of Experience |
|---|---|---|---|
| (a) | Bachelor's degree or higher in early childhood education or child development | | |
| (b) | Bachelor's degree or higher in a child-related field including→ | 18 semester hours and → | 480 hours |
| (c) | Associate's degree in early childhood education or child development including → | 18 semester hours and → | 480 hours |
| (d) | Montessori credential with → | 18 semester hours and → | 960 hours |
| (e) | *Valid* child development associate credential with → | 18 semester hours and → | 960 hours |
| (f) | 60 semester hours with → | 18 semester hours and → | 1,920 hours |

**(10)** *School-age* **program directors shall meet 1 of the following qualifications:**

| | Education | *Coursework* in a Child-Related Field | Hours of Experience |
|---|---|---|---|
| (a) | Bachelor's degree or higher in a child-related field | | |
| (b) | Associate's degree in a child-related field and → | | 480 hours |
| (c) | Montessori credential with → | 12 semester hours and → | 480 hours |
| (d) | *Valid* Michigan school-age/*youth development* credential with → | 12 semester hours and → | 480 hours |
| (e) | *Valid* child development credential with → | 12 semester hours and → | 480 hours |
| (f) | 60 semester hours with → | 12 semester hours and → | 720 hours |
| (g) | High school diploma / GED with → | 6 semester hours and → | 2,880 hours |

Rationale

The program director of a child care center is the team leader. Both administrative and child development skills are essential for this individual to manage the facility. Research shows that when early childhood professionals are well prepared, children are likely to experience warm, safe and stimulating environments that lead to healthy development

and constructive learning. College-level coursework has been shown to have a measurable, positive effect on quality child care.

Technical Assistance

***Exception:*** Per court order, the following five churches are specifically exempt from the program director qualification rules 400.8113(9)-(10) "by reason of the First Amendment of the United States Constitution":

- Bethany Bible Church (Belleville, MI).
- Dixie Baptist Church (Springfield, MI).
- Faithway Baptist Church (Ypsilanti, MI).
- Lewis Avenue Baptist Church (Temperance, MI).
- Sturgis Church of the Nazarene (Sturgis, MI).

**Equivalencies**

- A semester hour is the unit by which a college or university measures its course work. The number of semester hours assigned to a course quantitatively reflects the outcomes expected, the mode of instruction, the amount of time spent in class, and the amount of outside preparatory work expected for the class.

- Term/quarter hours may be converted into semester hours by multiplying the term or quarter hours by 0.66.

- The Preschool Curriculum Course credential (formerly known as the Lead Teacher Training Program credential) offered by High/Scope, the Michigan School Age/Youth Development Credential and the ChildCare Education Institute Early Childhood Credential are considered equivalent to the CDA credential.

**Accreditation**

The US Department of Education website (http://ope.ed.gov/accreditation/) provides a listing of schools that are accredited.

- If a college or university is not accredited, the center must determine whether any accredited colleges or universities will accept credits from the college/university in question on a transfer basis. Written verification is required from the accepting college.

- Online and correspondence courses can be accepted only if from an accredited college or university or if an accredited college or university will recognize them. The center must provide documentation from an accredited college or university showing which credits would be accepted and the semester hour equivalency.

- Transcripts from other countries may be accepted. The center must provide written verification from a university or a private

agency that determines equivalency to American credits. The following organizations evaluate international transcripts:
  - World Education Services, www.wes.org.
  - Educational Credential Evaluators, www.ece.org.

- Transcripts from the following colleges are acceptable:
  - Bob Jones University.
  - Tennessee Temple College.
  - Marantha Bible College.
  - Hyles-Anderson College.

**Hours of Experience**

Approved hours of experience must be verifiable. Examples of acceptable experience include but are not limited to:

- Currently or previously being licensed or registered family or group child care home.
- Employment as a caregiver in a licensed or registered child care facility.
- Internships, field placements or student teaching working directly with children.
- Employment or supervised volunteer work working directly with children.

Unapproved hours of experience include but are not limited to:
- Babysitting.
- Being a nanny.
- Being a foster parent.
- Raising one's own children or the children of a relative.

**Hours of Experience Equivalents**
- 480 hours of experience = 3 months of full-time work experience.
- 960 hours of experience = 6 months of full-time work experience.
- 1920 hours of experience = 12 months of full-time work experience.

**Education Requirements for Early Childhood Program Directors**

Transcripts indicating that one of the following has been earned will be accepted as meeting the rule without a course-by-course review:

- Bachelor's degree or higher in early childhood education or child development.
- Any bachelor's degree or higher and a ZA or ZS endorsement (endorsements issued by the Department of Education in conjunction with a teaching certificate).

Transcripts indicating that one of the following has been earned will be accepted as meeting the 18 semester hour requirement without a course-by-course review:

- Associate of Arts in early childhood education, child development or child care and preschool (generally given by a community or junior college).
- Bachelor's degree with a minor (20 semester hours) in child development or early childhood education.

Courses are given full credit if they meet one of the following criteria:

- The course is specifically labeled in the title as child development or early childhood education.
- The course catalog description or course syllabus reflects that the course content specifically addresses child development or early childhood education.
- Student teaching for grades kindergarten through third grade.

**Note:** Early childhood education usually refers to children up to age 8 or through the third grade.

Courses may be given partial credit if it can be demonstrated that part of the course includes child development or early childhood education. Partial credit granted will be half the total credit hours for that class. The following courses are some examples of courses that may be given partial credit:

- Reading, science and math methods courses.
- Art, music and physical education for classroom teachers.
- Student teaching that includes grades above third grade if it also includes kindergarten, first, second or third grade.
- Children's literature.
- Human ecology.
- Child psychology.

**Note:** Semester hours from CPR and first aid courses are not counted.

| Examples of Credit | | |
|---|---|---|
| **Course** | **Credits Earned** | **Credits Toward 18** |
| Early Childhood Education | 4 | 4 |
| Child Development | 3 | 3 |
| Math Methods Gr. 1 - 6 | 3 | 1.5 |
| Life Cycle 1 (Human Ecology) | 3 | 1.5 |
| Children's Literature | 4 | 2 |

| Examples of Credit | | |
|---|---|---|
| **Course** | **Credits Earned** | **Credits Toward 18** |
| Art for Elementary Teachers | 4 | 2 |
| Student Teaching Grades K-3 | 6 | 6 |
| Student Teaching Grades 4 and above | 6 | 0 |

### Education Requirements for School-Age Program Directors

School-age program directors must have specific education and/or experience in child care settings as identified in R 400.8113(10). The program director's education must be in a child-related field as defined by R 400.8113(1)(b):

- Early childhood education.
- Elementary education.
- Secondary education.
- Physical education and recreation.
- Child development.
- Child guidance/counseling.
- Child psychology.
- Family studies.
- Social work.
- Human services.
- Youth development.

Transcripts indicating that one of the following has been earned will be accepted as meeting the education requirement of the rule without a course-by-course review:

- Bachelor's degree or higher in a child-related field.
- Associate's degree in a child-related field. **Note:** Documentation of hours of experience is required if the program director has an associate's degree in a child-related field.

Transcripts indicating that a bachelor's degree with a minor (20 semester hours) in a child-related field has been earned will be accepted as meeting the 12 hour semester requirement without a course by course review.

Courses are given full credit if they meet one of the following criteria:

- The course is specifically labeled in the title as a child-related field.
- The course catalog description or course syllabus reflects that the course content specially addresses one of the child-related fields.
- Any student teaching.

Courses may be given partial credit if it can be demonstrated that part of the course includes a child-related field. Partial credit granted will be half the total credit hours for that class.

**Note:** Semester hours from CPR and first aid courses are not counted.

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**R 400.8113 (11)-(12)**

**Program director qualifications; responsibilities.**

*(11) Program directors qualified under subrule (9)(e) or (10)(e) of this rule with an expired child development associate credential have one year from the effective date of these rules to obtain a valid child development associate credential.*

*(12) Program directors qualified under subrule (10)(d) of this rule with an expired Michigan school-age/youth development credential have one year from the effective date of these rules to obtain a valid Michigan school-age/youth development credential.*

Rationale

Allows centers time to come into compliance with rule requirements.

Technical Assistance

R 400.8113(9)(e) and (10)(e) requires that the CDA be valid and R 400.8113(10)(d) requires that the Michigan School-Age/Youth Development credential be valid. Valid means that it has not expired.

Program directors with an expired CDA or Michigan School-Age/Youth Development credential have until January 2, 2015 to obtain a valid credential.

Consultation

For more information about the CDA, contact the Council for Professional Recognition at (800) 424-4310 or go to their website at www.cdacouncil.org.

For more information about the Michigan School-Age/Youth Development credential, contact the Michigan AfterSchool Association at (517) 241-4290 or go to their website at www.miafterschool.com.

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**R 400.8113 (13)**

**Program director qualifications; responsibilities.**

**(13) All program directors shall have at least 2 semester hours or 3.0 CEUs in child care administration** *or have an administrative credential approved by the department. These semester hours may satisfy a portion of the requirements of subrules (9) and (10) of this rule***.**

Rationale

The program director of a child care center is the team leader of a small business. Both administrative and child development skills are essential for this individual to manage the facility. Research shows that when

early childhood professionals are well prepared, children are likely to experience warm, safe and stimulating environments that lead to healthy development and constructive learning. College level coursework has been shown to have a measurable, positive effect on quality child care.

A 2010 study by McCormick Center for Early Childhood Leadership found that when program directors had advanced degrees and more management coursework, they are better able to implement sound administrative and hiring practices that support staff in providing higher quality learning environments.

Technical Assistance

The child care administration course may be counted toward the 18 semester hours required in early childhood education or child development for early childhood program directors and the 12 semester hours in a child-related field required for school-age program directors.

A “semester hour” is the unit by which a college or university measures its course work. The number of semester hours assigned to a course quantitatively reflects the outcomes expected, the mode of instruction, the amount of time spent in class, and the amount of outside preparatory work expected for the class. **Note:** Term/quarter hours may be converted into semester hours by multiplying the term or quarter hours by 0.66.

To obtain 3 CEUs, an individual must take 30 clock hours of training eligible for CEUs.

**Note:** As of May 18, 2012, State Board CEUs (SB-CEUs) became State Continuing Education Clock Hours (SCECHs).

- SB-CEUs were calculated by dividing the total number of contact/instructional hours by the number 10. An eight-hour session was eligible to receive 0.8 SB-CEU.
- SCECHs are the total number of contact/instructional hours in a program. An eight-hour session is now eligible to receive 8 SCECHs.

If an individual obtains SCECHs in child care administration, he/she needs 30 SCECHs.

CEUs from the International Association of Continuing Education and Training (IACET) are directly transferable as approved CEUs per a collaborative agreement between the state of Michigan and IACET.

Courses are given full credit if they meet one of the following criteria:

- The course is specifically labeled in the title as child care administration, education administration or business administration.

- The course catalog description or course syllabus reflects that the course content specifically addresses child care administration, education administration or business administration.

Courses may be given partial credit if it can be demonstrated that part of the course includes child care administration, education administration or business administration. Partial credit granted will be half the total credit hours for that class.

The department has approved the following administrative credentials:
- National Administrator Credential issued by the National Early Childhood Program Accreditation Commission (formerly issued through the National Child Care Association).
- ChildCare Education Institute Director's Certificate.
- School Administrator Certificate issued by the Michigan Department of Education.

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**R 400.8113 (14) - (15)**

**Program director qualifications; responsibilities.**

**(14) An** *early childhood* **program director employed as a program director since December 7, 2004 without a break in service is exempt from the requirements in subrules (9) and (13) of this rule.**

**(15) A** *school-age* **program director meeting the qualifications of subrule (10)(a) or (10)(b) of this rule or having 5 years of experience as a program director before December 7, 2006 is exempt from the requirements of subrule (13) of this rule.**

Rationale

After two or more years of experience, program directors are likely to have developed the administrative skills and expertise needed to effectively manage a child care center.

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**R 400.8113 (16)**

**Program director qualifications; responsibilities.**

*(16) A program director is exempt from the requirements of subrule (13) of this rule with verification that all duties required by subrule (4)(a) and (c) of this rule are handled by a central administrator and the central administrator meets the requirements of subrule (13) of this rule. Verification of the duties and education of the central administrator shall be made available to the department upon request.*

Rationale

Some organizations are set up in a manner in which program directors do not handle the administrative responsibilities.

Technical Assistance

If there is a central administrator, the center must submit the following:

- Documentation of how the proposed central administrator meets the child care administration course requirement - at least 2 semester hours or a minimum of 3.0 CEUs in child care administration or an administrative credential approved by the department. Documentation includes the following:
  - A copy of the proposed central administrator's transcripts.
  - Written documentation of completed CEUs.
  - Copy of the administrative credential.

- Verification that the central administrator does the following duties:
  - Developing, implementing, and evaluating center policies and program.
  - Monitoring staff, including an annual evaluation of each staff member.

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**R 400.8113 (17)** **Program director qualifications; responsibilities.**

**(17) Verification of the education, credentials,** *and experience* **of the program director shall be kept on file** *at the center***.**

Rationale

Documents that the program director meets the rule requirements.

Technical Assistance

The center must keep on file written documentation verifying college credits or degrees, credentials and hours of work experience, if applicable.

**R 400.8116 (1)** **Multi-site school-age program director.**

**(1) A** *school-age* **program director with a bachelor's degree or higher in a child-related field may oversee up to 3 sites with the following conditions:**
**(a) Each program routinely operates 6 hours or fewer per day.**
**(b) The** *multi-site school-age* **program director is available to the site-supervisor during all hours of program operation.**

Rationale

School-age centers often have difficulty finding qualified on-site program directors due to the limited hours and times of operation. Allows qualified school-age program directors to supervise more than one site.

Technical Assistance

School-age programs routinely operating more than 6 hours per day must have a qualified on-site school-age program director.

To qualify as a multi-site school-age program director, the school-age program director is responsible for more than one site (e.g., two or three).

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**R 400.8116 (2)** **Multi-site school-age program director.**

**(2) The** *multi-site school-age* **program director shall be at each site a minimum of 1 session per week and maintain written documentation of site visits, including dates and times.**

Rationale

Assures a qualified multi-site school-age program director is overseeing the operation of each site on a regular basis.

Technical Assistance

Being at the site for a session means being present for the entire session. Session means the entire before school session or the entire after school session.

The center must provide documentation of the multi-site school-age program directors visits upon request by the department.

**R 400.8119 (1)** **Site supervisor qualifications; responsibilities.**

**(1) For multi-site** *school-age* **programs, with a** *school-age* **program director responsible for more than 1 center, a site supervisor** *shall be* **present during all hours of operation.**

Rationale

Assures that a trained staff person is present at all times who is responsible for the daily operation of the program, including the supervision of staff and care of children.

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**R 400.8119 (2)(a)-(b)** **Site supervisor qualifications; responsibilities.**

**(2) The site supervisor shall meet all of the following:**
**(a) Be at least 19 years of age.**
**(b) Have earned a high school diploma, GED, or equivalent.**

Technical Assistance

The center must have on file documentation of the site supervisor's age and education.

The following are examples of acceptable verification of age:
- A copy of a driver's license or state identification card.
- A copy of the site supervisor's birth certificate.
- A self certifying statement.

The following would be acceptable verification of compliance with subrule (b) of this rule:
- A copy of a high school diploma, GED or equivalent.
- A self certifying statement.

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**R 400.8119 (2)(c)** **Site supervisor qualifications; responsibilities.**

**(2) The site supervisor shall meet all of the following:**
**(c) Have 480 hours of experience working as a caregiver in a program serving school-age children that meets the requirements of section 1 of 1973 PA 116, MCL 722.111.**

Rationale

Assures the site supervisor has relevant work experience for working with school-age children.

Technical Assistance

480 hours of experience = 3 months of **full time** work experience.

Approved hours of experience must be verifiable. Hours of experience must include working directly with school-aged children. Examples of acceptable experience working directly with school-aged children include, but are not limited to:
- Licensed or registered family or group child care home.

- Employment as a caregiver in a licensed or registered child care facility.
- Employment, internships, field placements, or student teaching.
- Supervised volunteer work.

Unapproved hours of experience include, but are not limited to:
- Babysitting.
- Being a nanny.
- Being a foster parent.
- Raising one's own children or the children of a relative.

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**R 400.8119 (2)(d)** **Site supervisor qualifications; responsibilities.**

**(2) The site supervisor shall meet all of the following:**
**(d) Have completed** *15* **clock hours,** *1 semester hour, or 1.5 CEUs* **of documented school-age training.**

Rationale

Assures the site supervisor has relevant training for working with school-age children.

Technical Assistance

Sixty minutes equals one clock hour of training. Training sessions must be a minimum of 30 minutes in duration to be counted toward training hours.

A semester hour is the unit by which a college or university measures its course work. The number of semester hours assigned to a course quantitatively reflects the outcomes expected, the mode of instruction, the amount of time spent in class, and the amount of outside preparatory work expected for the class. **Note:** Term/quarter hours may be converted into semester hours by multiplying the term or quarter hours by 0.66.

To obtain 1.5 CEUs, an individual must take 15 clock hours of training eligible for CEUs.

**Note:** As of May 18, 2012, State Board CEUs (SB-CEUs) became State Continuing Education Clock Hours (SCECHs).
- SB-CEUs were calculated by dividing the total number of contact/instructional hours by the number 10. An eight-hour session was eligible to receive 0.8 SB-CEU.
- SCECHs are the total number of contact/instructional hours in a program. An eight-hour session is now eligible to receive 8 SCECHs.

If an individual obtains SCECHs in school-age training, he/she needs 15 SCECHs.

CEUs from the International Association of Continuing Education and Training (IACET) are directly transferable as approved CEUs per a collaborative agreement between the state of Michigan and IACET.

Consultation

Training opportunities are available through a variety of sources including but not limited to:

- Department of Health and Human Services - www.michigan.gov/mdhhs.
- Great Start to Quality - www.greatstarttoquality.org.
- Michigan Association for the Education of Young Children - www.miaeyc.org.
- Michigan Department of Education - www.michigan.gov/mde.
- Afterschool Alliance- www.afterschoolalliance.org.
- Michigan AfterSchool Association - www.miafterschool.com.
- Michigan After-School Partnership - www.miafterschool.org.

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**R 400.8119 (3)-(4)** **Site supervisor qualifications; responsibilities.**

**(3) Site supervisors shall be responsible for the daily operation and implementation of the site program, supervision of the site staff, and for overall care and supervision of children.**

**(4) Site supervisors shall assist the** *multi-site school-age* **program director in all of the following:**

**(a) Developing, implementing, and evaluating program and center policies.**

**(b) Administering day-to-day operations,** *including being available to address parent, child, and staff issues***.**

**(c) Monitoring and overseeing staff.**

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**R 400.8119 (5)** **Site supervisor qualifications; responsibilities.**

*(5) Verification of the requirements of subrule (2)(c) and (d) of this rule shall be kept on file at the center.*

Rationale

Provides documentation of the site supervisor qualifications.

Technical Assistance

Documentation of hours of experience may be verified by:

- Proof of previous or current license or registration as a family or group child care home.
- Written verification from previous employer(s).
- Written verification from supervisors for internships, student teaching, field placements, volunteer work, etc.

Acceptable verification of attendance at training may include:

- Certificate signed by the trainer or sponsoring organization.
- Signed statement by the trainer or sponsoring organization.
- Program booklets/flyers with name badge and receipt.
- College transcript or CEU certificate.
- Written statement or training log from center documenting in-service or staff training provided by the center.

A receipt of payment for a training is not acceptable verification of training attendance.

Verification of attendance must include the following:

- Training topic.
- Date of training.
- Number of hours in the training session.

**Note:** Official transcripts, copies of transcripts and those stamped "Issued to Student" are acceptable. Those downloaded from a school's website are not acceptable.

**R 400.8122 (1)** **Lead caregiver qualifications; responsibilities.**

**(1) As used in this rule:**

**(a) "Child-related field" means elementary education, child guidance/counseling, child psychology, family studies, and social work.**

**(b) "Child Development Associate Credential (CDA)" means a credential awarded by the council for professional recognition or similar credential approved by the department.**

**(c) "Montessori credential" means a credential issued by the association Montessori internationale (AMI), American Montessori society (AMS), or any Montessori teaching training institution recognized by the Montessori accreditation council for teacher education (MACTE) that meets or exceeds 270 hours of academic training.**

**(d) "Hours of experience" means that the experience serving the ages and developmental abilities of the children** *for whom* **the caregiver will** *provide* **care.**

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**R 400.8122 (2) - (3)** **Lead caregiver qualifications; responsibilities.**

*(2)* **Lead caregivers** *are required* **only** *for* **groups of children who are** *preschool age and younger.*

**(3) At least 1 lead caregiver shall be assigned to each group of children in self-contained or well-defined space and shall be present and providing care in the assigned group in the following manner:**

**(a) Full time for programs operating less than 6 continuous hours.**

**(b) At least 6 hours per day for programs operating 6 or more continuous hours.**

Rationale

Child care that promotes healthy child development is based on the developmental needs of the children. Lead caregivers have greater knowledge of, and ability to respond appropriately to, the needs of children for which they are responsible.

The more the lead caregiver is on-site on a consistent basis, the better understanding she/he has about individual children's needs, individual strengths and weaknesses of the staff and an overall view of the functioning of the group or classroom.

Technical Assistance

A lead caregiver must be assigned to each group of children who are preschool age and younger.

A program director may also be a lead caregiver provided he/she can fulfill the requirements of both positions. (Refer to R 400.8113(5).)

“Well-defined space” means space designed and used exclusively for a specific group of children. Well-defined space:

- Can be created by the placement of moveable room dividers, equipment, shelves, floor coverings, etc. Permanent walls and dividers are not required.
- Must meet the square footage requirements for the number of children in the group.

Space defining barriers may not be necessary in a large room, gym or cafeteria for maintaining groups on opposite sides of the room.

**Note:** An individual learning center, itself, may or may not be a well-defined space.

Compliance with this rule can be determined by reviewing the center's staffing plan, staff timekeeping records, observation, and staff interviews.

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**R 400.8122 (4)** **Lead caregiver qualifications; responsibilities.**

**(4) The lead caregiver shall be responsible for both of the following:**
**(a) Oversee*ing* the planning, implementation, and evaluation of the classroom program and child assessment.**
**(b) Oversee*ing* caregiving staff for a specific group of children and overall care and supervision of children.**

Rationale

Child care that promotes healthy child development is based on the developmental needs of the children. Lead caregivers have greater knowledge of, and ability to respond appropriately to, the needs of children for which they are responsible.

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**R 400.8122 (5)** **Lead caregiver qualifications; responsibilities.**

**(5) The lead caregiver shall have both of the following qualifications:**
**(a) Be at least 19 years of age.**
**(b) Have a high school diploma or GED.**

Technical Assistance

The center must have on file documentation of the lead caregiver's age and education.

The following would be acceptable verification of age:
- A copy of a driver's license.
- A copy of the lead caregiver's birth certificate.
- A self certifying statement.

The following would be acceptable verification of compliance with sub-rule (b) of this rule:
- A copy of a high school diploma, GED or equivalent.
- A self-certifying statement.

**R 400.8122 (6)** **Lead caregiver qualifications; responsibilities.**

**(6) Lead caregivers shall meet 1 of the following qualifications:**

| | **Education** | *Coursework in Early Childhood Education, Child Development or* **a Child-Related Field** | **Hours of Experience** |
|---|---|---|---|
| **(a)** | **Bachelor's degree or higher in early childhood education, child development, or a child-related field** | | |
| **(b)** | **Associate's degree or higher in early childhood education or child development** | | |
| **(c)** | **Montessori credential with ➔** | | **480 hours** |
| **(d)** | *Valid* **child development associate credential with ➔** | | **480 hours** |
| **(e)** | **High school diploma/GED with ➔** | **12 semester hours with ➔** | **960 hours** |
| **(f)** | **High school diploma/GED with ➔** | **A combination of: 12 semester hours and/or 18 CEUs to equal 180 clock hours with ➔** | **1,920 hours** |
| **(g)** | **High school diploma/GED with ➔** | **A combination of: 6 semester hours and/or 9 CEUs to equal 90 clock hours with ➔** | **3,840 hours** |

Rationale

Research shows that when early childhood professionals are well prepared, children are likely to experience warm, safe and stimulating environments that lead to healthy development and constructive learning.

College-level coursework has been shown to have a measurable, positive effect on quality child care.

Technical Assistance

The lead caregiver's education must be in early childhood education, child development or a child-related field as defined by R 400.8122(1)(a):

- Elementary education.
- Child guidance/counseling.
- Child psychology.
- Family studies.
- Social work.

***Exception:*** Per court order, the following five churches are specifically exempt from the lead caregiver qualification rule 400.8122(6) "by reason of the First Amendment of the United States Constitution":

- Bethany Bible Church (Belleville, MI).
- Dixie Baptist Church (Springfield, MI).
- Faithway Baptist Church (Ypsilanti, MI).
- Lewis Avenue Baptist Church (Temperance, MI).
- Sturgis Church of the Nazarene (Sturgis, MI).

Transcripts indicating that one of the following has been earned will be accepted as meeting the education requirement of the rule without a course-by-course review:

- Bachelor's degree or higher in early childhood education, child development or a child-related field.
- Associate's degree in early childhood education, child development or a child-related field.
- Bachelor's degree with a minor (20 semester hours) in early childhood education, child development or a child-related field.
- Any bachelor's degree or higher and a ZA or ZS endorsement (endorsements issued by the Department of Education in conjunction with a teaching certificate).

Courses are given full credit if they meet one of the following criteria:

- The course is specifically labeled in the title as early childhood education, child development or one of the child-related fields.
- The course catalog description or course syllabus reflects that the course content specifically addresses early childhood education, child development or one of the child-related fields.
- Student teaching for grades kindergarten through fifth grade.

**Note:** Elementary education usually refers to children up to age 10 or through the fifth grade.

Courses may be given partial credit if it can be demonstrated that part of the course includes child development, early childhood education or

a child-related field. Partial credit granted will be half the total credit hours for that class.

**Equivalencies**

- A semester hour is the unit by which a college or university measures its course work. The number of semester hours assigned to a course quantitatively reflects the outcomes expected, the mode of instruction, the amount of time spent in class, and the amount of outside preparatory work expected for the class.
- Term/quarter hours may be converted into semester hours by multiplying the term or quarter hours by 0.66.
- One semester hour of college credit is equivalent to 15 hours of training.
- One term hour is equivalent to 10 hours of training.
- One CEU or State Board CEU (SB-CEU) is equivalent to 10 hours of training.
- One State Continuing Education Clock Hour (SCECHs) is equivalent to 1 hour of training.
- CEUs from the International Association of Continuing Education and Training (IACET) are directly transferable as approved CEUs per a collaborative agreement between the state of Michigan and IACET.
- The Preschool Curriculum Course credential (formerly known as the Lead Teacher Training Program credential) offered by High/Scope, the Michigan School-Age/Youth Development Credential and the ChildCare Education Institute Early Childhood Credential are considered equivalent to the CDA credential.

**Example 1:** The lead caregiver has a high school diploma, 1,920 hours of experience, 6 semester hours and 8 SB-CEUs in child development. To determine if the lead caregiver has a total of 180 clock hours:

- 6 semester hours X 15 hours = 90 clock hours.
- 8 CEUs X 10 hours = 80 clock hours.
  Total = 170 clock hours.

**Example 2:** The lead caregiver has a high school diploma, 1,920 hours of experience, 4 semester hours and 120 SCECHs in child development. To determine if the lead caregiver has a total of 180 clock hours:

- 4 semester hours X 15 hours = 60 clock hours.
- 120 SCECHs X 1 hour = 120 clock hours.
  Total = 180 clock hours.

### Accreditation

The US Department of Education website (http://ope.ed.gov/accreditation/) provides a listing of schools that are accredited.

- If a college or university is not accredited, the center must determine whether any accredited colleges or universities will accept credits from the college in question on a transfer basis. Written verification is required from the accepting college.

- Online and correspondence courses can be accepted only if an accredited college or university will recognize them. The center must provide documentation from an accredited college or university showing which credits would be accepted and the semester hour equivalency.

- Transcripts from other countries are accepted. The center must provide written verification from a university or a private agency that determines equivalency to American credits. The following organizations evaluate international transcripts:
  - World Education Services, www.wes.org.
  - Educational Credential Evaluators, www.ece.org.

- Transcripts from the following colleges are acceptable:
  - Bob Jones University.
  - Tennessee Temple College.
  - Marantha Bible College.
  - Hyles-Anderson College.

### Hours of Experience

Approved hours of experience must be verifiable. Examples of acceptable experience include:
- Licensed or registered family or group child care home.
- Employment as a caregiver in a licensed or registered child care facility serving the ages and developmental abilities of the children for which the caregiver will care.
- Internships, field placements or student teaching serving the ages and developmental abilities of the children for which the caregiver will care.
- Supervised volunteer work, working directly with children serving the ages and developmental abilities of the children for which the caregiver will care.

Unapproved hours of experience includes, but is not limited to:
- Babysitting.
- Being a nanny.

- Being a foster parent.
- Raising one's own children or the children of a relative.

**Hours of Experience Equivalents**

- 480 hours = 3 months of full time work experience.
- 960 hours = 6 months of full time work experience.
- 1920 hours = 12 months of full time work experience.
- 3840 hours = 24 months of full time work experience.

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**R 400.8122 (7)** **Lead caregiver qualifications; responsibilities.**

*(7) Lead caregivers hired after the effective date of these rules shall meet 1 of the qualifications of subrule (6)(a) to (f) of this rule.*

Technical Assistance

Lead caregivers hired prior to January 2, 2014 can remain qualified under subrule (6)(g) as long as they remain employed with the same licensee.

Caregivers promoted to lead caregiver after January 1, 2014 must qualify under subrules (6)(a) to (f) of this rule.

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**R 400.8122 (8)** **Lead caregiver qualifications; responsibilities.**

*(8) Lead caregivers qualified under subrule (6)(d) of this rule with an expired child development associate credential have one year from the effective date of these rules to obtain a valid child development associate credential.*

Rationale

Allows centers time to come into compliance with rule requirements.

R 400.8122(6)(d) requires that the Child Development Associate credential (CDA) be valid. Valid means that it has not expired.

Lead caregivers with an expired CDA have until January 2, 2015 to obtain a valid CDA.

Consultation

For more information about the CDA, contact the Council for Professional Recognition at (800) 424-4310 or go to their website at www.cdacouncil.org.

**R 400.8122 (9)** **Lead caregiver qualifications; responsibilities.**

**(9) Lead caregivers for infants and toddlers shall have 3 semester hours or 4.5 CEUs in infant/toddler development and care practices** *within 6 months of hire***. These semester hours or CEUs may satisfy a portion of the requirements of subrule (6) of this rule.**

Rationale

The brain development of infants is particularly sensitive to the quality and consistency of interpersonal relationships. Much of the stimulation for brain development comes from the responsive interactions of caregivers and children during daily routines. An appropriately trained caregiver will allow infants and toddlers to pursue their interests and encourage them to develop new skills.

Technical Assistance

Lead caregivers for infants and toddlers must have 3 semester hours or 4.5 CEUs in infant/toddler development and care practices within 6 months of hire as an infant/toddler lead caregiver.

A “semester hour” is the unit by which a college or university measures its course work. The number of semester hours assigned to a course quantitatively reflects the outcomes expected, the mode of instruction, the amount of time spent in class, and the amount of outside preparatory work expected for the class. **Note:** Term/quarter hours may be converted into semester hours by multiplying the term or quarter hours by 0.66.

To obtain 4.5 CEUs, an individual must take 45 clock hours of training eligible for CEUs.

**Note:** As of May 18, 2012, State Board CEUs (SB-CEUs) became State Continuing Education Clock Hours (SCECHs).

- SB-CEUs were calculated by dividing the total number of contact/instructional hours by the number 10. An eight-hour session was eligible to receive 0.8 SB-CEU.
- SCECHs are the total number of contact/instructional hours in a program. An eight-hour session is now eligible to receive 8 SCECHs.

If an individual obtains SCECHs in infant/toddler development and care practices, he/she needs 45 SCECHs.

CEUs from the International Association of Continuing Education and Training (IACET) are directly transferable as approved CEUs per a collaborative agreement between the state of Michigan and IACET.

Courses are given full credit if they meet one of the following criteria:

- The course is specifically labeled in the title as infant/toddler development and care practices.
- The course catalog description or course syllabus reflects that the course content specifically addresses infant/toddler development and care practices.

Courses may be given partial credit if it can be demonstrated that part of the course includes infant/toddler development and care practices. Partial credit granted will be half the total credit hours for that class.

A CDA with an infant/toddler endorsement, an Infant/Toddler Montessori credential and the ChildCare Education Institute Early Childhood Credential will meet the requirements of this rule.

***Exception:*** Per court order, the following five churches are specifically exempt from the lead caregiver qualification rule R 400.8122(9) "by reason of the First Amendment of the United States Constitution":

- Bethany Bible Church (Belleville, MI).
- Dixie Baptist Church (Springfield, MI).
- Faithway Baptist Church (Ypsilanti, MI).
- Lewis Avenue Baptist Church (Temperance, MI).
- Sturgis Church of the Nazarene (Sturgis, MI).

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**R 400.8122 (10)** **Lead caregiver qualifications; responsibilities.**

**(10) A substitute for a lead caregiver shall be appointed for a lead caregiver** *who has left employment* **or has a** *temporary* **absence that exceeds 30 consecutive workdays until return or replacement. A substitute lead caregiver shall meet** *at least* **the qualifications of lead caregiver or be currently enrolled in relevant training.**

Rationale

Child care that promotes healthy child development is based on the developmental needs of the children. Lead caregivers have greater knowledge of, and ability to respond appropriately to, the needs of children for which they are responsible. A qualified substitute assures for continuity of care and consistent programming.

Technical Assistance

When a lead caregiver leaves employment with a center, the center is in violation of R 400.8122(6) until a qualified replacement is found, even though a substitute is appointed under this subrule of this rule.

A temporary absence is one where the lead caregiver is scheduled to return to work. This includes, but is not limited to:

- Any leave of absence as defined under the Family and Medical Leave Act.
- Parental leave.

- Military leave.
- Extended vacation.
- Leave of absence.
- Extended jury duty.

The center must keep on file documentation of the substitute lead caregiver's qualifications and/or verification of current participation in relevant training.

**Note:** This subrule of this rule does not allow a lead caregiver to be regularly absent from the center for less than 30 consecutive workdays. A lead caregiver must be present at the center as outlined in subrule (3) of this rule.

Consultation

Substitutes are difficult to find. Planning for a competent substitute pool is essential for a child care operation. Continual staff training facilitates having qualified substitutes.

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**R 400.8122 (11)** **Lead caregiver qualifications; responsibilities.**

**(11) Verification of the education, credentials, and experience of each lead caregiver shall be kept on file** *at the center***.**

Rationale

Documents that lead caregivers meet the rule requirements.

Technical Assistance

It is the program director's responsibility to ensure that lead caregivers meet the requirements of this rule.The center must keep on file written documentation verifying college credits or degrees, credentials, and hours of work experience, if applicable. Documentation includes the following:

- A copy of the lead caregiver's transcripts.
- A copy of any applicable credentials: Montessori credential or CDA.
- Documentation of completed CEUs.
- Documentation of applicable hours of experience. Documentation must be proof of previous or current license or registration as a family or group child care home or written verification from previous employer(s), internships, volunteer experiences, etc.

**Note:** Official transcripts, copies of transcripts and those stamped "Issued to Student" are acceptable. Transcripts downloaded from a school's website are not acceptable.

**R 400.8125 (1)** **Staff and volunteers.**

**(1)** *All staff and volunteers* **shall provide appropriate care and supervision of children at all times.**

Rationale

- Assures that appropriate care and supervision is provided to all children.
- Supervision is basic to the prevention of harm.
- Assures for the safety and well-being of children and assures their basic needs are being met.

Technical Assistance

Caregivers, including volunteers acting as a caregivers as allowed by R 400.8101(u), have the responsibility to meet the basic needs of each individual child and to assure for their safety and well-being. Providing appropriate care and supervision of all children in care involves:

- Maintaining required caregiver-to-child ratios and group size.
- Providing a program that meets the developmental needs of all children in care.
- Interacting with each child in a positive manner.
- Knowing what activities all children are engaged in.
- Knowing the whereabouts of each child at all times.
- Being close enough to the children to provide for their safety.

A caregiver may need to be away from their assigned area of the center for a brief period of time for routine activities such as use of restroom, toileting a child, attending to a sick child, escorting children from the bus, etc. In those situations, children must not be left unattended. If multiple caregivers are in the room, a replacement caregiver may not be necessary unless there is a significant disruption in the room, children's needs are not being met or absences are too lengthy or too frequent.

Volunteers not acting as caregivers have the responsibility for providing appropriate care of children. This includes, but is not limited to:

- Interacting with children in a positive manner.
- If working with an individual child, knowing the whereabouts and activities of that child.
- Following the volunteer policy of the center.

**Nap Time Supervision**

When **all** children in a room are asleep, one caregiver may provide supervision as long as that caregiver remains in the room and all children are visible to the caregiver. Additional caregiver(s) must be on-site and immediately available. When the first child wakes up, the required ratio and supervision levels apply.

Consultation

The following publications are available on the department's website (www.michigan.gov/michildcare):

- Keeping Track at all Times: Preventing Lost Children (BCAL-Pub 687).
- Biting: What Can I Do To Stop It (BCAL-Pub 688).
- Fussy Baby (BCAL-Pub 689).
- Positive Discipline - Including the Proper Use of Time Out (BCAL PUB-787).

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**R 400.8125 (2)**

**Staff and volunteers.**

**(2) All staff shall be of responsible character and suitable to meet the needs of children.**

Rationale

Assures the safety and welfare of children in care.

Technical Assistance

Responsible character means the staff is able to:
- Distinguish between right and wrong.
- Think and act rationally.
- Be accountable for one's own behavior.
- Be dependable and reliable.

Suitable means the staff:
- Is truthful to the department and the public.
- Does not have a criminal history which could affect the safety and welfare of children in care.
- Is capable of making appropriate judgements.
- Is knowledgeable of the developmental needs of children of varying ages.
- Conducts self in a way so that rule requirements are met.
- Is not on central registry as a perpetrator of child abuse or neglect.

Refer also to subrules (4), (5), (7), (9), (10) of this rule.

**Note:** Intermediate school district and school staff are not considered center staff when they are present in the center to deliver specialized services (e.g., speech therapists, tutors, etc.) and are exempt from any screening requirements. Other persons or visitors that provide services to the center (e.g., special presentations, music/art, etc.) must be directly supervised or screened as a volunteer. Refer to subrules (4), (7), (9), and (10) of this rule if the individual will be regularly and continuously working under contract at the center.

**R 400.8125 (3)(a)** **Staff and volunteers.**

**(3) Both of the following shall be developed and implemented:**
**(a) A written screening policy for all staff and volunteers, including parents.** *The written screening policy shall include when a staff member cannot be present at the center as indicated in subrule (5) and (7) of this rule.*

Rationale: Assures that children are protected at all times when around staff and volunteers.

Technical Assistance: The written screening policy must describe what methods are used by the center to screen employees and volunteers.

Refer to subrules (4) and (6) - (10) of this rule for the required clearances on all staff and unsupervised volunteers.

**R 400.8125 (3)(b)** **Staff and volunteers.**

**(3) The following shall be developed and implemented:**
**(b) A written policy regarding supervision of volunteers, including volunteers who are parents of a child in care.** *The written volunteer supervision policy shall include when a volunteer shall not have unsupervised contact with a child in care as indicated by subrule (6) and (8) of this rule.*

Rationale: Assures that volunteers are appropriately supervised while in the center.

Technical Assistance: The written policy must describe the method of supervision and may include volunteer duties and restrictions.

**R 400.8125 (4)-(5)** **Staff and volunteers.**

**(4) A criminal history check using the Michigan department of state police internet criminal history access tool (ICHAT),** *or equivalent, for a person's state of official residence,* **shall be completed before making an offer of employment to that person.** *A copy of the ICHAT shall be kept on file at the center.*

**(5) A staff member shall not be present in the center if he or she has been convicted of any of the following:**
*(a) A listed offense, as defined in section 2 of the sex offenders registration act, 1994 PA 295, MCL 28.722.*
**(b) Child abuse or child neglect.**

**(c) A felony involving harm or threatened harm to an individual within the 10 years immediately preceding the date of hire.**

Rationale

Assures staff are suitable to be around children.

Technical Assistance

Before a center makes a final offer of employment to a person or allows a person to regularly and continuously work under contract at the center, the center must perform a criminal history check on the person using the Michigan State Police's Internet Criminal History Access Tool (ICHAT) [www.michigan.gov/ichat]. **Note:** If an individual resides in another state (usually a border state to Michigan, Ohio, Wisconsin, Indiana, Illinois) a check equivalent to ICHAT for the individual's state of official residence must be completed prior to an offer of employment.

The center may make an offer contingent on criminal history clearance results. The final offer must not be made until after the criminal history clearance is completed. Results from ICHAT and fingerprints completed by previous employers are not acceptable. A new ICHAT is required if the employee is offered employment with a different licensee. A new ICHAT would not be required for employees moving to different locations within a licensee group.

**Note:** Licensees, licensee designees and program directors must be fingerprinted. The department will assess their criminal history. The center does not have to complete an ICHAT on these individuals.

A center must have on file for each staff member documentation that they have been screened for criminal convictions using ICHAT. The center may require that the applicant or current employee pay for the ICHAT check.

The center must not make an offer of employment if ICHAT reveals the person being considered for employment has been convicted of the following offenses:

- A listed offense - defined by the Sex Offenders Registration Act (1994 PA 295). [See Appendix A for the listed offenses.]
- Child abuse under section 136b of the Michigan penal code (1931 PA 328, MCL 750.136b).
- Child neglect under section 145 of the Michigan penal code (1931 PA 328, MCL 750.145).
- A felony involving harm or threatened harm to an individual within the 10 years immediately preceding the date of hire or appointment.

**Note:** Children are under the care of the school district when they are on the school bus. School bus drivers are not child care center staff so the center does not need to conduct an ICHAT on school bus drivers.

**School-Based Child Care Centers**
Michigan School Code (1976 PA 451) requires the fingerprint results for all school employees to be retained in the "individual's employment record." For school-based programs with school employees as caregivers, the licensee/designee signature on the Staffing Plan: Child Care Centers (BCAL-5001) will be sufficient to determine compliance with criminal history screening of staff. If compliance cannot be determined using the staffing plan, only the TCN number can be released to licensing. If the TCN numbers are not maintained on-site, they must be made available to the licensing consultant upon request at the time of the on-site inspection or another designated time.

**Third-Party Substitute Contracting Agencies**
The center does not have to obtain an ICHAT for any substitute caregivers obtained through third-party substitute contracting agencies (e.g., SubPass, etc.) if the third-party substitute contracting agency certifies that the substitute caregiver is in compliance with this rule. Documentation from the third-party substitute contracting agency must be made available upon request.

Consultation

The Certification by Third-Party Substitute Contracting Agency (BCAL-5051) form may be used to certify compliance with this rule for any substitute caregivers hired through a third-party substitute contracting agency.

If a potential employee has a conviction for a crime that does not otherwise prohibit him/her from working at the center, the center may want to consider the following before making an offer of employment:

- The type and seriousness of the crime.
- The length of time since the offense occurred.
- How the crime relates to the care of children.
- Age of the individual at the time the offense occurred.

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**R 400.8125 (6)** **Staff and volunteers.**

**(6)** *Documentation shall be on file at the center that* **a volunteer has not been convicted of any of the following before having unsupervised contact with children:**
*(a) A listed offense, as defined in section 2 of the sex offenders registration act, 1994 PA 295, MCL 28.722.*
**(b) Child abuse or child neglect.**
**(c) A felony involving harm or threatened harm to an individual within the 10 years immediately preceding the date of offering to volunteer at the center.**

Rationale

Assures volunteers are suitable to be unsupervised around children.

Technical Assistance

Acceptable methods of determining criminal convictions include the following:

- Having volunteers submit to a criminal history check through a law enforcement agency.
- Checking the Michigan State Police Internet Criminal History Access Tool [www.michigan.gov/ichat]. This search only includes convictions in Michigan; it does not include federal convictions or criminal records from other states.
- Having the volunteer complete and sign a statement as to whether he/she has been convicted of any crimes, other than a minor traffic violation, and if so, provide information about the conviction.

A staff member must supervise the volunteer, including parents, when the volunteer is around children if the volunteer:

- Has a criminal conviction addressed in this subrule.
- Chooses not to submit to a criminal history check.
- Chooses not to sign a statement regarding his or her criminal convictions.

**Note:** Intermediate school district and school staff are not considered center staff or volunteers when they are present in the center to deliver specialized services (e.g., speech therapists, tutors, etc.) and are exempt from any screening requirements. Other persons or visitors that provide services to the center (e.g., special presentations, music/art, etc.) must be directly supervised or screened as a volunteer and comply with this subrule of this rule.

Supervised means someone is watching, e.g., maintaining “line-of-sight” observation of the volunteer at all times. This includes situations such as taking a child to the bathroom or driving children on field trips. **Note:** If a parent is volunteering, he/she can be unsupervised with his/her own child.

Consultation

If a potential unsupervised volunteer has a conviction for a crime that does not otherwise prohibit him/her from volunteering at the center, the center may want to consider the following before allowing the individual have unsupervised contact with children:

- The type and seriousness of the crime.
- The length of time since the offense occurred.
- How the crime relates to the care of children.
- Age of the individual at the time the offense occurred.

If you are completing a criminal history check and a potential volunteer has not been a resident of Michigan for the past two years, it is recommended that centers ask the potential volunteer to provide a criminal history clearance from the previous state of residence. If that state will

not conduct a criminal history clearance, the potential volunteer should be asked to provide a letter from the previous state of residence. If the potential volunteer cannot obtain a criminal history clearance or a letter from the previous state, the potential volunteer should be asked to sign a statement that he or she does not have any criminal history in the previous state.

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**R 400.8125 (7)-(8)** **Staff and volunteers.**

**(7)** *A staff member shall not be present in the center until there is* **documentation from the department of human services** *on file at the center* **that he or she has not been named in a central registry case as a perpetrator of child abuse or child neglect.**

**(8) Documentation from the department of human services that** *a volunteer* **has not been named in a central registry case as the perpetrator of child abuse or child neglect** *shall be on file at the center* **before having unsupervised contact with a child in care.**

Rationale

Assures staff and unsupervised volunteers are suitable to be around children.

Technical Assistance

This written documentation must be kept on file for each staff member and each unsupervised volunteer.

To demonstrate compliance with this rule, the center must either:

- Obtain a central registry clearance on the employee/unsupervised volunteer directly from the Department of Health and Human Services (DHHS) by completing the Central Registry Clearance Request (DHS-1929) form and submitting it to the local DHHS office.
- Have the employee/unsupervised volunteer obtain a central registry clearance from the local DHHS office in the county in which he/she resides. **Note:** Even if the employee/unsupervised volunteer resides out of state (Wisconsin, Ohio, etc.), a Michigan central registry clearance is still required. The individual can go to the local DHHS office nearest to him/her or mail the request.

For more information on obtaining a central registry clearance, go to www.michigan.gov/canregistryclearance.

**Note:** The department completes the central registry clearance for licensees, licensee designees and program directors. The center does not have to do a central registry clearance on these individuals.

**Note:** Intermediate school district and school staff are not considered center staff or volunteers when they are present in the center to deliver specialized services (e.g., speech therapists, tutors, etc.) and are exempt from any screening requirements. Other persons or visitors that provide services to the center (e.g., special presentations, music/art, etc.) must be directly supervised or screened as a volunteer and comply with this subrule of this rule.

**Note:** Children are under the care of the school district when they are on the school bus. School bus drivers are not child care center staff so they do not need to obtain the DHHS clearances required in this rule.

**Third-Party Substitute Contracting Agencies**
The center does not have to obtain a central registry clearance for any substitute caregivers obtained through third-party substitute contracting agencies (e.g., SubPass, etc.) if the third-party substitute contracting agency certifies that the substitute caregiver is in compliance with this rule. Documentation from the third-party substitute contracting agency must be made available upon request.

Consultation

The Certification by Third-Party Substitute Contracting Agency (BCAL-5051) form may be used to certify compliance with this rule for any substitute caregivers hired through a third-party substitute contracting agency.

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**R 400.8125 (9)** **Staff and volunteers.**

*(9) If a staff person has resided outside of this state as an adult within the 10 years immediately preceding the date of hire, a criminal history check equivalent to Michigan department of state police internet criminal history access tool (ICHAT) and the department of human services central registry clearance shall be requested for all states of previous residence during those 10 years. The out-of-state requests and any responses shall be kept on file at the center.*

Rationale

Assures staff are suitable to be around children.

Technical Assistance

For purposes of this rule, adult means age seventeen and older.

For any staff hired after January 1, 2014, the center must request a criminal history check equivalent to Michigan's ICHAT and a child abuse and neglect clearance equivalent to the DHHS central registry clearance for each state an individual has resided in as an adult in the 10 years immediately preceding the date of hire.

Documentation of the request must be on file at the time of hire. Any responses received must also be kept on file.

**Note:** The law in some states prohibits the release of criminal history and/or child abuse and neglect registry information for employment purposes. If an individual has resided in one of those states as an adult in the 10 years immediately preceding the date of hire, the individual must complete the Self-Certification Statement (BCAL-4346).

Licensees, licensee designees and program directors must be fingerprinted. When an individual is fingerprinted, it includes a nationwide FBI criminal history check. The department will assess their criminal history from other states. The center does not need to request criminal history for each state an individual has resided in as an adult in the 10 years immediately preceding the date of hire for licensees, licensee designees and program directors.

For licensees, licensee designees and program directors, the center is responsible for requesting a child abuse and neglect registry clearance from other states of residence. The following must be provided to licensing:

- A copy of the request for a child abuse and neglect registry clearance and any results from the other states of residence.
- If the licensee, licensee designee or program director has not received the results of the child abuse and neglect registry clearance from the other states of residence, the licensee, licensee designee or program director must complete the Self-Certification Statement (BCAL-4346).
- The licensee, licensee designee or program director must submit the results of the child abuse and neglect registry clearance from other states of residence to licensing when he/she receives them.

**Note for School-Based Child Care Centers:** PA 451 requires that all school employees be fingerprinted. When an individual is fingerprinted, it includes a nationwide FBI criminal history check. If an individual is fingerprinted under PA 451 for employment with a school-based child care center, the center does not need to request criminal history for each state an individual has resided in as an adult in the 10 years immediately preceding the date of hire. The center is still responsible for obtaining a child abuse and neglect registry clearance for each state an individual has resided in as an adult in the 10 years immediately preceding the date of hire.

**Third-Party Substitute Contracting Agencies**

The center does not have to obtain a criminal history check or a child abuse and neglect registry clearance for each state an individual has resided in as an adult in the 10 years immediately preceding the date of hire for any substitute caregivers obtained through third-party substitute contracting agencies (e.g., SubPass, etc.) if the third-party substitute contracting agency certifies that the substitute caregiver is in compli-

ance with this rule. Documentation from the third-party substitute contracting agency must be made available upon request.

**How to Obtain Clearances from Other States**
Criminal history checks and abuse and neglect registry clearances can be obtained from other states as outlined in the chart at www.michigan.gov/michildcare > Online Services > How to Obtain Out-of-State Criminal History and Central Registry Clearances.

**Note:** Some states require that the clearances be requested by the individual and some states allow the clearances to be obtained by the individual or the child care center. The forms and instructions provided by the state will indicate who can submit the request. Also, some of the child abuse and neglect registry forms reference foster and adoption agencies or the Adam Walsh Child Protection and Safety Act; child care centers use the same form for child abuse and neglect clearances for employment purposes.

Consultation

Criminal history checks and child abuse and neglect registry clearances are not required if the individual resided in another country. It is recommended that the center obtain a self-certification from the individual that he/she does not have any criminal history or child abuse and neglect history in the other country.

The Certification by Third-Party Substitute Contracting Agency (BCAL-5051) form may be used to certify compliance with this rule for any substitute caregivers hired through a third-party substitute contracting agency.

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**R 400.8125 (10)** **Staff and volunteers.**

*(10) The documentation required by subrules (4), (6), (7) and (8) shall be updated every 2 years at renewal and upon request by the department and shall be kept on file at the center.*

Rationale

Assures staff are suitable to be around children.

Technical Assistance

At the time of renewal, if the ICHAT and central registry clearances have been updated in the past two years for all employees and unsupervised volunteers, the center will be in compliance with this rule.

For any employee/unsupervised volunteer who resides out of state (usually a border state to Michigan, Ohio, Wisconsin, Indiana, Illinois), the center must obtain:

- An ICHAT equivalent from their official state of residence every two years.
- A central registry clearance from Michigan.

The department continually monitors licensees, licensee designees and program directors for any criminal activity or placement on central registry as a perpetrator of child abuse or neglect. The center does not have to complete an updated central registry clearance on these individuals. The center does not have to complete an updated ICHAT on these individuals unless they reside out of state. If they reside out of state, the center must obtain an ICHAT equivalent from their official state of residence every two years.

**Note for School-Based Child Care Centers** - PA 451 requires that all school employees be fingerprinted. When an individual is fingerprinted, the school will receive notice of criminal activity by an employee. If an individual is fingerprinted under PA 451 for employment with a school-based child care center, the center does not have to complete an updated ICHAT on these individuals unless they reside out of state. If they reside out of state, the center must obtain an ICHAT equivalent from their official state of residence every two years. The school-based child care center does have to complete an updated central registry clearance on their center employees.

**Note:** Intermediate school district and school staff are not considered center staff or volunteers when they are present in the center to deliver specialized services (e.g., speech therapists, tutors, etc.) and are exempt from any screening requirements. Other persons or visitors that provide services to the center (e.g., special presentations, music/art, etc.) must be directly supervised or screened as a volunteer and comply with this subrule of this rule.

**Note:** Children are under the care of the school district when they are on the school bus. School bus drivers are not child care center staff so they do not need to obtain an updated DHHS clearances as required by this rule.

The employee can no longer be present at the center, if ICHAT reveals an employee has been convicted of the following offenses:

- A listed offense - defined by the Sex Offenders Registration Act (1994 PA 295). [See Appendix A for the listed offenses.]
- Child abuse under section 136b of the Michigan penal code (1931 PA 328, MCL 750.136b).
- Child neglect under section 145 of the Michigan penal code (1931 PA 328, MCL 750.145).
- A felony involving harm or threatened harm to an individual within the 10 years immediately preceding the date of hire or appointment.

If a criminal history check reveals that an unsupervised volunteer has been convicted of one of the above crimes, that volunteer may no longer have unsupervised contact with children at the center. If an unsupervised volunteer chooses not to submit to an updated criminal

history check or sign an updated statement regarding his or her criminal convictions, that volunteer may no longer have unsupervised contact with children at the center.

If a current staff member has been named in a central registry case as a perpetrator of child abuse or neglect, that staff member may no longer be present at the center. If a current unsupervised volunteer has been named in a central registry case as a perpetrator of child abuse or neglect, that volunteer may no longer have unsupervised contact with children at the center.

**Third-Party Substitute Contracting Agencies**
The center does not have to obtain updated ICHATS or central registry clearances for any substitute caregivers obtained through third-party substitute contracting agencies (e.g., SubPass, etc.) if the third-party substitute contracting agency certifies that the substitute caregiver is in compliance with this rule. Documentation from the third-party substitute contracting agency must be made available upon request.

Consultation

If a current staff member or unsupervised volunteer has a conviction for a crime that does not otherwise prohibit him/her from working or volunteering at the center, the center may want to consider the following before allowing the individual to continue to work at the center or have unsupervised contact with children:

- The type and seriousness of the crime.
- How the crime relates to the care of children.
- If the individual informed the center of the offense.

If the center suspects that an individual has been convicted of a crime or has been placed on central registry, the center should update the ICHAT or central registry clearance.

The Certification by Third-Party Substitute Contracting Agency (BCAL-5051) form may be used to certify compliance with this rule for any substitute caregivers hired through a third-party substitute contracting agency.

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**R 400.8125 (11)-(12)**

**Staff and volunteers.**

**(11) A written plan to assure compliance with section 3 of the child protection law, 1975 PA 238, MCL 722.623, shall be developed and implemented.**

**(12) A written statement shall be signed and dated by staff** *and volunteers* **at the time of hiring** *or before volunteering* **indicating all of the following information:**

**(a) The individual is aware that abuse and neglect of children is against the law.**
**(b) The individual has been informed of the center's policies on child abuse and neglect.**
**(c) The individual knows that all staff and volunteers are required by law to immediately report suspected abuse and neglect to children's protective services.**

Rationale

Assures that center staff and volunteers are aware of the laws regarding child abuse and neglect and their responsibility to report suspected abuse/neglect.

Technical Assistance

An electronic signature from a staff person or volunteer is acceptable.

All employees and volunteers (including minors) of a child care centers are mandated reporters. Under the Child Protection Law, center employees and volunteers must contact Children's Protective Services (CPS) **immediately** when they suspect child abuse and/or neglect. The immediate verbal report must be made to Centralized Intake by calling (855) 444-3911. The verbal report must be followed by a written report. The written report must be submitted within 72 hours. DHHS encourages the use of the Report of Suspected or Actual Child Abuse or Neglect (DHS-3200) form which includes all the information required by the law. The written report may be faxed to (616) 977-1154 or (616) 977-1158 or emailed to DHS-CPS-CIGroup@michigan.gov. Reporting the situation to administration or other staff person does not relieve the center employee or volunteer of their mandated responsibility to report to CPS.

When child abuse and/or neglect is suspected, the center employee or volunteer needs to **only** obtain enough information to make a report. If a child starts disclosing information regarding abuse and/or neglect, the center employee/volunteer must ask **only** open-ended questions, if necessary, to determine whether a report needs to be made to CPS. The child must not be led during the conversation. The center employee/volunteer must not attempt to conduct their own investigation either before reporting it to CPS or during the CPS investigation.

Consultation

Determining when to report situations of suspected child abuse/neglect can be difficult. When in doubt, contact Centralized Intake for consultation. Below are some commonly accepted warning signs associated with various forms of child abuse/neglect. Note that the warning signs below, in themselves, are not the only indicators of child abuse/neglect and, if present, do not always mean a child is being abused or neglected.

**Physical Abuse:** Sores, burns, bruises, injuries on body and a reluctance or vagueness about where these originated. Injuries may not match the explanation.

**Neglect:** Consistent signs of hunger, inappropriate dress, poor hygiene (unwashed clothes, hair and body odor); regularly displays fatigue or listlessness; unattended medical needs.

**Sexual Abuse:** Unusual sexual awareness or behavior. Inappropriate sexual behavior such as attempting to insert tongue in someone's mouth; pain, itching, bleeding, or bruises in the genital area; persistent sexual play with other children, themselves, toys, or pets; withdrawal or depression.

Other signs of possible abuse or neglect include:

- Extremely aggressive and/or passive behavior.
- Delays in development.
- Fear of parents or adults.
- Unusually shy, avoids other children and adults.
- Avoids physical contact.
- Apt to seek affection from any adult.
- Reports of being hurt or abused.

For more information on reporting suspected child abuse and neglect, refer to the mandated reporter's website at www.michigan.gov/mandatedreporter. The Mandated Reporter's Resource Guide (DHS-Pub 112) is also available online at www.michigan.gov/dhs-publications, CPS section. Also see the publication *The Role of Professional Child Care Providers in Preventing and Responding to Child Abuse and Neglect* at www.childwelfare.gov/pubs/usermanuals/childcare/.

**R 400.8128** **Health of staff and volunteers; report.**

**Evidence that all staff members and each volunteer who has contact with children at least 4 hours per week for more than 2 consecutive weeks is free from communicable tuberculosis, verified within 1 year before employment** *or volunteering, shall be kept on file at the center***.**

Rationale

Protects the health and welfare of all staff, volunteers, children and parents.

According to the Michigan Department of Health and Human Services (MDHHS), child care providers are not considered to be persons at higher risk for exposure to or infection with tuberculosis (TB), so serial testing is not recommended.

Technical Assistance

This rule applies to all staff.

Documentation of a negative TB test must be verified by a health professional and must be kept on file at the center.

Chest x-rays are acceptable in lieu of TB skin tests.

Pregnant women are often advised by their doctors not to have a TB skin test or chest x-ray. In this case, the staff member or volunteer must submit a doctor's statement that a TB test cannot be performed due to the pregnancy. The TB test will be required as soon as medically safe after delivery.

A new negative TB test is required if the employee/volunteer is offered a position with a different licensee, unless the test is less than a year old. A new negative TB test would not be required for employees/volunteers moving to different locations within a licensee group.

Intermediate school district staff, local school district staff and other persons who provide services to the center (e.g., speech therapy, tutoring, special presentations, music/art, etc.) and have contact with children at least four hours per week for more than two consecutive weeks must have documentation of negative TB test results on file.

**Third-Party Substitute Contracting Agencies**
If a substitute caregiver is obtained through a thirty-party substitute contracting agency (e.g., SubPass, etc.), the center does not have to have the TB test results on file if the third-party substitute contracting agency certifies that the substitute caregiver is in compliance with this rule. Documentation from the third-party substitute contracting agency must be made available upon request.

Consultation

According to the MDHHS, persons considered to be at higher risk for exposure to or infection with TB include:

- Close contact with a person known or suspected to have TB.
- Foreign-born persons from areas where TB is common.
- Residents and employees of high risk congregate settings such as jails and prisons.
- Health care workers who serve high risk clients.
- Medically underserved low income populations.
- High risk racial/ethnic populations.
- Children exposed to adults in high risk categories.
- Persons who inject illegal drugs.

**Third-Party Substitute Contracting Agencies**

The Certification by Third-Party Substitute Contracting Agency (BCAL-5051) form may be used to certify compliance with this rule for any substitute caregivers hired through a third-party substitute contracting agency.

**R 400.8131 (1)** *Professional development* **requirements.**

*(1) The center shall provide an orientation of the center's policies and practices and the child care administrative rules to all staff hired after the effective date of these rules and prior to unsupervised contact with children.*

Rationale

Ensures that staff are familiar with the Child Care Center Licensing Rules and the center's policies and understand their job duties.

Technical Assistance

Orientation is required for any staff hired after January 1, 2014. Orientation counts toward the annual clock hours of professional development as required by subrule (4) of this rule. Verification of orientation must be kept as required by subrule (9) of this rule.

Consultation

It is recommended that the following topics be covered in orientation for new staff:

- Blood borne pathogen training, as required by subrule (3) of this rule.
- Health policies and procedures.
- Fire prevention.
- Emergency procedures.
- Child abuse and neglect reporting policies and procedures.
- Planned daily activities and routines.
- Child guidance and discipline policy.
- Communicable disease recognition and prevention.
- Developmentally appropriate practices and expectations for the age group with which the staff will work.

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**R 400.8131 (2)** *Professional development* **requirements.**

**(2) Caregivers shall have training that includes information about infant safe sleep and shaken baby syndrome** *before* **caring for infants and toddlers.**

Rationale

Assures for the safety and well-being of young children by educating caregivers about safe sleep practices and the physical hazards associated with shaking a baby.

Technical Assistance

Documentation of shaken baby and infant safe sleep training must be maintained for each caregiver caring for infants and toddlers. Infant safe sleep and shaken baby syndrome training counts toward the annual clock hours of professional development as required by subrule (4) of this rule. Verification of training must be kept as required by subrule (9) of this rule.

Consultation

It is best practice that all staff be trained on shaken baby syndrome and infant safe sleep.

A free training on infant safe sleep and the licensing rules related to infant safe sleep is available at www.michigan.gov/michildcare-training > Online Training on Infant Safe Sleep for Child Care Providers link.

Refer to R 400.8131(4) for additional training resources.

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**R 400.8131 (3)** *Professional development* **requirements.**

**(3)** *Before unsupervised contact with children,* **each caregiver, site supervisor and program director shall complete blood-borne pathogen training.**

Rationale

Providing first aid in situations where blood is present is part of a caregiver's job. Split lips, bloody noses, scraped knees, and other minor injuries associated with bleeding are common in child care. The risk of infection with blood-borne pathogens is dependent on the likelihood of exposure to blood or other potentially harmful infectious materials.

Technical Assistance

Licensing does not mandate a specific blood-borne pathogen training curriculum.

Blood-borne pathogen training counts toward the annual clock hours of professional development as required by subrule (4) of this rule. Verification of training must be kept as required by subrule (9) of this rule.

Consultation

Part 554 - Bloodborne Infectious Diseases (Occupational Health Rules 325.70001 - 325.70018) of the Occupational Health Standards requires:

- That certain elements be included in blood-borne pathogen training [see Occupational Health Rule 325.70016(5)].
- That training be completed annually.
- The development of an exposure control plan [see Occupational Health Rule 325.70004].
- That the exposure control plan is included in the training.

More information on Part 554 can be found on the Michigan Occupational Safety and Health Administration (MIOSHA) website at: www.michigan.gov/miosha >Publications, Posters, Forms & Media >Occupational Health Publications >Bloodborne Infectious Diseases. Contact the Consultation, Education & Training Division at (517) 284-7720 with any additional questions about Part 554.

**R 400.8131 (4)** *Professional development* **requirements.**

**(4) All program directors, site supervisors, and caregivers shall complete** *16* **clock hours of professional development annually on** *topics relevant to job responsibilities, including, but not limited to, child development and learning; health, safety and nutrition; family and community collaboration; program management; teaching and learning; observation, documentation, and assessment; interactions and guidance; professionalism; and the child care center administrative rules. The center may count* **CPR and first aid training** *for up to 2 hours of the annual professional development hours in the year taken.*

Rationale

Staff training improves the quality of care. Caregivers who are trained are better able to prevent, recognize and correct health and safety problems and promote children's healthy development.

This rule assures that center staff receive on-going training related to the functions and responsibilities of their role as a caregiver.

Technical Assistance

Sixteen clock hours of professional development are required beginning in 2014.

Training records of caregivers employed less than 1 year will not be reviewed at licensing inspections.

If CPR and/or first aid training is taken during the calendar year, the staff person can count it as 2 hours of annual clock hours of professional development.

Licensing previously required that annual clock hours of professional development be taken during the license cycle. To simplify both assessing compliance by licensing and tracking hours for licensees, as of April 3, 2013, licensing began to assess compliance based on the calendar year.

Documentation of 16 clock hours each calendar year for all caregivers is required.

**Example 1:** Your license expires 10/01/2013. At your renewal inspection on 09/20/2013, you will provide documentation of annual training based on your license cycle for 10/01/2011 to 09/30/2012. Since the second year of your license cycle (10/1/2012 to 9/30/2013) covers part of 2013, your licensing consultant will just review the clock hours taken in 2012 at your renewal inspection. You will not be cited if all the hours were not taken in 2012. (The training hours taken in 2013 will not be evaluated at this time.)

When your center license expires on 10/02/2015, you will be required to provide documentation of training hours from calendar years 2013 and 2014.

**Example 2:** Your license expires 5/01/2013. At your renewal inspection on 4/20/2013, you will provide documentation of annual training based on your license cycle for 5/10/11 to 4/30/12. Since the second year of your license cycle (5/1/2012 to 4/30/2013) covers part of 2013, your licensing consultant will just review the clock hours taken in 2012 at your renewal inspection. You will not be cited if all the hours were not taken in 2012. (The training hours taken in 2013 will not be evaluated at this time.)

When your license expires 5/02/2015, you must provide documentation of training hours from calendar years 2013 and 2014.

**Equivalencies**

- 60 minutes equals one clock hour of training.
- One semester hour of college credit is equivalent to 15 hours of training.
- One term hour is equivalent to 10 hours of training.
- One CEU or State Board CEU (SB-CEU) is equivalent to 10 hours of training.
- One State Continuing Education Clock Hour (SCECHs) is equivalent to 1 hour of training.

**Note:** Training sessions must be a minimum of 30 minutes in duration to be counted toward training hours.

Consultation

The Michigan Core Knowledge and Core Competencies (CKCCs) for the Early Care and Education Workforce outline what adults who work with young children need to know, understand and be able to do in order to provide quality early learning experiences. It is recommended that the CKCCs are used to:

- Assess staff knowledge and skill in the competency areas.
- Identify areas where staff need to improve.
- Create a professional development plan for each staff member.
- Track and map staff professional growth.

The CKCC document and a related webinar are on Office of Great Start website at www.michigan.gov/greatstart.

It is recommended that caregivers receive training on how to:

- Ensure parents provide the proper written permission and instructions to provide medication to their child.
- Read medication labels and instructions.
- Properly measure doses of medication.

- Use any specific medical device such as an inhaler or nebulizer, if necessary.

Attorney General Opinion No. 7274, dated August 28, 2013, recommends that caregivers receive specific training on the administration of any medication that is dispensed via syringe prior to administering the medication.

Any training completed on proper administration of medication counts toward a caregivers annual clock hours of professional development as required by this rule.

Training opportunities are available through a variety of sources, including but not limited to:

- Department of Licensing and Regulatory Affairs, Child Care Licensing - www.michigan.gov/michildcare and your licensing consultant.
- Great Start to Quality Regional Resource Centers - (877) 614-7328 or www.greatstarttoquality.org.
- Michigan Association for the Education of Young Children - www.miaeyc.org.
- Department of Health and Human Services - www.michigan.gov/mdhhs.
- Department of Health and Human Services, Infant Safe Sleep - www.michigan.gov/safesleep.
- Michigan Department of Education, Office of Great Start - www.michigan.gov/greatstart.
- Afterschool Alliance- www.afterschoolalliance.org.
- Michigan AfterSchool Association - www.miafterschool.com.
- Michigan After-School Partnership - www.miafterschool.org.
- Michigan Association for Infant Mental Health - www.mi-aimh.org.
- Tomorrow's Child - www.tomorrowschildmi.org.
- Local hospitals, health departments and libraries.

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**R 400.8131 (5)** *Professional development* **requirements.**

**(5) An on-going** *professional development* **plan shall be developed and implemented to include all the training** *and professional development* **required by the child care center administrative rules.**

Rationale

Implementation of a training plan assures that all staff receive specific and basic training for the work they will be doing and are aware of their responsibilities. Training assures that staff are challenged and stimulated, have access to current knowledge and have access to education that will qualify them for new roles.

Technical Assistance

The staff training plan must address:

- Child abuse and neglect reporting procedures as required by R 400.8125(11).
- Emergency procedures as required by R 400.8161(8).
- Orientation as required by subrule (1) of this rule.
- Shaken baby syndrome and infant safe sleep as required by subrule (2) of this rule.
- Blood-borne pathogen training as required by subrule (3) of this rule.
- CPR and first aid training as required by the Child Care Organizations Act [MCL 722.112a(1)] and subrules (7) and (8) of this rule.
- Sixteen annual clock hours of professional development as required by subrule (4) of this rule. To comply with subrule (4) of this rule, the staff training plan must also address the following training topics:
  - Child development and learning.
  - Health, safety and nutrition.
  - Family and community collaboration.
  - Program management.
  - Teaching and learning.
  - Observation, documentation and assessment.
  - Interactions and guidance.
  - Professionalism.
  - Licensing rules for child care centers.

  **Note:** The training plan must address all of the topics listed in subrule (4) of this rule; however, staff are not required to be trained in every topic area each year.

Consultation

It is recommended that the CKCCs are used when developing the ongoing professional development plan. The CKCC document and a related webinar are on Office of Great Start website at www.michigan.gov/greatstart.

An effective staff training plan would also provide for training in the following areas, if applicable:

- Primary caregiving.
- Diapering and toilet training.
- Medication administration.
- Field trip procedures.
- Supervision of volunteers.
- Supervision of children.
- Water activities procedures.
- Other topics relevant to job responsibilities.

Centers may consider having a goal-directed training plan. For example, if the mission of a preschool program is to prepare children for kin-

dergarten, then the training plan might focus more on strategies, curriculums and practices that can accomplish that goal.

Refer to R 400.8131(4) for training resources.

**R 400.8131 (6)** *Professional development* **requirements.**

*(6) On-line trainings and correspondence courses shall have an assessment of learning.*

Technical Assistance

The department is not formally approving training topics, training sessions or individual trainers.

All caregivers may receive one clock hour of annual training for reading all of the center-related articles in **three** different issues of Michigan Child Care Matters (MCCM) and pass the tests associated with those issues during the calendar year. Caregivers must maintain their own documentation that they passed the tests by printing a copy of the test results page or the certificate for each test they pass for their records. **Note:** Only one clock hour of your annual training requirements can be earned by reading issues of MCCM.

Video and distance learning, correspondence courses, online trainings, and webinars count toward the annual clock hours of professional development if these types of trainings/courses have an assessment of learning. **Note:** By including video and distance learning, correspondence courses, online trainings and webinars on a training log to count toward the annual clock hours of professional development, the caregiver is certifying that the training had some type of assessment of learning.

**Example 1:** A caregiver receives a video from MSU-E on developmentally appropriate practices (DAP). After viewing the program, the caregiver must respond, in writing, to a series of questions related to how she can create activities that are developmentally appropriate. These responses are returned to the MSU-E office and a trainer reviews the responses, writes comments and suggestions based on the responses, and then sends this feedback to the caregiver. With appropriate verification, licensing will accept this training as meeting R 400.8131(4).

**Example 2:** A caregiver watches a webinar on green cleaning and sanitizing practices. At the end of the webinar, the caregiver answers questions related to the webinar that are scored. With appropriate verification, licensing will accept this training as meeting R 400.8131(4).

**Example 3:** A caregiver completes an online training on playground supervision. Throughout the training, the caregiver must do activities

prior to moving on to the next screen. With appropriate verification, licensing will accept this training as meeting R 400.8131(4).

**Example 4:** A caregiver enrolls in an online college course on child development. Throughout the semester, the caregiver must post responses online and complete an essay. With appropriate verification, licensing will accept this course as meeting R 400.8131(4).

**Example 5:** A caregiver enrolls in a self-study course that provides worksheets to complete. The caregiver is not required to submit her work to the trainer. As part of the course, a certificate of completion is included with the worksheets. Licensing will not accept this training as meeting R 400.8131(4).

**Example 6:** A caregiver viewed a video series on child development. The caregiver recorded on her Professional Development Record (BCAL-4591) that she spent 4 hours watching this video series. Licensing will not accept this training as meeting R 400.8131(4).

**Example 7:** The use of educational curriculum, magazines and books, while a means to enhance a caregiver's personal growth and development, do not meet the requirements of this subrule. Licensing will not accept these as meeting R 400.8131(4). ***Exception:*** As outlined above, reading issues of Michigan Child Care Matters may be counted.

Consultation — Refer to R 400.8131(4) for training resources.

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**R 400.8131 (7)-(8)** *Professional development* **requirements.**

**(7) All program directors, lead caregivers, and at least 1 caregiver on duty in the center at all times in programs serving preschool age children and younger shall have current first aid and infant, child, and adult CPR training.**

**(8) All program directors, site supervisors, and at least 1 caregiver on duty in the center at all times in programs serving only school-age children shall have current first aid and child and adult CPR training.**

Rationale — Assures for the safety and welfare of children by having someone in attendance at all times who is qualified to respond to common life-threatening emergencies.

Technical Assistance — First aid/CPR training must be received from a person certified as a Red Cross instructor or a trainer from another organization approved by the department. See the department's website (www.michigan.gov/michildcare-training) for the current list of approved organizations. First aid and CPR training may be completed online. If

first aid or CPR training is completed online, an in-person skills test must be completed for the training to be valid. The online training and the in-person skills test must be administered by one of the approved organizations. See subrule (9) of this rule for verification of training requirements.

**Note:** The Child Care Organizations Act (1973 PA 116) requires that CPR be updated/renewed every 12 months and that first aid be renewed/updated every 36 months.

Consultation

It is recommended that when on field trips, a caregiver with valid CPR and first aid training be present on the field trip.

Many of the approved organizations offer several different types of CPR and first aid training (for the general community, workplace, health care/emergency response professionals). It is recommended that caregivers take workplace CPR and first aid training, if offered. It is not necessary to take the course designed for health care/emergency response professionals.

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**R 400.8131 (9)** *Professional development* **requirements.**

**(9) Verification of all professional development required by this rule shall be kept on file at the center.** *Verification shall be issued from the training organization or trainer and include the date of the course, the name of the training organization or trainer, the topic covered, and the number of clock hours.*

Rationale

Provides documentation of compliance with the staff training rule.

Technical Assistance

The center is responsible for obtaining verification of attendance at training for each caregiver. Acceptable verification of attendance may include:

- Certificate signed by the trainer or sponsoring organization.
- Signed statement by the trainer or sponsoring organization.
- Program booklets/flyers with name badge and receipt.
- College transcript or CEU certificate.
- Written statement or training log from center documenting in-service or staff training provided by the center.

A receipt of payment for a training is not acceptable verification of training attendance.

The center must maintain copies of this documentation on file at the center for review by the licensing consultant.

**Verification of CPR/First Aid Training**

A receipt of payment for the session is not verification of training attendance or participation. Copies of the cards or a statement on agency letterhead are acceptable verification of CPR/first aid training.

The Child Care Organizations Act (116 PA 1973) requires CPR training to be completed every year, despite that CPR cards are usually valid for two years. CPR training may be obtained by taking the full CPR course and obtaining a new card or by taking a refresher course. If a refresher course is taken, a letter will be accepted in lieu of new card for the second year the card is valid. The letter must be from the trainer on official

letterhead from the approved training organization and must include all of the following:

- Date of refresher training.
- Name of the trainer.
- Documentation that the participant passed the in-person skills test.

Providing this letter, in conjunction with a current CPR card, will allow a caregiver to satisfy the requirements of this rule.

Training records must be kept for the past two full calendar years. For example, at a renewal inspection in 2016, your licensing consultant will review training records for calendar year 2014 and 2015. Refer to R 400.8110(11) for more information regarding record retention.

Consultation

Centers are encouraged to develop a system to easily track yearly training verification. Staff should keep copies of their training documentation.

The Professional Development Record (BCAL-4591) may be used to summarize training received. The acceptable verification outlined above must be provided in addition to this form.

**R 400.8134 (1)** *Hand washing.*

*(1) As used in this rule, hand washing means to cleanse the hands with soap and warm running water for at least 20 seconds.*

Rationale: Prevents contamination and the spread of disease.

Technical Assistance: Hands must be washed with soap and running water. The following are not approved substitutes for soap and running water:

- Hand sanitizers.
- Water basins.
- Pre-moistened cleansing wipes.

Consultation: Liquid soaps are preferred to bar soaps. Bar soaps sitting in water and not adequately drained can become contaminated with bacteria. Many children do not have the dexterity to handle a bar of soap. Many adults and children do not take the time to rinse the soil they have applied to the soap bar before putting it down for the next user.

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**R 400.8134 (2)-(3)** *Hand washing.*

*(2) All staff and volunteers shall wash their hands at all of the following times:*
*(a) Prior to starting the workday at the center.*
*(b) Prior to care of children.*
**(c) Before preparing and serving food and feeding children.**
*(d) Before giving medication.*
**(e) After each diapering.**
*(f) After using the toilet or helping a child use the toilet.*
**(g) After handling bodily fluids.**
*(h) After handling animals and pets and cleaning cages.*
*(i) After handling garbage.*
*(j) When soiled.*

*(3) Staff and volunteers shall assure that children wash their hands at all of the following times:*
**(a) Before meals, snacks, or food preparation experiences.**
*(b) After toileting or diapering.*
*(c) After handling animals and pets.*
*(d) When soiled.*

Rationale: Prevents contamination and the spread of disease.

Technical Assistance: Bodily fluids include, but are not limited to, the following:

- Urine.
- Feces.
- Blood.
- Saliva.

- Nasal discharge.
- Vomit.

Subrule (3) of this rule applies to all children, including infants. Infants are not required to wash hands prior to drinking a bottle.

Consultation

The American Academy of Pediatrics Caring for Our Children: National Health and Safety Performance Standards can be found at http://nrckids.org/CFOC/index.html.

If staff or children in care are using hand sanitizers as a supplement to hand washing, the following best practices are recommended:

- Use alcohol-based hand sanitizers containing 60% to 95% alcohol.
- Monitor children's use of hand sanitizers to ensure the product is being used appropriately.
- Do not use hand sanitizers with children under the age of 2.
- Notify parents if hand sanitizer is used by children in care.

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**R 400.8134 (4)** *Hand washing.*

**(4) Guidelines for hand washing shall be posted in food preparation areas, in toilet rooms,** *and by all hand washing sinks.*

Rationale

Educates and reminds caregivers and children of the proper techniques for hand washing.

Prevents contamination and the spread of disease.

Technical Assistance

If a bathroom or other area has a group of hand washing sinks next to each other, only one set of hand washing guidelines needs to be posted if the guidelines are visible from all the hand washing sinks.

Consultation

The following procedures are considered best practice for hand washing:

- Have a clean, single service towel available.
- Turn on the water to a comfortable temperature between $60^{o}$ F to $120^{o}$ F.
- Moisten hands with water and apply soap.
- Rub hands together vigorously until a soapy lather appears and continue for at least 20 seconds.
- Rub areas between fingers, around nailbeds, under fingernails, jewelry, and the back of hands.
- Rinse hands under running water until they are free of soap and dirt. Leave the water running while drying hands.
- Dry hands with a clean, single service towel or other approved hand drying device.

- If the water faucet does not shut off automatically, turn it off with the single service towel.
- Dispose of the single service towel in a lined trash container.

**Additional Hand Washing Information**

- Using the disposable paper or single-use cloth towel to turn off the water faucet prevents recontamination of hands.
- Shared cloth towels can transmit communicable diseases.
- Water faucets that turn off automatically or those that can be
- turned off without using hands prevents recontamination.

**Resources**

The American Academy of Pediatrics Caring for Our Children: National Health and Safety Performance Standards can be found at http://nrckids.org/CFOC/index.html.

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**R 400.8134 (5)** *Hand washing.*

**(5) When soap and running water are not available during an outing, hand sanitizers, and/or single-use wipes may be used as a temporary measure.**

Technical Assistance

If unable to wash hands thoroughly on a field trip, sanitizing gels, along with single service wipes, are an acceptable alternative to hand washing.

Consultation

Hands should be washed upon return to the center.

It is recommended that parents be notified if hand sanitizer is used by children in care.

**R 400.8137 (1)(a)-(b)**

**Diapering; toileting.**

**(1) Diapering shall occur in a designated diapering area that complies with all of the following:**
**(a) Is physically separated from food preparation and food service.**
**(b) Is within close proximity to a sink that is used exclusively** *for hand washing***.**

Rationale

A separate area for diaper changing reduces the contamination of other parts of the child care environment.

Technical Assistance

Sinks used in the preparation, serving and clean-up of food and bottles must not be used for hand washing after diapering or toileting.

Centers may need to rearrange the layout of their infant/toddler rooms to ensure the hand-washing sink is close enough to the diapering area to prevent contamination of surfaces and to ensure caregivers are able to provide appropriate supervision to the children in care.

Portable sinks with warm running water placed in close proximity to the diapering area would meet the intent of this rule.

Consultation

The hand-washing sink should be immediately adjacent to the diaper changing area.

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**R 400.8137 (1)(c)-(e)**

**Diapering; toileting.**

**(1) Diapering shall occur in a designated diapering area that complies with all of the following:**
**(c) Has non-absorbent, smooth, easily** *cleanable* **surfaces in good repair.**
**(d) Is of sturdy construction with railings or barriers to prevent falls.**
**(e) Is at an adult work surface height.**

Rationale

Reduces contamination and assures the health and safety of children in care.

Technical Assistance

Changing pads and surfaces of the changing table must be checked regularly for tears and cracks and replaced when needed. Taping of cracks and tears is not acceptable.

Diapering must not occur on the floor, except as allowed in subrule (2) of this rule.

Consultation

Best practice recommends a changing table height of 28 to 32 inches (standard table height) plus a 6-inch barrier to reduce back strain on caregivers and to provide a safe barrier to prevent children from falling

off the changing table. Straps are not recommended, as they are hard to clean and may present a strangulation hazard.

**R 400.8137 (1)(f)** **Diapering; toileting.**

**(1) Diapering shall occur in a designated diapering area that complies with all of the following:**
**(f) Is washed, rinsed, and sanitized after each use.**

Rationale

Reduces the contamination of other parts of the child care environment and assures the health and safety of children.

Technical Assistance

Washing, rinsing and sanitizing of the diaper changing surface is required even when disposable paper liners are used.

The following steps are to be followed for washing, rinsing and sanitizing:

- Wash the surface vigorously with soap and water.
- Rinse the surface with clean water.
- Wipe or spray the surface with a sanitizing solution.
- Let the surface air dry or wipe dry after two minutes with a single service towel.

Examples of sanitizing solutions include but are not limited to:

- Water and non-scented chlorine bleach with a concentration of bleach between 50 – 200 parts per million (one teaspoon to one tablespoon of bleach per gallon of water). Test strips must be used **daily** to check the concentration of the bleach/water solution and are available from most food service suppliers.
- Commercial sanitizers (products labeled as a sanitizer purchased at a store). Caution should be exercised to assure they are used according to the manufacturer's directions. **Note:** Commercial disinfecting or sanitizing wipes may be used as long as a test strip is used **daily** to check the concentration of the wipes in the container. The concentration must be at least 50 – 200 parts per million.

Consultation

It is recommended that the diapering surface and the diaper disposal container be disinfected. A disinfecting solution can be made using water and non-scented chlorine bleach with a concentration of 1/3 cup bleach per gallon of water. The bleach solution should be left on the surface for 10 to 20 minutes and then rinsed with clean water.

Centers are encouraged to use separate spray bottles containing soapy water, rinse water and a sanitizing or disinfecting solution.

Bleach is recommended as a sanitizing product as it is safe, effective and inexpensive.

Prior to using corrosive substances, such as bleach, it is recommended that you contact Michigan Occupational Safety and Health Administration (MIOSHA) to ensure you follow any safety requirements, such as installation of an eyewash station. For more information, go to the MIOSHA website at www.michigan.gov/miosha or call or contact the Consultation, Education & Training Division at (517) 284-7720.

Local health department sanitarians may maintain a list of approved commercial sanitizers.

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**R 400.8137 (2)** **Diapering; toileting.**

**(2)** *Children 1 year of age and older* **may be changed in a bathroom** *standing up or on a nonabsorbent, easily sanitized surface with a changing pad between the child and the surface. Subrule (1)(e) does not apply***.**

Rationale

Changing children 1 year of age or older in the bathroom encourages toilet learning, independence and self-help skills.

Some children may be difficult to lift onto a changing table.

Technical Assistance

If children are changed in the bathroom and they are not changed standing up, they must be changed on a changing pad placed on the floor. Both the changing pad and the floor must be non-absorbent and easily cleaned and sanitized.

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**R 400.8137 (3)** **Diapering; toileting.**

**(3) Diapering supplies shall be within easy reach** *of the designated diapering area.*

Rationale

Reduces the contamination of other parts of the child care environment and assures the health and safety of children.

Technical Assistance

Diapering supplies must be placed within easy reach of the caregiver during the diapering procedure, yet be inaccessible to children.

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**R 400.8137 (4)** **Diapering; toileting.**

**(4) A plastic-lined, tightly covered container shall be used exclusively for disposable diapers and training pants and diapering supplies that shall be emptied and sanitized at the end of each day.**

| | |
|---|---|
| Rationale | Reduces the contamination of other parts of the child care environment and assures the health and safety of children. |
| Technical Assistance | Diaper Genies or other such products meet the intent of this rule. |
| Consultation | Diaper disposal containers should be of a design that does not require manually lifting the lid. |

**R 400.8137 (5)** **Diapering; toileting.**

**(5) Only single-use disposable wipes or other single-use cleaning cloths shall be used to clean a child during the diapering or toileting process.**

Rationale: Reduces urine and fecal contamination and the spread of disease.

Consultation: The following best practices are recommended:

- After removing the diaper, lift the child's legs as needed to clean the skin on the child's genitalia and buttocks.
- Remove stool and urine from front to back.
- Use a fresh wipe each time.
- Put the soiled wipes into the soiled diaper or directly into a plastic-lined covered container.

**R 400.8137 (6)** **Diapering; toileting.**

**(6) Diapers and training pants shall be checked frequently and changed when wet or soiled.**

Rationale: Frequency and severity of diaper dermatitis or rash are lower when diapers are changed more often.

Consultation: Diapers should be checked at least every two hours.

**R 400.8137 (7)** **Diapering; toileting.**

**(7) Guidelines for diapering shall be posted in diapering areas.**

Rationale: Educates and reminds caregivers of the proper techniques for diapering and hand washing to reduce urine and fecal contamination and the spread of disease.

Consultation: The following are suggested guidelines for the posted diapering procedures:

- Be Prepared: Gather all needed supplies and place a clean section of paper on changing table before placing the child on the table.
- Remove soiled diaper and set aside on papered surface. Always keep one hand on the child while he/she is on the table. The child should always be seated or lying down during diaper changes.
- Use a wipe to clean genital area front to back. Do not reuse wipes. Place wipe with the soiled diaper. This is the time to notice any rash or reddened areas.
- Diaper ointment provided by the parent may be applied as directed with written permission.
- Remove gloves, if wearing them, and set them aside on the paper.
- Place a clean diaper on the child.
- Wash the child's hands.
- Fold the soiled diaper, wipes and gloves together and discard in the diaper disposal container. Be careful not to touch soiled areas.
- Clean the changing surface with detergent and water and rinse with water.
- Wet the changing surface with a sanitizing solution and let air dry or wipe dry after two minutes with a single service towel.
- Wash your hands vigorously and thoroughly with soap and warm water.
- Record the diaper change in the child's daily log.

**Resources**
The American Academy of Pediatrics Caring for Our Children: National Health and Safety Performance Standards can be found at http://nrckids.org/CFOC/index.html.

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**R 400.8137 (8)** **Diapering; toileting.**

**(8) Disposable gloves, if used for diapering, shall only be used once for a specific child and be removed and disposed of in a safe and sanitary manner immediately after each diaper change.**

Rationale: Reduces urine and fecal contamination and the spread of infection.

Technical Assistance: The use of gloves is not required during diapering. If gloves are used, caregivers must still wash their hands after each diaper change to prevent the spread of disease-causing agents.

Consultation: Examples of how to remove gloves:

**Example 1**
- Partially remove the first glove by pinching glove at the wrist, being careful to only touch the glove's outside surface.

- Pull glove toward the fingertips without completely removing it until the glove is inside out.
- Remove the second glove by pinching the exterior at the wrist with the partially gloved hand.
- Pull the second glove toward the fingertips until it is inside out, then remove it completely.
- Finish removing both gloves with your free hand, touching only the clean interior surfaces of the glove.
- Discard the gloves with the diaper and wipes in a covered diaper disposal container.

**Example 2**

- Remove each glove carefully. Grab the first glove at the palm and strip the glove off. Touch dirty surfaces only to dirty surfaces.
- Ball up the dirty glove in the palm of the other gloved hand.
- Using your clean hand, strip the glove off from underneath at the wrist, turning the glove inside out. Touch dirty surfaces to dirty surfaces only.
- Discard the dirty gloves with the diaper and wipes in a covered diaper disposal container.

**Note**: Sensitivity to latex is a growing problem. If caregivers or children who are sensitive to latex are present in the center, gloves should be made from vinyl or some other substance that does not contain or cross-react with latex.

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**R 400.8137 (9)** **Diapering; toileting.**

**(9) The following shall apply when cloth diapers or training pants are used:**

*(a) Each cloth diaper shall be covered with an outer waterproof covering. Outer coverings shall be removed as a singular unit with wet or soiled diapers and with wet or soiled training pants, if used.*

**(b)** *Diapers, training pants, and* **outer coverings shall not be reused until washed and sanitized.**

**(c) No rinsing of the contents shall occur at the center.**

*(d) Soiled diapers shall be placed in a plastic-lined, covered container and used only for that child's soiled diapers.*

*(e) Soiled diapers or training pants shall be stored and handled in a manner that will not contaminate any other items and shall not be accessible to children.*

*(f) Soiled diapers or training pants shall be removed from the center every day by the child's parent.*

*(g) A child's supply of clean diapers or training pants shall only be used for that child.*

| | |
|---|---|
| Rationale | Reduces urine and fecal contamination and the spread of infection. |
| Technical Assistance | Caregivers may dump the fecal contents of a cloth diaper or training pants into the toilet to be flushed, but they must not be rinsed.<br><br>Cloth diapers must be placed in a plastic-lined, covered container or a plastic-lined, closable bag made for cloth diapers to return to the parents.<br><br>This rule does not apply to children who have an occasional accident and need to have soiled items sent home. |

**R 400.8137 (10)** **Diapering; toileting.**

**(10) Toilet learning/training shall be planned cooperatively between the child's** *regular* **caregivers and the parent so that the toilet routine established is consistent between the center and the child's home.**

| | |
|---|---|
| Rationale | Toilet learning is more likely to be consistent and successful when coordinated between center caregivers and the child's parents. |
| Technical Assistance | Toilet learning/training, when initiated, must follow a prescribed, sequential plan that is developed and coordinated with the parent's plan for implementation in the home environment and must be based on the child's developmental level rather than chronological age. |
| Consultation | To help children achieve bowel and bladder control, caregivers should enable children to take an active role in using the toilet when they are physically able to do so and when parents support their children's learning to use the toilet. Caregivers should take into account the preferences, customs and cultural expectations of the family.<br><br>For children who have not yet learned to use the toilet, the center should defer training until the child's family is ready to support this learning and the child demonstrates the following:<br>• An understanding of the concept of cause and effect.<br>• An ability to communicate.<br>• The physical ability to remain dry for up to two hours.<br><br>Toilet Learning and the Toddler (BCAL-Pub 686) is available on the department's website (www.michigan.gov/michildcare). |

**R 400.8137 (11)(a)-(b)** **Diapering; toileting.**

**(11) Equipment used for toilet learning/training shall be provided.** *All of the following equipment is acceptable for toilet learning/training:*

**(a) Adult-sized toilets with safe and easily cleanable modified toilet seats and step aids.**

**(b) Child-sized toilets.**

Rationale

Flushable child-sized toilets, step aids and modified toilet seats for adult-sized toilets provide for easier maintenance and reduce the possibility of urine and fecal contamination better than non-flushing toilets (potty chairs). Flushing toilets are superior to any type of device that exposes staff to contact with feces or urine.

Technical Assistance

Modified toilet seats must be:

- Impervious to moisture.
- In good repair with no cracks.

Non-flushing toilets (potty chairs) are allowed if they meet the requirements subrule (11) of this rule.

**R 400.8137 (11)(c)** **Diapering; toileting.**

**(11) Equipment used for toilet learning/training shall be provided.** *All of the following equipment is acceptable for toilet learning/training:*

**(c) Non-flushing toilets (potty chairs)** *if they are all of* **the following:**

**(i) Made of a material that is easily cleanable.**

**(ii) Used only in a bathroom area.**

**(iii) Used over a surface that is impervious to moisture.**

**(iv)** *Washed, rinsed,* **and sanitized after each use.**

Rationale

Prevents the spread of disease.

The use of potty chairs at home and in the center facilitates consistency in a child's toilet training routine.

Technical Assistance

If potty chairs are used, they must be constructed of plastic or similar nonporous synthetic products. Wooden potty chairs must not be used even if the surface is coated with a finish. The finished surface of wooden potty chairs is not durable and, therefore, may become difficult to wash and sanitize effectively.

Potty chairs must be emptied into a toilet and stored in the bathroom.

The following steps must be followed for cleaning and sanitizing:

- Wash the surface vigorously with soap and water.
- Rinse the surface with clean water.
- Wipe or spray the surface with a sanitizing solution.
- Let the surface air dry.

Examples of sanitizing solutions include but are not limited to:

- Water and non-scented chlorine bleach with a concentration of bleach between 50 – 200 parts per million (one teaspoon to one tablespoon of bleach per gallon of water). Test strips must be used **daily** to check the concentration of the bleach/water solution and are available from most food service suppliers.
- Commercial sanitizers (products labeled as a sanitizer purchased at a store). Caution should be exercised to assure they are used according to the manufacturer's directions. **Note:** Commercial disinfecting or sanitizing wipes may be used as long as a test strip is used **daily** to check the concentration of the wipes in the container. The concentration must be at least 50 – 200 parts per million.

Consultation

Best practice is not to wash potty chairs in a sink used for washing hands.

Centers are encouraged to use separate spray bottles containing soapy water, rinse water and a sanitizing solution.

It is recommended that centers wash potty chairs:

- In a utility sink.
- In a sink designated only for cleaning potty chairs.
- With a spray bottle containing soap and water.

For cleaning up feces, it is recommended that the potty chair be disinfected. A disinfecting solution can be made using water and non-scented chlorine bleach with a concentration of 1/3 cup bleach per gallon of water. The bleach solution should be left on the surface for 10 to 20 minutes and then rinsed with clean water.

Bleach is recommended as a sanitizing product as it is safe, effective and inexpensive.

Prior to using corrosive substances, such as bleach, it is recommended that you contact MIOSHA to ensure you follow any safety requirements, such as installation of an eyewash station. For more information, go to the MIOSHA website at www.michigan.gov/miosha or call or contact the Consultation, Education & Training Division at (517) 284-7720.

Local health department sanitarians may maintain a list of approved commercial sanitizers.

**R 400.8140 (1)** **Discipline.**

**(1) Positive methods of discipline that encourage self-control, self-direction, self-esteem, and cooperation shall be used.**

Rationale

Discipline is most effective when it is consistent, reinforces desired behavior and offers natural and logical consequences.

Discipline helps children gain control over their behavior. Children act best when they know the rules and know they are expected to follow them.

Positive methods of discipline create a constructive and supportive social group and reduce incidents of aggression. Positive discipline methods will help guide a child toward self-discipline and independence.

Caregivers are more likely to avoid inappropriate practices if they are well trained about effective, positive methods for managing children's behaviors.

Technical Assistance

Discipline is not punishment and not just getting a child to “mind;” discipline involves helping a child gain control over his or her own behavior and emotions. Positive discipline methods will help guide a child toward self-discipline and independence.Positive methods of discipline include:

- Redirecting or distracting a child from the unacceptable activity to a constructive one.
- Planning ahead to prevent problems.
- Encouraging, teaching and modeling appropriate behavior.
- Setting consistent, clear rules.
- Talking to the child about the feelings he/she is having.
- Offering alternative solutions to the problem.
- Involving children in solving problems.
- Ensuring a relationship between the behavior and the discipline method.
- Tailoring the method of discipline to the individual child.
- Removing the child from the source of conflict.

**Time-Out**

Time-out should only be used to stop aggressive behavior or to allow angry or upset children to calm down. It is an opportunity for children to clear their minds and rejoin the group or activity in a more productive state. Use time-outs only as a last resort to help the child gain a better sense of self-control. When using time-out, caregiving staff must assure:

- Their expectations of the child's behavior are realistic.
- Consequences immediately follow the child's behavior.
- Children are not humiliated or made to feel threatened or afraid.

- The time-out does not last longer than it takes for the child to calm down.
- Children remain supervised at all times.

**Note:** Time-out is not an appropriate discipline technique for children under three years of age.

Consultation

Resources include, but are not limited to:

- Great Start to Quality Regional Resource Centers (www.greatstartconnect.org).
- The National Association for the Education of Young Children's (NAEYC) guide to accreditation at www.naeyc.org.

The following publications are available on the department's website at www.michigan.gov/michildcare:

- Fussy Baby (BCAL-Pub 689).
- Positive Discipline - Including the Proper Use of Time Out (BCAL-Pub 787).

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**R 400.8140 (2)**

**Discipline.**

**(2) All of the following means of punishment shall be prohibited:**

**(a) Hitting, spanking, shaking, biting, pinching, or inflicting other forms of corporal punishment.**

**(b) Restricting a child's movement by binding or tying him or her.**

**(c) Inflicting mental or emotional punishment, such as humiliating, shaming, or threatening a child.**

**(d) Depriving a child of meals, snacks, rest, or necessary toilet use.**

*(e) Excluding a child from outdoor play or other gross motor activities.*

*(f) Excluding a child from daily learning experiences.*

**(g) Confining a child in an enclosed area, such as a closet, locked room, box, or similar cubicle.**

Rationale

Children deserve to be treated respectfully and appropriately in a positive manner.

Research links mental and emotional stress and corporal punishment with negative effects such as impairment of learning and later criminal behavior.

**Technical Assistance**

All caregiving staff are responsible and accountable for:

- Assuring that a child's movement is not restricted by the use of a harness or leash or other restraint device.

- Assuring that the strapping device on confining equipment, such as high chairs are used to stabilize the child in that type of chair and not used for punishment or discipline.
- Assuring that firm and consistent expectations are given that do not cause children to feel shame or humiliation.

Children cannot be excluded from outdoor play or participation in large gross motor activities as a behavioral consequence. Examples of this include:

- Not allowing a child to go outside because of misbehavior during small group time.
- Excluding the child from the entire outdoor period for throwing sand.
- Excluding the child from gym activities for not eating their lunch.

Children cannot be excluded from daily learning experiences. This does not include age appropriate discipline techniques, such as:

- Redirecting a child from the block area after throwing blocks.
- Having a child participate in small group time in a way that benefits the child and doesn't disrupt the group, such as having the child sit a few feet away.
- Using time out when appropriate as outlined in subrule (1) of this rule.

**Note:** The practices outlined in this subrule are prohibited regardless of parental permission. Any caregiver who questions or has concerns regarding a parental discipline request should contact their licensing consultant.

Consultation

The following publications are available on the department's Web site (www.michigan.gov/michildcare):

- Fussy Baby (BCAL-Pub 689).
- Positive Discipline - Including the Proper Use of Time Out (BCAL-Pub 787).

**R 400.8140 (3)** **Discipline.**

**(3) Non-severe and developmentally appropriate discipline or restraint may be used when reasonably necessary, based on a child's development, to prevent a child from harming himself or herself or to prevent a child from harming other persons or property, excluding those forms of punishment prohibited by subrule (2) of this rule.**

Rationale

Undue physical restraint, especially with bonds, ties, or straps, is inappropriate.

Technical Assistance

If it becomes necessary to restrain a child, for his or her own or other's protection, holding the child as gently as possible is acceptable. Children must not be physically restrained longer than necessary to control the situation.

Examples of inappropriate restraint include, but are not limited to:

- Holding a child with undue physical force.
- Holding a child down on a sleep surface.
- Sitting on a child.
- Confining a child to high chair, swing, car seat, crib, etc.

Consultation

Specific training may need to be provided to ensure staff understand when and how to properly restrain a child.

**R 400.8140 (4)** **Discipline.**

**(4) A policy shall be developed and implemented regarding the discipline of children.** *The policy* **shall be** *all of the following*:
**(a) In written form.**
**(b) Age appropriate.**
**(c) Provided to staff and parents.**

Rationale

Assures that parents and all caregivers are informed of the policies regarding the discipline of children.

Technical Assistance

The discipline policy must include:

- How caregivers will manage children's behavior by using positive methods of discipline and encouraging children to develop self-control as required by R 400.8140(1).
- Discipline methods that are appropriate for children of different ages and levels of understanding, based on the ages of children cared for at the center.

Consultation

Centers may include a list of the forms of discipline prohibited by R 400.8140(2) in their discipline policy.

It is recommended that the policy include procedures for handling specific behaviors such as biting, bullying and aggressiveness.

**R 400.8143 (1)** **Children's records.**

**(1) At the time of the child's initial attendance,** *the center shall obtain* **a child information card, using a form provided by the department or a comparable substitute, completed and signed by the parent, and** *the center shall keep it* **on file and accessible in the center.**

Rationale

Assures that centers have contact and medical information for each child.

Technical Assistance

"Initial attendance" means the moment a child is left in the center's care.

o demonstrate compliance with this subrule, the Child Information Record (BCAL-3731 or a comparable substitute) must be accurate and complete. Unless otherwise indicated, ALL requested information must be provided. If the information cannot be obtained 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.

The BCAL-3731 was updated in June 2017. Previous editions can be used until September 30, 2018. The June 2017 version makes it optional to list a second parent/legal guardian's information. If a second parent/legal guardian is not listed, all the information regarding that parent/legal guardian can be left blank. Even if previous versions of the card are being used, the second parent/legal guardian's information will be considered optional.

Children may be released to a parent/legal guardian or other individual named in the release of child sections on the BCAL-3731.

**Note:** A separate BCAL-3731 (or comparable substitute) must be completed for each child in care.

An electronic signature from a child's parent is acceptable.

Consultation

The rule does not require the BCAL-3731 (or comparable substitute) to be notarized. However, centers should check with the local hospital(s) as some do require the card to be notarized prior to treating a child.

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**R 400.8143 (2)** **Children's records.**

**(2) Child information cards shall be** *reviewed and updated by parents at least* **annually** *and* **when** *the center becomes aware of* **changes.**

Rationale

Assures that the center has current, complete and accurate information.

Technical Assistance

If no changes have taken place within the preceding year, the Child Information Record (BCAL-3731 or comparable substitute) can be updated annually by having parents review the card and then initial and date the card.

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**R 400.8143 (3)** **Children's records.**

**(3) At the time of initial attendance, 1 of the following shall be obtained and kept on file and accessible in the center** *for children under school-age***:**

**(a) A certificate of immunization showing a minimum of 1 dose of each immunizing agent specified by the department of community health.**

**(b) A copy of a waiver addressed to the department of community health and signed by the parent stating immunizations are not being administered due to religious, medical, or other reasons.**

Rationale

Routine immunization at the appropriate age is the best means of preventing vaccine-preventable diseases for both the child who is immunized and other children to whom they are exposed.

Technical Assistance

"Initial attendance" means the moment a child is left in the center's care.

Any of the following are required to document compliance with subrule (a) of this rule:

- A copy of the child's immunization record.
- The official immunization record printed from the Michigan Child Care Improvement Registry (MCIR). [This can only be printed by a health care provider or the Michigan Department of Health and Human Services (MDHHS)].
- The unofficial immunization record printed from MCIR if the child is up-to-date on their immunizations.

If parents choose not to have immunizations administered, per subrule (b) of this rule, the parent must complete the waiver. A copy of the waiver must be kept on file at the center. For more information on the waiver, go to www.michigan.gov/immunize > Local Health Departments > Immunization Waiver Information.

Consultation

Information pertaining to required immunizations for Michigan child care/preschool attendance can be obtained from the MDHHS website (www.michigan.gov/immunize) or the MCIR website (www.mcir.org Schools/Child Care > Childcare Packet.) The Center for Disease Control (CDC) recommends additional immunizations. Additional information on the CDC's recommendations can be obtained from the CDC website (www.cdc.gov/vaccines).

MDHHS has developed flu information materials for centers. It is recommended that centers post this information in an area for staff and parents to review and to remind parents that to be protected, children need to be given the flu vaccine every year. For more information on the flu and flu vaccines, please go to the department's website at www.michigan.gov/michildcare >Information for Parents >Immunization Information.

The following chart outlines required and recommended immunizations for children birth to 5 years of age. Caregivers are encouraged to share this chart with parents annually.

**Required Immunizations for Michigan Child Care/Preschool Attendance**
This table represents **the minimum required** immunizations for child care centers.

| Age / Vaccine# | Birth through 1 mo. | 2 mo. through 3 mo. | 4 mo. through 5 mo. | 6 mo. through 15 mo. | 16 mo. through 18 mo. | 19 mo. through 4 years | 5 years |
|---|---|---|---|---|---|---|---|
| **Diphteria, tetanus & pertussis (DTaP)** | None | 1 dose | 2 doses | 3 doses | 3 doses | 4 doses | |
| **Pneumococcal Conjugate [PCV7 and/or PCV13] (Required after 1/1/07)** | None | 1 dose | 2 doses | 3 doses | 4 doses **OR** age appropriate complete series | 1 dose on or after 24 mo. **OR** age appropriate complete series | None |
| ***H. Influenzae* type B (Hib)** | None | 1 dose | 2 doses | | 1 dose on or after 15 mo. **OR** age appropriate complete series | | None |
| **Polio** | None | 1 dose | 2 doses | | 2 doses | 3 doses | |
| **Measles*** **Mumps*** **Rubella*** | None | | | | 1 dose on or after 12 months | | |
| **Hepatitis B*** | None** | 1 dose | 2 doses | | 2 doses | 3 doses | |
| **Varicella*** **(Chickenpox)** | None | | | | 1 dose on or after 12 months **OR** current lab immunity **OR** reliable history of disease | | |

| Recommended Immunizations (In Addition to the Required Immunizations Listed Above) (Centers for Disease Control) | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Birth** | **1 mo.** | **2 mo.** | **3 mo.** | **4 mo.** | **6 mo.** | **12 mo.** | **15 mo.** | **19-23 mo.** | **2-3 years** | **4-6 years** |
| **Rotavirus+** | None | | 1 dose | 1 dose | 1 dose | | | | | | |
| **Influenza** | None | | | | | Yearly | | | | | |
| **Hepatitis A** | None | | | | | | 2 doses | | | Additional doses for high risk groups | |
| **Meningococcal** | None | | | | | | | | | For high risk groups | |

# All doses of vaccines must be given with appropriate spacing between doses and at appropriate ages to be considered valid.

* Current laboratory evidence is acceptable instead of immunization with that antigen.

** Hepatitis B may be administered as early as birth.

+ Do not begin after 15 weeks.

**R 400.8143 (4)** **Children's records.**

**(4) When a child** *under school-age whose immunizations were not up-to-date at the time of enrollment* **has been in attendance for 4 months, an updated certificate showing completion of all additional immunization requirements as specified by the department of community health shall be kept on file unless there is a signed statement by a licensed** *health care provider* **stating immunizations are in progress.**

Rationale

Routine immunization at the appropriate age is the best means of preventing vaccine-preventable diseases for both the child who is immunized and other children to whom they are exposed.

Technical Assistance

Any of the following are required to document compliance with subrule (a) of this rule:

- A copy of the child's immunization record.
- The official immunization record printed from MCIR. (This can only be printed by a health care provider or MDHHS).
- The unofficial immunization record printed from MCIR if the child is up-to-date on their immunizations.

Consultation

Information pertaining to required immunizations for Michigan child care/preschool attendance can be obtained from the MDHHS website (www.michigan.gov/immunize) or the MCIR website (www.mcir.org Schools/Child Care > Childcare Packet.)

**R 400.8143 (5)** **Children's records.**

*(5) Under section 9211 of 1978 PA 368, MCL 333.9211(2), immunizations shall be reported to the department of community health for all children enrolled using the method established by the department of community health by October 1 of each year.*

Technical Assistance

The Public Health Code [1978 PA 368, MCL 333.9211(2)] requires the operator of the licensed child care program to report the immunizations of all children enrolled in the program using MCIR (www.mcir.org) or forms provided by MDHHS by October 1 of each year. Any assistance needed or questions about immunizations should be directed to the county public health department or the MDHHS, Division of Immunization at (517) 335-8159.

This rule applies to all children in care, including children who may reside out-of-state (usually a border state to Michigan, Ohio, Wisconsin, Indiana, Illinois).

**R 400.8143 (6)-(7)** **Children's records.**

**(6) Within 30 days of initial attendance, 1 of the following shall be obtained and kept on file and accessible in the center:**

**(a) For infants: A physical evaluation performed within the preceding 3 months signed by a licensed** *health care provider***. Restrictions shall be noted.**

*(b) For toddlers: A physical evaluation performed within the preceding 6 months signed by a licensed health care provider. Restrictions shall be noted.*

**(c) For preschoolers: A physical evaluation performed within the preceding year signed by a licensed** *health care provider***. Any restrictions shall be noted.**

**(7) Physical evaluations shall be updated as follows:**

**(a) Yearly for infants and toddlers.**

**(b) Every 2 years for preschoolers.**

Rationale

The purpose of the health evaluation is to give information about a child's health history, special needs and current health status to allow the center to provide a safe setting and healthful experience for each child. The reports of such evaluations provide a conduit for communication of information that helps the health professional and the center determine appropriate services for the child.

Technical Assistance

"Initial attendance" means the moment a child is left in the center's care.

Physical evaluations are acceptable from the following:

- A Doctor of Medicine (MD).
- A Doctor of Osteopathic Medicine (DO).
- A designee who is supervised by a licensed physician such as a physician assistant, nurse practitioner, or nurse.

**Note:** Physical evaluations are not acceptable from a chiropractor as this type of health evaluation does not fall under a chiropractor's scope of work. A chiropractor's scope of work deals with the human nervous system and the musculoskeletal system and their interrelationship with other body systems only.

Consultation

It is recommended that the Health Appraisal (MDCH/BCAL-3305) form be used to document a child's physical evaluation. The MDCH/BCAL-3305 is available on the department's website at www.michigan.gov/michildcare.

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**R 400.8143 (8)** **Children's records.**

**(8) Upon enrollment and annually thereafter, the center shall obtain and keep on file at the center a signed statement from the school-age child's parent confirming all of the following:**
**(a) The child is in good health with activity restrictions noted.**
**(b) The child's immunizations are up-to-date.**
**(c) The immunization record or appropriate waiver is on file with the child's school.**

Rationale

Assures the center is aware of any health concerns or restrictions on a child's physical activities.

Technical Assistance

An electronic signature from a child's parent is acceptable.

Consultation

Centers are encouraged to develop a form addressing the requirements of this rule that can easily be completed by parents.

Refer to subrule (3) of this rule for more information on immunizations.

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**R 400.8143 (9)** **Children's records.**

**(9) The center shall assure that if a parent objects to a physical examination or medical treatment on religious grounds, then the parent provides a signed statement annually that the child is in good health and that the parent assumes responsibility for the child's state of health while at the center.**

Rationale

Respects a parent's religious beliefs.

Technical Assistance

The parent's statement must include the following:

- The parent objects to a physical examination or medical treatment on religious grounds.
- The parent assumes responsibility for the child's state of health while at the center.
- Any restrictions that might affect a child's participation in the program such as allergies, asthma or developmental issues.

An electronic signature from a child's parent is acceptable.

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**R 400.8143 (10)** **Children's records.**

**(10) The center shall maintain an accurate record of daily attendance at the center that includes each child's first and last name and each child's arrival and departure time.**

Rationale

Assures that the facility knows which children are in care at any given time. It assists in maintaining child-staff ratios and provides data for program planning. Attendance records may be necessary in conducting complaint investigations and other inspections.

Technical Assistance

A center's attendance procedure may include having either staff or parents be responsible for entering arrival and departure times or a combination of both. It is the center's responsibility to ensure attendance is accurate and is documented when the child arrives and departs, even if the procedure is for parents to sign children in and out.

Centers can keep attendance records electronically. It is the center's responsibility to demonstrate all of the following:

- The electronic attendance records are reliable.
- How attendance records would be maintained if the system was down.
- How attendance records would be accessed if the system was down or in an emergency.

If electronic attendance records are not available during an on-site inspection, the center is in violation of this rule.

All providers that receive Child Development and Care (CDC) payments must keep complete and accurate records of daily time and attendance for each CDC child in care. You must make these records available to an employee of the Department or the Auditor General if asked.Licensed and registered providers are not required to use the CDC Daily Time and Attendance Record (DHS-1546) but must maintain records showing the:

- Child(ren)'s name and age.

- Pay period number.
- Dates for each day you watched each child during the pay period.
- Daily care begin time and daily care end time for each child.
- Total number of hours you watched each child for the pay period.
- You and the parent must certify the daily attendance records are accurate.
  - You must sign your time and attendance records.
  - The parent must sign or initial daily to show that they agree with the information on the time and attendance records.

Consultation

For more information on CDC-paid child care, go to www.michigan.gov/childcare.

If the center participates in the Child and Adult Care Food Program, the center may use the same form to document daily attendance and meal attendance for the food program.

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**R 400.8143 (11)** **Children's records.**

**(11) Parent's written permission for the child's participation in field trips shall be obtained at the time of enrollment or before each field trip and kept on file at the center.**

Rationale

Assures that parents give written permission for their child to leave the premises of the center and that they are aware of their child's whereabouts at all times.

Technical Assistance

See R 400.8101(j) for the definition of "field trip." A field trip may or may not involve being transported in a motor vehicle.

An electronic signature from a child's parent is acceptable.

**R 400.8146 (1)** **Information** *provided to* **parents.**

**(1)** *A center shall provide* **a written information packet to each parent enrolling a child that includes at least all of the following:**
**(a) Criteria for admission and withdrawal.**
**(b) Schedule of operation, denoting hours, days, and holidays during which the center is open and services are provided.**
**(c) Fee policy.**
**(d) Discipline policy.**
**(e) Food service** *policy***.**
**(f) Program philosophy.**
*(g)* **Typical daily** *routine.*
*(h) Parent notification plan for accidents, injuries, incidents, illnesses.*
*(i) Exclusion policy for child illnesses.*
*(j) Notice of the availability of the center's licensing notebook. The notice shall include all of the following:*
*(i) The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans since May 28, 2010.*
*(ii) The licensing notebook is available to parents during regular business hours.*
*(iii) Licensing inspection and special investigation reports from at least the past 2 years are available on the child care licensing website at www.michigan.gov/michildcare. The website address must be in bold print.*

Rationale

Clear, written policies assure that parents are aware of center policies and expectations.

Technical Assistance

The written information packet can be made available to parents online.

**Admission/Withdrawal Policy**

An admission policy must include the following:
- Requirements for the age of the child.
- Specific geographic requirements, if required.
- Organization affiliation requirements, if required.
- Income requirements, if required.
- Documents that must be completed and submitted before acceptance such as an immunization record, the Child Information Card, etc.

A complete withdrawal policy consists of two components:
- Reasons why the center would dismiss a child, such as nonpayment of fees, the suitability of the program for a particular child and

specific behaviors that are unacceptable (e.g., excessive biting or aggressiveness, excessive absences).
- Expectations of the parents should they decide to withdraw their child from the program: how much notice must be given and whether there is a penalty for not providing the proper notice.

**Schedule of Operation**

The schedule of operation must list the days and hours the center operates and which days the center will not be open.

**Fee Policy**

The fee policy must include the following:
- If there is an enrollment or application fee and the amount.
- The tuition amount and acceptable methods of payment.
- The payment schedule, including late fees.
- Additional fees for special trips or projects.
- Fees for days the center is closed.
- Fees for days a child is ill or on vacation.

**Discipline Policy**

The discipline policy must be age appropriate and should include:
- A description of the center's philosophy toward child management.
- The methods of discipline that will be used and under what circumstances.
- Those methods which are prohibited by rule.
- That time out is not an appropriate method of discipline for children under three years of age.

Refer to R 400.8140 for more information on the discipline policy.

**Food Service Policy**

Child care centers that care for children more than four hours per day must provide the food or obtain a written agreement, signed by the parent, that the parent chooses to provide the food. In either case, the center needs to identify the food service program in a written policy to parents.

If the center is providing food, the policy must clearly indicate:
- What meals will be served and at what time.
- That menus with noted food substitutions will be posted in a place visible to parents.
- That the meals will be in accordance with the minimum meal requirements of the Child and Adult Care Food Program.
- That the center will comply with rule 400.8330(3) to ensure children with special dietary needs receive meals/snacks in accordance with the child's needs.

If parents are providing meals, the policy must indicate:

- What meals the parent will provide.
- That the child will not be deprived of a meal or snack if the parent fails to provide it.
- If the center is serving some meals or snacks or a portion of the meal, such as milk.

**Program Philosophy**

The program philosophy must describe the center's purpose and beliefs.

**Typical Daily Routine**

The typical daily routine must include the general time frame for daily activities and activities that occur less often, such as gym time on Wednesdays.

**Parent Notification Plan for Accidents, Injuries, Incidents, and Illnesses**

As required by 400.8155(1), centers must develop a plan on how the center will notify parents when the center observes changes in the child's health, a child experiences accidents, injuries, or incidents, or when a child is too ill to remain in the group. Parents must be notified of this plan.

**Exclusion Policy for Child Illnesses**

As required by 400.8155(5), centers must develop a policy detailing when children will be excluded from child care due to illness. Parents must be notified of this policy.

**Licensing Notebook**

Effective May 27, 2010, the Child Care Organizations Act (1973 PA 116) requires providers to maintain a licensing notebook which includes **all** licensing inspection and special investigation reports and related corrective action plans (CAP). The notebook must also include a summary sheet outlining all the reports and CAPs contained in the notebook. The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

Centers must have documentation on file that parents were notified of the licensing notebook as required by subrule (1)(j) of this rule.

Consultation

The center program director or a staff person should review all center policies with parents at the time of enrollment.

Centers may choose to include these policies, as well as other information the center considers important for parents to know, in a parent handbook. Using the handbook format assures all materials are contained in one place for easy access. Whatever method the center decides to use, these policies should be written in a way that reflects its individuality and uniqueness.

**Schedule of Operation**

It is advisable to include a policy for snow/inclement weather days.

**Program Philosophy**

The center may want to consider including the center's mission statement and the type of program being offered in the program philosophy.

**Licensing Notebook**

The Licensing Notebook Summary Sheet (BCAL-5052) may be used as the required summary sheet in the licensing notebook.

The Parent Notification of the Licensing Notebook (BCAL-5053) may be used to notify parents of the licensing notebook.

It is recommended that when inspection reports and related CAPs are added to the licensing notebook, the center notify parents within three business days of the receipt of the report or approval letter for the CAP.

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**R 400.8146 (2)** **Information** *provided to* **parents.**

*(2) Written documentation that the parent received the written information packet as required by subrule (1) of this rule shall be kept on file at the center.*

Rationale

Assures that parents are aware of center policies and expectations.

Technical Assistance

It is acceptable to obtain a written statement from parents that they received all the documents required by subrule (1) of this rule. A single written statement may be used for all children in the same family.

If the written information packet is provided online, the written documentation from parents must indicate where it can be found online.

Consultation

The Written Information Packet Documentation (BCAL-4340) form may be used to document that parents received all of the documents required by subrule (1) of this rule. A single BCAL-4340 may be used for all children in the same family.

**R 400.8146 (3)-(4)** **Information** *provided to* **parents.**

**(3) For infants** *and toddlers*, **parents shall receive a written daily record that includes at least the following information:**
**(a) Food intake; time, type of food, and amount eaten.**
**(b) Sleeping patterns; when and how long child slept.**
**(c) Elimination patterns, including bowel movements, consistency, and frequency.**
**(d) Developmental milestones.**
**(e) Changes in the child's usual behaviors.**

*(4) Parents of children with special needs may request a written daily record that includes at least the information required by subrule (3) of this rule.*

Rationale

- Provides parents with information about their child on a daily basis.
- Assures continuity of care and communication among caregivers.
- Facilitates observation and documentation of changes in a child's feeding habits, sleeping patterns, elimination patterns, and development to determine possible health problems.

Technical Assistance

Entries must be made in a timely manner as each event occurs.

If the parent has an opportunity to review the written daily record when picking up their child, the center does not have to give the parent a copy, unless the parent requests to have a written copy each day.

The written daily record may also be provided to parents electronically.

If parents of children with special needs request a written daily record, it must include at least the information required by subrule (3) of this rule.

Consultation

It is recommended that the written daily record be used to be comply with R 400.8185(4).

It is recommended that the center maintain a copy of the written daily record.

**R 400.8146 (5)** **Information** *provided to* **parents.**

**(5) Parents shall be notified before each field trip.**

Rationale

Assures parents are aware of their child's whereabouts at all times.

Technical Assistance

See R 400.8101(j) for the definition of "field trip". A field trip may or may not involve being transported in a motor vehicle.

Centers can use various methods to notify parents prior to field trips including, but not limited to the following:

- Providing a written notice prior to each field trip.
- Providing a schedule of field trips for the year given at the time of enrollment, beginning of the school year, calendar year, etc.
- Posting a notice in a conspicuous location at the center, in the parent handbook or center policies given to each parent.
- Sending an email prior to each field trip.
- Calling parents prior to each field trip.

Consultation

It is recommended that the notice include the date, arrival and departure times, location of the field trip, and mode of transportation.

Centers that take children off the premises for unplanned excursions/activities, such as for a walk or to go the store for ice cream, should have a procedure in place so parents are notified that these activities may take place. A general notification to parents that these activities may occur on a spur of the moment basis should be provided to parents.

It is suggested that centers have parents sign a statement or agreement that they are aware that this may occur. It is recommended that centers post a notice or sign in a conspicuous place so parents know where to find their child(ren) if they arrive at the center before the children return.

**R 400.8149(1)** **Parent permission for transportation.**

**(1) Parent's written permission shall be obtained annually for routine transportation.**

Rationale

Assures that parents give permission for their children to be transported.

Technical Assistance

Centers must have documentation of parental permission on file for each child who is transported. The routine transportation permission form must include all of the following:

- Child's name.
- Date parent gave the permission. Parents must re-sign the permission form annually.
- When the routine transportation will occur.
- Transportation destination.
- Parent's signature. An electronic signature from a child's parent is acceptable.

Routine transportation means regularly scheduled travel on the same day, at the same time, to the same destination.

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**R 400.8149 (2)** **Parent permission for transportation.**

*(2) Parent's written permission for any transportation not considered routine shall be obtained before each trip.*

Rationale

Assures that parents give permission for their children to be transported.

Technical Assistance

The non-routine transportation permission form must include all of the following:

- Child's name.
- Date parent gave the permission.
- When the non-routine transportation will occur.
- Transportation destination.
- Parent's signature. An electronic signature from a child's parent is acceptable.

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**R 400.8149 (3)** **Parent permission for transportation.**

*(3) Permission for all transportation shall be kept on file at the center.*

Rationale

Documents that parents gave permission for their children to be transported.

**R 400.8152 (1)** **Medication; administrative procedures.**

**(1) Medication, prescription or nonprescription, shall be given to a child by an adult caregiver only.**

Rationale

Assures for the safety and well-being of children by assuring that medication is appropriately administered.

Technical Assistance

This rule does not require centers to dispense medication.

The center may apply for a variance to allow school-age children, with parental permission, to self administer medications such as an inhaler or diabetic shots. The variance request must indicate that an adult will supervise the administration of the medication and documentation of the medication administered. Refer to R 400.8104 for information on variances.

**R 400.8152 (2)** **Medication; administrative procedures.**

**(2)** *A caregiver shall give or apply* **medication, prescription or nonprescription, only with prior written permission from a parent.**

Rationale

Assures for the safety and well-being of children by assuring that medication is appropriately administered.

Technical Assistance

These guidelines must be followed when administering medication to assure compliance with this rule:

- For oral prescription or nonprescription medications and topical prescription medications, the Medical Permission (BCAL-1243) form (or comparable substitute) must be filled out completely by the parent indicating the dosage, times given per day and the number of days to be given.
  **Note:** An oral medication is anything that goes into the child's mouth (other than food and beverages) and a topical medication is anything that is applied to the child's body.

- Topical, nonprescription medications require only annual written parental permission under subrule (8) of this rule. The BCAL-1243 (or comparable substitute) does not need to be used. A blanket "as needed" medication permission form is sufficient. Refer to subrule (8) of this rule for more information.

- A separate medication permission form is required for each medication for each individual child.

- The medication permission form must indicate a beginning date but can have “ongoing” as an ending date for ongoing/maintenance medications (e.g., inhalers, ritalin, etc.).
- The medication permission form must indicate a beginning date but can have “ongoing” as an ending date and “as needed” for the time the medication will be provided for medications that will only be provided in an emergency (e.g., epi pen) or for medications that will be provided on an as needed basis (e.g., Tylenol when a child complains of a headache or has a fever).
- Any change in the prescription requires a new medication permission form be completed.
- An electronic signature from a child’s parent is acceptable.

Consultation

The Medication Permission and Instructions (BCAL-1243) form is available on the department's website at www.michigan.gov/michildcare-forms.

The instructions for any medication provided on an as needed basis should be very specific as to when it can provided. It is also recommended that parents also give verbal permission prior to giving a child a medication on as needed basis.

It is recommended that the parent review and re-sign all medical permission forms at least annually.

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**R 400.8152 (3)** **Medication; administrative procedures.**

**(3) All medication shall be its original container, stored according to instructions, and clearly labeled for a named child.**

Rationale

Assures for the safety and well-being of children by assuring that medication is appropriately administered.

Technical Assistance

This rule prohibits siblings from sharing prescription medication unless all names are printed on the original pharmacy label.

Nonprescription medications must also be labeled with the child’s name. Nonprescription medication can be shared as long as it is labeled with all of the children’s names that will be using it.

Center staff are prohibited from administering any medication, prescription or nonprescription, that is not in an original labeled container.

Consultation

Parents can request the pharmacist split the prescription into two separate, pharmacy labeled containers, one for home and one for the child care center.

**R 400.8152 (4)** **Medication; administrative procedures.**

**(4) Prescription medication shall have the pharmacy label indicating the physician's name, child's name, instructions, and name and strength of the medication and shall be given according to those instructions.**

Rationale: Assures for the safety and well-being of children by assuring that medication is appropriately administered.

Technical Assistance: Caregivers must not inappropriately administer medication to a child based solely on a parent's desire or written permission to give the child medication. This includes sharing prescription medication among siblings unless all names are printed on the prescription label.

**R 400.8152 (5)** **Medication; administrative procedures.**

**(5)** *A caregiver shall keep* **all medication out of the reach of children and shall return it to the child's parent or destro***y it* **when the parent determines it is no longer needed or it has expired.**

Rationale: Assures for the safety and well being of children and assures that all medication is appropriately administered.

**R 400.8152 (6)** **Medication; administrative procedures.**

**(6) A caregiver shall give or apply any prescription or nonprescription medication according to the directions on the original container unless authorized by a written order of the child's physician.**

Rationale: Assures for the safety and well-being of children by assuring that all medication is appropriately administered.

Attorney General Opinion No. 7274, dated August 28, 2013, confirmed that child care center rules allow caregivers to administer insulin and glucagon. Insulin is often administered by syringe through an injection, but other options include insulin pens and pumps. Glucagon is only administered by injection.

Technical Assistance: Caregivers must not inappropriately administer medication to a child based solely on a parent's desire to give the child medication. This includes sharing prescription medication among siblings unless all names are printed on the pharmacy label.

If a nonprescription medication indicates that a physician should be consulted for the dosage, written instructions must be obtained from the physician before administering the medication.

Consultation

It is recommended that caregivers receive training on how to:

- Ensure parents provide the proper written permission and instructions to provide medication to their child.
- Read medication labels and instructions.
- Properly measure doses of medication.
- Use any specific medical device such as an inhaler or nebulizer, if necessary.

Attorney General Opinion No. 7274, dated August 28, 2013, recommends that caregivers receive specific training on the administration of any medication that is dispensed via syringe prior to administering the medication.

Any training completed on proper administration of medication counts toward a caregiver's annual clock hours of professional development as required by R 400.8131(4).

The U.S. Food and Drug Administration (FDA) and the American Academy of Pediatrics have both recommended that cold and cough medications NOT be used with children under the age of six.

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**R 400.8152 (7)** **Medication; administrative procedures.**

**(7)** *A caregiver shall not add* **medication to a child's bottle, beverage, or food unless indicated on the prescription label.**

Adding medication to a child's bottle does not assure they will ingest the proper dosage of the medication.

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**R 400.8152 (8)** **Medication; administrative procedures.**

**(8) Topical nonprescription medication, including, but not limited to sunscreen and insect repellant, requires written parental authorization annually.**

Rationale

Allows centers more flexibility regarding the administration of topical nonprescription medications.

Technical Assistance

Topical nonprescription medication includes, but is not limited to:

- Sunscreen.
- Insect repellent
- Diaper rash cream.
- Antibiotic ointment.

- Rubbing alcohol.
- Hydrogen peroxide.
- Essential oils.

Topical nonprescription medication does not include:
- Hand sanitizer.
- Hand or body lotion, including petroleum jelly based products such as Vaseline.
- Lip balm.

An electronic signature from a child's parent is acceptable.

As noted in subrule (2) of this rule, a blanket "as needed" medication permission form is sufficient for topical nonprescription medication. The date, time and amount of medication given does **not** need to be documented on the medication permission form.

Consultation

It is recommended that parents be notified if hand sanitizer or any other lotion or cream is used by children in care.

It is recommended that the written parental permission for use of essential oils contain specific instructions on when and how to apply them.

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**R 400.8152 (9)** **Medication; administrative procedures.**

**(9) The center shall maintain a record as to the time and the amount of medication given or applied, with the exception of subrule (8) of this rule, on a form provided by the department or a comparable substitute approved by the department. The signature of the caregiver administering the medication shall be included.**

Rationale

Protects the center by documenting the administration of medication to children. Medication records may be critical in the course of a complaint investigation.

Technical Assistance

The Medical Permission and Instructions (BCAL-1243) form or a comparable substitute must be used to document compliance with this subrule for oral prescription or nonprescription medications and topical prescription medications. Refer to subrule (8) of this rule for nonprescription topical medications.

See subrule (2) of this rule for more information on when the medication permission form must be completed.

Consultation

The BCAL-1243 form is available on the department's website at www.michigan.gov/michildcare-forms.

Centers are encouraged to store inactive files separately from active files.

**R 400.8155 (1)** *Child accidents and incidents*; **child** *and staff* **illness.**

*(1) A plan for when and how* **parents** *will* **be notified when the center observes changes in the child's health, a child experiences accidents, injuries, or incidents, or when a child is too ill to remain in the group** *shall be developed and implemented.*

Rationale

- Allows parents to be given the opportunity to decide how they want the situation handled.
- Assures the health and safety of children.
- Helps to minimize the spread of infection.

Technical Assistance

An incident includes, but is not limited to, the following:

- A child is lost or left unsupervised.
- Alleged sexual contact between children or a child and a staff member or volunteer.
- Physical discipline of a child by a staff member or volunteer.

The plan must address how parents will be notified, such as:

- Written injury report they receive at pick up.
- Phone call.
- Email.
- Text message.

If a parent will be notified differently for different types of situations, this must be addressed in the plan. For example, the plan may require that parents be called when a child has a head injury, but may receive a written injury report at pick-up if the child falls and skins his or her knee.

The plan must address the timeframes for when parents will be notified and who will notify the parent.

Consultation

Parents should be notified when indicators of changes in a child's health are present, including but not limited to:

1. **Fever -** If a child has a temperature of 100°F (taken by mouth) or 99°F (taken under the arm).
2. **Diarrhea -** If a child has two loose or watery stools, even if there are no other signs of illness.
   ***Exception:*** This may occasionally be caused by new foods a child has eaten, but call the parents to find out if this is the likely cause.
3. **Vomiting -** Any vomiting.
   ***Exception:*** Some babies may "burp up" following a feeding – this is not vomiting.
4. **Rash -** If the child develops any rash.
   ***Exception:*** Mild diaper rash, already known to the parents is not a reason to call the parents.

5. **Crying and complaining for a long time -** If the child is not him/herself and is complaining about discomfort or is just cranky and crying more than usual for that child.

Managing Communicable Diseases in Child Care Settings (BCAL-Pub 111) is available on the department's website (www.michigan.gov/michildcare).

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**R 400.8155 (2)** *Child accidents and incidents*; **child** *and staff* **illness.**

**(2) The center shall assure that a child too ill to remain in the group is placed in a separate area and is cared for and supervised until the parent arrives.**

Rationale

Helps to minimize the spread of infection and assures for the comfort of the ill child.

Technical Assistance

A child is considered too ill to remain in the group if one or more of the following conditions exists:

- The illness prevents the child from participating comfortably in activities as determined by the center.
- The illness results in a greater need for care than the child care staff can provide without compromising the health and safety of the other children.

The center is responsible and accountable for assuring that:

- A child too ill to remain in the group is separated enough from well children to further prevent spread of that illness to the other children.
- An isolated child is adequately supervised when separated from the group.

Consultation

Managing Communicable Diseases in Child Care Settings (BCAL-Pub 111) is available on the department's website (www.michigan.gov/michildcare).

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**R 400.8155 (3)** *Child accidents and incidents*; **child** *and staff* **illness.**

**(3) Items and facilities used by an ill child** *or adult* **shall not be used by any other person until** *washed, rinsed,* **and sanitized.**

Rationale

Helps to prevent the spread of illness or communicable diseases within a center.

Technical Assistance

Washing, rinsing and sanitizing means:

- Washing the surface or article vigorously with soap and water.

- Rinsing the surface or article with clean water.
- Submerging, wiping or spraying the surface or the article with a sanitizing solution.
- Letting the article or surface air dry.
  **Note:** Laundering bedding, stuffed toys and dress-up clothes in HOT water and detergent cleans and sanitizes these items. If the item cannot be laundered, it must be discarded when soiled.

Examples of sanitizing solutions include, but are not limited to:

- Water and non-scented chlorine bleach with a concentration of bleach between 50 – 200 parts per million (one teaspoon to one tablespoon of bleach per gallon of water). Test strips must be used **daily** to check the concentration of the bleach/water solution and are available from most food service suppliers.
- Commercial sanitizers (products labeled as a sanitizer purchased at a store). Caution must be exercised to assure they are used according to the manufacturer's instructions. **Note:** Commercial disinfecting or sanitizing wipes may be used as long as a test strip is used **daily** to check the concentration of the wipes in the container. The concentration must be at least 50 – 200 parts per million.

**Note:** When sanitizing toys and other items children may put in their mouths, including cots and mats:

- Bleach used must have an EPA number indicating an approval for food sanitizing.
- Commercial sanitizers used must be unscented and specify on the label that they are safe for food contact surfaces.

Consultation

Bleach is recommended as a sanitizing product because it is safe, effective and inexpensive.

Prior to using corrosive substances, such as bleach, it is recommended that you contact Michigan Occupational Safety and Health Administration (MIOSHA) to ensure you follow any safety requirements, such as installation of an eyewash station. For more information go to the MIOSHA website at www.michigan.gov/miosha or call or contact the Consultation, Education & Training Division at (517) 284-7720.

Local health department sanitarians may maintain a list of approved sanitizers.

Centers are encouraged to use separate spray bottles containing soapy water, rinse water and a sanitizing solution.

For cleaning up vomit (including spit-up) or feces, it is recommended that the surface or item be disinfected. A disinfecting solution can be made using water and non-scented chlorine bleach as follows:

- **Stainless steel and food/mouth contact items -**
  1 tablespoon of bleach per gallon of water.

- **Non-porous surfaces, tile floors, countertops, sinks, and toilets -**
  1/3 cup bleach per gallon of water.
- **Porous surfaces and wood floors -**
  1 2/3 cups bleach per gallon of water.

The bleach solution should be left on the surface for 10 to 20 minutes and then rinsed with clean water.

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**R 400.8155 (4)** *Child accidents and incidents*; **child** *and staff* **illness.**

**(4) If the center becomes aware that** *a staff member, volunteer, or* **child in care has contracted a communicable disease, then the center shall notify parents of the following:**
**(a) The name of the communicable disease.**
**(b) The symptoms of the disease.**

Rationale

Assures parents are aware that their child has been exposed to a communicable disease, educates parents about what symptoms to watch for and prevents the spread of communicable diseases.

Technical Assistance

All parents of children in care must be notified, not just the parents of children who have contact with a communicable disease. When informing parents of their child's exposure to a communicable disease, the name of the ill child must not be released per the Child Care Organizations Act, 1973 PA 116, MCL 722.120 (2), which defines this information as confidential.

If a child was exposed to Hepatitis B or HIV/AIDS, contact the local health department prior to informing parents of the exposure. The local health department will help determine what information can be released to parents to assure confidentiality laws are not broken.

Centers have various options for notifying parents including, but not limited to the following:
- Posting the information in a conspicuous location at the center.
- Sending home written notification to parents.
- Emailing parents.
- Calling parents.

Consultation

Managing Communicable Diseases in Child Care Settings (BCAL-Pub 111) is available on the department's website (www.michigan.gov/michildcare).

Contact your local health department for more information on communicable diseases.

**R 400.8155 (5)** *Child accidents and incidents*; **child** *and staff* **illness.**

*(5) A policy detailing when children, staff, and volunteers will be excluded from child care due to illness shall be developed and implemented.*

Rationale

Helps to prevent the spread of illness or communicable diseases within a center.

Technical Assistance

The policy should detail when child, staff and volunteers cannot be present at the center and when they can return to the center.

Consultation

Managing Communicable Diseases in Child Care Settings (BCAL-Pub 111) is available on the department's website (www.michigan.gov/michildcare).

Contact your local health department for more information on communicable diseases.

**R 400.8158 (1)-(2)** *Incident,* **accident, injury, illness, death, fire reporting.**

**(1) A center shall make a verbal report to the department within 24 hours of** *the occurrence of any of the following***:**
*(a) A child is lost or left unsupervised.*
*(b) An incident involving an allegation of inappropriate contact.*
**(c) The death of a child in care.**
**(d) A fire on the premises of the center that requires the use of fire suppression equipment or results in loss of life or property.**
*(e) The center is evacuated for any reason.*

**(2) A center shall make a verbal report to the department within 24 hours** *of notification by a parent that a child received* **medical treatment or was hospitalized for an injury, accident, or medical condition that occurred while the child was in care.**

Rationale

Informs the department and allows the department to determine if an investigation is warranted based on the circumstances of the incident.

Technical Assistance

Leaving a voice message meets the intent of this rule if the details of the incident are specified in the message. ***Exception:*** In the event of a child's death, the center must speak to a representative of the department.

Examples of when a child is considered lost or unsupervised, include but are not limited to:

- When returning from a field trip and it is discovered that a child is missing.
- When the child leaves the building unnoticed.
- When a child is found unattended separate from his or her group.
- When a child is left outside or on the bus.

Examples of an incident involving an allegation of inappropriate contact, includes, but is not limited to:

- Alleged sexual contact between children or a child and a staff member or volunteer.
- Physical discipline of a child by a staff member or volunteer.

A medical condition that occurs while the child is in care does **not** include common illnesses, such as strep throat, ear infections, colds, or the flu. Examples of medical conditions that occur while the child is in care and for which the child later receives medical treatment or is hospitalized include, but are not limited to:

- Seizures.
- A serious allergic reaction.

If you are in doubt whether you need to contact the department, contact your licensing consultant.

The center does not have to report when the center is evacuated for a routinely scheduled drill, such as a fire drill.

Refer to subrule (3) of this rule regarding the mandatory written requirement.

Consultation

It is recommended that the center also notify the local fire authority of all details of the fire.

It is recommended that the center also notify their licensing consultant when a lock down occurs.

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**R 400.8158 (3)-(4)** *Incident,* **accident, injury, illness, death, fire reporting.**

**(3) A center shall submit a written report to the department of the occurrences outlined in subrule (1) and (2) of this rule in a format provided by the department within 72 hours of the verbal report to the department.**

**(4) A center shall keep a copy of the report on file at the center.**

Rationale

Documents the circumstances of the incident, including the center's actions.

Technical Assistance

The Incident Report (BCAL-4605) must be used to report the incident. This form is available on the department's website (www.michigan.gov/michildcare).

**R 400.8161 (1)-(2) Emergency procedures.**

**(1) Written procedures for the care of children and staff for each of the following emergencies** *shall be developed and implemented***:**
**(a) Fire.**
**(b) Tornado.**
*(c) Other natural or man-made disasters.*
**(d) Serious accident/illness/injury.**
**(e) Crisis management including, but not limited to, intruders and bomb threats.**

*(2) The written procedures shall include all of the following:*
*(a) A plan for evacuating and safely moving children to a relocation site.*
*(b) A method for contacting parents and reuniting families.*
*(c) A plan for how each child with special needs will be accommodated during each type of emergency.*

Rationale

As emergency situations are not conducive to calm and composed thinking, having written plans allows for the opportunity to prepare and to prevent poor judgments made during an emergency.

Technical Assistance

The relocation site must be determined in advance and be included in the plan. The relocation site must be clean and safe.

Children with special needs may have difficultly in an emergency situation. Each emergency plan must address how each child with a special need will be accommodated in each type of emergency. The plan must be based on each child with special needs enrolled in care. If possible, the plan can broadly address a special need area, such as a children with mobility issues.

Consultation

Other natural or man-made disasters, include but are not limited to:
- Flood.
- Blizzard.
- Gas leak or chemical spill.
- Sewer back-up.
- Power outage.

Methods for contacting parents can include, but are not limited to:
- A mass email or text message.
- Phone trees.
- Notifying the local police department so they can let parents know where their children have been taken if a parent calls them.
- Posting the relocation site address in a conspicuous location at the center that can be seen from outside.

The licensee should:

- Assure that the **fire plan** includes:
  - A floor plan showing the location of the nearest exits.
  - Locations of fire extinguishers.
  - A designated meeting place.
  - A description of the duties and responsibilities of adult caregivers and volunteers, including accounting for all children.
  - Specific plans for evacuation of infants and toddlers.

- Assure that the **tornado plan** includes:
  - A floor plan showing the location where adults and children should take cover.
  - A description of the duties and responsibilities of adult caregivers and volunteers, including accounting for all children.
  - Specific plans for moving infants and toddlers.

  The following recommended emergency supplies for the tornado shelter area include, but are not limited to:

  - Flashlight.
  - Battery operated radio.
  - Water and snacks.
  - First aid kit.
  - Extra batteries.
  - Child information records.
  - Diapers and wipes.
  - Toys, books and activity material.
  - Pillows and blankets.

- Assure that the **serious accident/illness/injury plan** includes:
  - Phone numbers for emergency personnel, including Poison Control.
  - Location of child information records.
  - Location of emergency supplies.
  - Steps addressing seeking help for the victim as well as caring for the other children present.

- Assure that the **crisis management plan** includes**:**
  - Steps to take in the event of other crises a center may believe are pertinent to the center's situation such as custody disputes; power outages; missing, lost, or abducted children; drive-by shootings, etc.
  - Phone numbers for emergency personnel.

  If the crisis management plan includes lock down procedures in which parents will not have access to enter the building, parents should be notified of the plan in advance.

When developing the crisis management plan, centers may want to consult with:

- Local law enforcement.
- Local school district.
- Homeland Security (www.dhs.gov/index.shtm).
- American Red Cross.

Sample emergency plans are also available on the department's website (www.michigan.gov/michildcare >Licensed Providers >Resources).

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**R 400.8161 (3)** **Emergency procedures.**

**(3) The plans** *required by subrule (1)(a) to (d)* **shall be posted in a place visible to staff and parents.**

Rationale

Assures that all staff and visitors to the center can locate the posted emergency and evacuation plans.

Consultation

A copy of the fire, tornado, and serious accident/illness/injury plans and procedures should be posted in each room used by children, excluding bathrooms.

The emergency and evacuation plans may be combined on one plan. If so, it is recommended that fire exits and tornado shelter areas be highlighted in different colors so there is no confusion about where to go in the event of these different situations.

Sample emergency plans are also available on the department's website (www.michigan.gov/michildcare >Licensed Providers >Resources).

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**R 400.8161 (4)** **Emergency procedures.**

**(4) The crisis management plan shall be** *maintained in a place known and easily accessible to staff.*

Rationale

Due to the sensitive nature of a crisis management plan, it is not required to be posted in a public area of the center.

Technical Assistance

The center must assure that the crisis management plan has been shared with all staff.

Consultation

Sample emergency plans are also available on the department's website (www.michigan.gov/michildcare >Licensed Providers >Resources).

**R 400.8161 (5)** **Emergency procedures.**

**(5) A fire drill program consisting of at least 1 fire drill quarterly shall be established and implemented.**

Rationale

The frequent practice of fire drills is essential due to turnover of both staff and children, as well as the changing developmental ability of children to participate in evacuation procedures. Practicing fire evacuation procedures on a regular basis:

- Helps make them routine for everyone.
- Fosters calm, competent use of the plans in the event of an emergency.

Smoke inhalation is the most common cause of death in fires.

Technical Assistance

Quarterly means once per three month period.

Consultation

It is recommended that the center time the procedure and aim to evacuate all persons in a specific number of minutes recommended by the local fire department. Centers are encouraged to have fire drills at different times of the day to ensure all staff and children attending have an opportunity to practice the drills.

**R 400.8161 (6)** **Emergency procedures.**

**(6) A tornado drill program consisting of at least 2 tornado drills between the months of April through October shall be established and implemented.**

Rationale

Regular drills constitute an important safety practice in areas where tornados occur.

Consultation

It is advisable that drills be practiced early in the season so staff and children are familiar with the drill routine should there be an actual tornado or severe storm that would necessitate taking shelter.

Centers are encouraged to have additional drills or drills at different times of the day to ensure all staff and children attending have an opportunity to practice.

**R 400.8161 (7)** **Emergency procedures.**

**(7) A written log indicating the date and time of fire and tornado drills shall be kept on file at the center.**

Rationale: Provides documentation that the center is having the required number of drills.

Technical Assistance: In order to document compliance during the two year licensing cycle, the center must keep drill logs on file for two years.

Centers may develop their own log or use the log available on the department's website (www.michigan.gov/michildcare).

Consultation: Centers may want to record the time it takes to evacuate or take shelter so that improvements can be made in the procedures, if warranted.

**R 400.8161 (8)** **Emergency procedures.**

**(8) Each staff member shall be** *trained* **at least twice a year on his or her duties and responsibilities** *for all emergency procedures referenced in subrule (1) of this rule***.**

Rationale: Assures staff is aware of the center's emergency procedures and what their responsibilities are in the event of an emergency. Emergency situations are not always conducive to calm or composed thinking.

Technical Assistance: Training on emergency procedures counts toward the annual clock hours of professional development as required by R 400.8131(4). Verification of training must be kept as required by R 400.8131(9).

Review of the center's emergency procedures must be part of the center's ongoing staff training plan as required by R 400.8131(5).

**R 400.8161 (9)** **Emergency procedures.**

**(9) If cribs are used in emergency evacuations, then all doors within the means of egress shall be wide enough to readily accommodate the crib evacuation.**

Rationale: Facilitates quick evacuation of infants.

Technical Assistance: Compliance may be determined by measurement of cribs and doors or by demonstration of a crib evacuation.

**R 400.8164 (1)** **Telephone service.**

**(1) A land-line telephone, excluding pay phones, cell phones, and cordless phones, shall be available, operable, and accessible in the building during the hours that the center is in operation. An operable land-line telephone does not require electricity in the center to operate.**

Rationale

A telephone must be available to all caregivers in an emergency.

A land-line telephone is not battery operated and will work during power outages. Cordless and cell phones are powered by electricity or batteries and are not always reliable.

Technical Assistance

If the center has a single land-line that is used for internet service during the hours of child care operation, software must be installed that alerts the user of incoming calls.

“Available” and “accessible” refers to all calls, incoming and outgoing.

If the only land line telephone is not available during all hours of operation (such as the school office is locked at 4:30 PM), the center is required to have another land line telephone available.

If voice mail or an answering system is used, it is the center's responsibility to assure that the system is checked for messages frequently throughout the day and to return child care related calls promptly.

The center is responsible for immediately notifying the department of any telephone number changes.

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**R 400.8164 (2)** **Telephone service.**

**(2) During the hours the center is in operation, a telephone number known to the public and available to parents to provide immediate access to the center shall be provided.**

Rationale

Assures that parents are able to reach the center and communicate with staff when needed.

Technical Assistance

For times when staff may not be available to answer the phone, a center must have an answering machine, voice mail or other system in place so parents can leave a message. The center must check the message system frequently to ensure messages are received and acted upon.

**R 400.8164 (3)** **Telephone service.**

**(3) Emergency telephone numbers, including 911, fire, police, and the poison control center,** *and the facility's physical address and 2 main cross streets*, **shall be conspicuously posted immediately adjacent to** *all center telephones.*

Rationale

Facilitates staff being able to quickly call for medical or other emergency assistance in the event of an emergency.

**R 400.8167 (1)** **Indoor space.**

**(1) The required square footage of indoor space per child shall be at least the following:**
**(a) Fifty square feet for infants and toddlers.**
**(b) Thirty-five square feet for preschoolers and school-agers.**

Rationale

Child behavior tends to be more constructive when sufficient space is organized to promote developmentally appropriate skills. Crowding has been shown to be associated with increased risk of upper respiratory infections and aggression. Also, having sufficient space will reduce the risk of injury when simultaneous activities are taking place.

Assures adequate space for all children and additional space for infants and young children who require more space for their equipment such as cribs and high chairs.

Technical Assistance

The following guidelines must be used when determining indoor activity space:

- Excessive storage that diminishes the usable child care space may affect the capacity.
- Space within the children's use area used to store cots is not deducted.
- A teacher’s desk within the room, if minimal, is not to be deducted.
- In order for a room to be counted towards capacity, it needs to be available and used on an ongoing basis throughout the hours of operation. This includes gyms, libraries, cafeterias, and computer rooms.
- Extra space provided by lofts must not be counted when calculating square footage for capacity.

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**R 400.8167 (2)** **Indoor space.**

**(2) The following indoor space is excluded from the required square footage:**
**(a) Hallways.**
**(b) Bathrooms.**
**(c) Reception and office areas.**
**(d) Kitchens.**
**(e) Storage areas and cloakrooms.**
**(f) Areas used exclusively for resting, sleeping, or eating, except for infants and toddlers.**

Rationale

Assures that child use space is safe and appropriate for use by children.

| | |
|---|---|
| Technical Assistance | In infant areas, the space where cribs are located is counted when calculating square footage for capacity. |

**R 400.8167 (3)** **Indoor space.**

**(3) A center shall provide a floor plan of all child use areas to the department** *at initial licensure* **and** *before* **making structural changes** *or adding any child use space***. Only space that has received prior approval for child use by the department may be used for child care.**

Rationale

Assures that children have safe and adequate space for daily activities and room to move.

Technical Assistance

The center is responsible for submitting a modification request and obtaining approval from the licensing consultant prior to using new space and previously unapproved space as required by R 400.8110(10).

Consultation

It is recommended that the floor plan include:

- Room dimensions and layout.
- Location and number of sinks and toilets.
- Location of exits.

The Request for Modification of the Terms of the License/Registration (BCAL-5054) and the Change of Use Space Request for School-Age Programs Located in Schools (BCAL-4342) forms are available on the department's website (www.michigan.gov/michildcare).

**R 400.8170 (1)** **Outdoor play area.**

*(1) As used in this rule:*

*(a) "Certified playground safety inspector" means an individual certified by the National Playground Safety Institute or the National Program for Playground Safety to conduct playground safety inspections.*

*(b) "Natural playground" means an outdoor play area that blends natural materials, features, and vegetation.*

Technical Assistance

The National Playground Safety Institute is now the National Recreation and Park Association. Certified playground safety inspectors (CPSIs) certified by the National Recreation and Park Association are acceptable.

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**R 400.8170 (2)** **Outdoor play area.**

**(2) The outdoor play area shall be considered an outdoor classroom and an extension of the learning environment.**

Rationale

Outdoor play affords an opportunity for learning in a different environment. Appropriate outdoor play areas and activities encourage growth in all developmental areas.

Consultation

Refer to R 400.8179 for more information on programming.

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**R 400.8170 (3)** **Outdoor play area.**

**(3) A center operating with children in attendance for *3* or more continuous hours per day shall provide daily outdoor play, unless prevented by inclement weather or other weather conditions that could result in children becoming overheated or excessively chilled.**

Rationale

Open spaces in outdoor areas encourage children to develop gross and fine motor skills in ways that may be difficult to duplicate indoors. Unstructured physical play is a developmentally appropriate outlet for reducing stress in children's lives.

Cold weather does not make children ill. Studies have indicated that children who are taken outdoors, even during cold weather for short periods of time, have fewer incidences of respiratory illnesses. Infectious disease organisms are less concentrated in outdoor air than indoor air. Exposing the skin to sunlight promotes the production of the vitamin D that growing children require. Being outdoors in the fresh air helps children to stay healthy.

When outdoors, children breathe fresh air, develop their muscles, learn and practice increasingly difficult skills, share and cooperate with other children, and get hands-on experiences with some basic scientific principles. Every child benefits from outdoor play--every day.

Technical Assistance

The center is responsible and accountable for assuring that:

- All children, including infants, are taken outside on a daily basis as weather permits.
- Children do not become overheated or excessively chilled.

The center must ensure a child is properly supervised while indoors if the center is going to make special accommodations for a child with a written and signed order by a health care provider to remain inside.

**Note:** A violation should only be cited if there is indication of on-going non-compliance, rather than an observation of a single day.

Consultation

It is recommended that the following be taken into account when making a decision about outdoor play:

- The temperature outdoors including wind chill factors and the heat index.
- Severe weather conditions (e.g., lightning, heavy rain or snow, tornado watches/warnings).
- Appropriate clothing for conditions. The center may want to have extra clothing available for children who do not come with appropriate clothing for conditions.
- Ages of the children.
- Degree of sunshine or available shade.
- Length of time of the play period.
- Play activities planned.
- Local community practices, health department advice, local school weather guidelines.
- Public announcements of hazardous air quality conditions.

**Note:** Exposed skin will freeze in a few minutes at temperatures below -13° F or when the wind chill falls to -18.4° F. Heatstroke, heat exhaustion, burns from hot objects such as metallic playground equipment, sunburn, excessive thirst, etc. can occur at 95 °F and above.

It is also recommended:

- That children wear child-safe sunscreen all year round, even in winter.
- That children are dressed appropriately for activities: long-sleeved and -legged items protect from sunburn; full jacket, snowsuit, mittens, scarf, hat, boots for snow play; etc.
- That children are adequately hydrated during both hot and cold weather.

Caregivers should also have knowledge of the weather related symptoms children may exhibit such as heat or sunstroke, sunburn, dehydration, frostbite, hypothermia, etc.

It may be helpful to provide parents with the center's guidelines regarding the impact of weather conditions on outdoor play.

For children in care for a full-day, it is recommended that they go out twice a day.

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**R 400.8170 (4)** **Outdoor play area.**

**(4) A center operating with children in attendance for** *3* **or more continuous hours a day shall have an outdoor play area that has at least 1,200 square feet. More than 1,200 square feet of outdoor play area may be required when the minimum amount is not adequate** *for the number of children for which the center is licensed***.**

Rationale

Outdoor play affords an opportunity for learning in a different environment and also provides many health benefits. Open spaces in outdoor areas encourage children to develop gross motor skills and fine motor play in ways that may be difficult to duplicate indoors.

Consultation

Best practice recommends that the outdoor play area accommodate at least a third of the licensed capacity at one time and that each child has a minimum of 75 square feet of play area. Play areas must be sufficient to allow freedom of movement among active children.

Staggered scheduling can be used to accommodate all the children over the course of 2 to 3 hours.

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**R 400.8170 (5)** **Outdoor play area.**

**(5) If outdoor space is not available adjacent to the center,** *then a center* **may use a park or other outdoor facility.** *All of* **the following shall apply:**
**(a) The area shall be easily accessible by a safe walking route.**
**(b) The play area shall be inspected before each use to ensure that no hazards are present.**
**(c) The location of the alternative outdoor play area shall be specified in writing to the department.**

Rationale

Assures that the department is aware of any alternative play area not located on center property and that the play area is close by, easily and safely accessed, and safe to use.

Technical Assistance

The consultant must assess if an alternative play area meets the criteria of the rule by determining the following:

- Location of play area.
- Route to play area including distance and safety.
- Center's plan for getting the children to the play area.
- Center's plan for ensuring the play area is safe prior to the children's arrival.

Centers that utilize a park or other off-site outdoor play area are not required to have these areas inspected by a CPSI. However, center staff must assure the play area is in “safe condition” prior to EACH time children use this area. See subrule (10) of this rule for a description of “safe condition” for an outdoor play area.

Consultation

Best practice recommends that the center be equipped with a playground adjacent to the facility.

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**R 400.8170 (6)** **Outdoor play area.**

**(6) There shall be a shaded area to protect children from excessive sun exposure,** *when necessary***.**

Rationale

Exposure to sun is needed, but children must be protected from excessive exposure. It is estimated that 80% of a person's lifetime sun damage occurs before the age of 18 years. Individuals who suffer from severe childhood sunburns are at increased risk for skin cancer. It can take less than 10 minutes for a child's skin to burn. Practicing sun-safe behavior during childhood is the first step in reducing the chances of getting skin cancer later in life.

Technical Assistance

If shade from trees is not available, a tent, awning, or other simple shelter from the sun must be available. There are no requirements for the shade area size.

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**R 400.8170 (7)-(8)** **Outdoor play area.**

**(7) The outdoor play area shall be in a safe location.**

**(8) The outdoor play area shall be protected from hazards, when necessary, by a fence or natural barrier that is at least 48 inches in height.**

Rationale

Helps ensure proper supervision and protection, prevention of injuries, and control of the area. An effective fence or natural barrier is one that prevents a child from getting over, under, or through it and keeps children from leaving the protected outdoor play area except when super-

vising adults are present. Although these barriers are not childproof, they provide a layer of protection for children.

Technical Assistance

Examples of hazards that require a barrier include, but are not limited to:

- Busy roads and streets.
- Parking lots.
- Railroad tracks.
- Electric fences.
- Water hazards such as:
  - Swimming pools.
  - Ponds.
  - Lakes.
  - Canals.
  - Ditches or drains.
  - Streams and rivers.
  - Decorative landscape ponds.

Appropriate barriers include but are not limited to:

- Fences.
- Buildings.
- Hedges.

The center must assure that fences and barriers are:

- Free of ready footing for climbing.
- Free of any openings a child can get through.
- Free of objects near the fence that enable children to climb over the fence.

Consultation

The following guidelines are recommended for fences:

- Gates that are equipped with self-closing and positive self-latching closure mechanisms.
- The latch or securing device that is high enough or of a type that small children cannot open.
- Play areas that are secured against unauthorized use when the facility is closed.
- Fences that conform to applicable local building codes.
- Fenced areas that have at least two exits, with at least one being remote from the center building.
- Fences and barriers that do not prevent the observation of children by caregivers.
- Openings in fences that are 3 1/2 inches or less to prevent entrapment and discourage climbing.

**R 400.8170 (9)** **Outdoor play area.**

**(9) Children shall only use age-appropriate equipment.**

Rationale

A playground should allow children to develop progressively and test their skills by providing a series of graduated challenges. The challenges presented should be developmentally appropriate, to allow a range of safe choices for children.

Children of different ages differ dramatically not only in physical size and ability, but also in their cognitive and social skills. Therefore, playground designs must accommodate these differences with regard to the type, scale and layout of equipment.

Equipment that is sized for larger or older children poses challenges that younger or smaller children may not be able to meet.

Technical Assistance

Table 1 in the Consumer Product Safety Commission's (CPSC's) **2010 Edition** of the Handbook for Public Playground Safety lists examples of age appropriate equipment.

| Examples of Age Appropriate Equipment | | |
|---|---|---|
| **Toddler - 6 until 24 months** | **Preschool - 2 until 5 years** | **Grade School - Ages 5 until 12 years** |
| Climbing equipment under 32" high | Certain climbers* | Arch climbers |
| Ramps | Horizontal ladders less than or equal to 60" high for ages 4 and 5 | Chain or cable walks |
| Single file step ladders | Merry-go-rounds | Free standing climbing events with flexible parts |
| Slides* | Ramps | Fulcrum see saws |
| Spiral sides less than 360 degrees | Rung ladders | Ladders - horizontal, rung and step |
| Spring rockers | Single file step ladders | Overhead rings* |
| Stairways | Slides | Merry-go-rounds |
| Swings with full bucket seats | Spiral slides up to 360 degrees | Ramps |
| | Spring rockers | Ring treks |
| | Stairways | Slides* |
| | Swings - belt, full bucket seats (2-4 years) and rotating tire | Spiral slides more than one 360 degree turn |
| | | Stairways |
| | | Swings - belt and rotating tire |

| Examples of Age Appropriate Equipment | | |
|---|---|---|
| **Toddler - 6 until 24 months** | **Preschool - 2 until 5 years** | **Grade School - Ages 5 until 12 years** |
| | | Track rides |
| | | Vertical sliding poles |
| * See the CPSC's **2010 Edition** of the Handbook for Public Playground Safety for more information. | | |

Consultation

It is recommended that infants and toddlers have a separate outdoor play space with appropriately sized equipment and materials to serve their developmental needs.

Additional information regarding equipment safety can be found on the CPSC website at www.cpsc.gov.

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**R 400.8170 (10)** **Outdoor play area.**

**(10) An outdoor play area and any equipment located on the center's premises shall be maintained in a safe condition and inspected daily before use to ensure that no hazards are present.**

Rationale

Regular inspections are critical to prevent deterioration of equipment and the presence of hazardous materials within the play area, and to assure that appropriate repairs are made as soon as possible.

Technical Assistance

A "safe condition" means a playground is free from any of, but not limited to, the following:

- Debris.
- Animal waste.
- Dilapidated structures.
- Broken or worn play equipment.
- Building supplies and equipment.
- Glass.
- Sharp rocks.
- Toxic plants.
- Anthills.
- Beehives and wasp nests.
- Unprotected ditches.
- Wells.
- Holes.
- Grease traps.
- Cisterns.
- Cesspools.
- Unprotected utility equipment.

The play area and equipment must be inspected for safety daily. When inspecting equipment, the inspection must include, but not be limited to, checking for the following:

- Visible cracks, bending, warping, rusting, or breakage of any equipment.
- Deformation of open hooks, shackles, rings, links, etc.
- Worn swing hangers and chains.
- Missing, damaged, and loose swing seats.
- Broken supports and anchors.
- Cement support footings that are exposed, cracked or loose in the ground.
- Accessible sharp edges or points.
- Exposed ends of tubing that require covering with plugs or caps.
- Protruding bolt ends that have lost caps or covers.
- Loose bolts and nuts that require tightening.
- Splintered, cracked, or otherwise deteriorating wood.
- Lack of lubrication on moving parts.
- Worn bearings or other mechanical parts or missing rails, steps, rungs, or seats.
- Worn or scattered surfacing material.
- Hard surfaces, especially under swings, slides, monkey bars, etc. where shock-absorbing material has been shifted away from any surface beneath or surrounding play equipment.
- Chipped or peeling paint.
- Shear or crush points, exposed mechanisms, juncture, and moving components.
- Poor drainage that leads to chronic accumulation of water and ice.

A center must not use an area or piece of equipment considered unsafe until repairs have been made or the equipment is removed from the premises.

Consultation

The center may wish to develop a written checklist to use as a guide for inspections and document observations of problems.

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**R 400.8170 (11)** **Outdoor play area.**

**(11) The playground equipment,** *use zones, and surfacing* **in the outdoor play area** *shall be inspected by a certified playground safety inspector and an approval granted for playground equipment and areas used before issuance of an original provisional license, upon request of the department, and before using any newly added playground equipment. The center shall provide* **documentation** *of the inspection* **to the department upon request** *and shall keep it* **on file at the center***.*

Rationale

Each year, approximately 200,000 children are treated in U.S. hospital emergency rooms for playground equipment-related injuries. On average, there are 15 child deaths each year as a result of playground equipment-related incidents. Most injuries are the result of falls to the ground below the equipment.

The surface under and around playground equipment can be a major factor in determining the injury-causing potential of a fall. Head impact injuries present a significant danger to children. A fall onto a shock-absorbing surface is less likely to cause a serious injury than a fall onto a hard surface.

A CPSC study of playground equipment related injuries treated in U.S. hospital emergency rooms indicated that the majority resulted from falls from equipment to the ground surface below the equipment.

Technical Assistance

**Note:** The Playground Equipment Safety Act (1997 PA 16) regulates playground equipment owned and operated by a local unit of government, school district or any other government entity. Because of the limited scope of the Playground Equipment Safety Act, it does not apply to most child care center playground equipment unless the center is operating in a school building. Refer to subrule (19) for more information on the exception to this subrule for school-age programs operating in school buildings.

**General Information on Playground Inspections**

Regardless of age of equipment, status of license or age of intended user, the consultant is required to conduct a general playground safety and maintenance assessment.

When obtaining a playground inspection, centers must use CPSIs approved by the department. A list of CPSIs approved by the department can be found on the department's website at www.michigan.gov/michildcare.

All equipment present on a center playground must comply with the CPSC's Handbook for Public Playground Safety. This equipment may also comply with the ASTM-F1487 standards from 1997 or later. As a general rule, residential equipment cannot be ASTM-F1487 compliant and commercial equipment can be. (**Note:** ASTM-F1148-XY standards are for residential equipment.)

Some playground equipment, such as homemade equipment or equipment manufactured prior to ASTM-F1487 standards, will not be certified as ASTM-F1487 compliant. Equipment that is not ASTM-F1487 compliant must meet the guidelines outlined CPSC's Handbook for Public Playground Safety. A CPSI can verify if the equipment meets the handbook guidelines.

This section of technical assistance will use the terms residential equipment (not ASTM-F1487 compliant) and commercial equipment (ASTM-F1487 compliant or meets the guidelines outlined in the CPSC's Handbook for Public Playground Safety).

All equipment must be commercial equipment and the center must maintain documentation that shows compliance with this subrule. Residential climbing equipment does not meet the guidelines outlined in CPSC's Handbook for Public Playground Safety. Because residential climbing equipment should not be present on a center playground or, if present, must not be used, a playground inspection is not required for residential climbing equipment.

***Exception:*** Centers can have residential non-climbing equipment such as water tables, picnic tables, play houses (with no attached slides, elevated play surfaces, etc.), but this type of equipment must be kept out of the use zone for other playground equipment.

**Centers Licensed After January 1, 2014**

Centers licensed after January 1, 2014 are required to obtain documentation of compliance with the CPSC's **2010 Edition** of the Handbook for Public Playground Safety for all playground equipment, including equipment for children under age 2. Compliance is verified by at least one of the following:

- A written statement or certificate from the equipment manufacturer **and** installer stating that the equipment was manufactured and installed in compliance with the CPSC's **2010 Edition** of the Handbook for Public Playground Safety. **Note:** The installer must be a CPSI and does not have to be on the list of CPSIs approved by the department.
- An inspection report, including the Playground Inspection Certification Summary (BCAL-5047), from a CPSI (on the list of CPSIs approved by the department) documenting compliance with the CPSC's **2010 Edition** of the Handbook for Public Playground Safety. **Note:** All equipment present on the playground must be documented on the BCAL-5047, even if not inspected.
- A written statement from the licensee that the equipment will not be used if verification of compliance with the CPSC's **2010 Edition** of the Handbook for Public Playground Safety cannot be obtained.

**Note:** Inspections cannot be finalized when the ground is frozen. If a playground inspection is initiated when the ground is frozen, a follow-up inspection must occur after the ground thaws to assess the safety of surfacing.

### Centers Licensed Prior to January 2, 2014

Centers licensed prior to January 2, 2014 were required to obtain documentation of compliance with the CPSC's **1997 Edition** of the Handbook for Public Playground Safety for equipment for children age 2 and older. Compliance was verified by at least one of the following:

- A written statement or certificate from the equipment manufacturer **and** installer stating that the equipment was manufactured and installed in compliance with the CPSC's **1997 Edition** of the Handbook for Public Playground Safety.
- An inspection report, including the Playground Inspection Certification Summary (BCAL-5047), from a CPSI (on the list of CPSIs approved by the department) documenting compliance with the CPSC's **1997 Edition** of the Handbook for Public Playground Safety.
- A written statement from the licensee that the equipment will not be used if verification of compliance with the CPSC's **1997 Edition** of the Handbook for Public Playground Safety cannot be obtained.

Centers licensed prior to January 2, 2014 do not need any additional documentation of compliance with this subrule of this rule unless equipment is added.

*Playground Equipment for Children Under the Age of 2*

Because equipment manufactured for and used by children under the age of 2 was not addressed in CPSC's **1997 Edition** of the Handbook for Public Playground Safety, centers licensed prior to January 2, 2014 were not required to have this type of equipment inspected. Climbing equipment manufactured for and used by children under the age of 2 may be residential climbing equipment. This type of equipment is often made in one piece, is portable and can be used indoors or outdoors. Centers licensed prior to January 2, 2014 can continue to use any residential climbing equipment manufactured for and used by children under the age of 2 obtained prior to January 2, 2014 but cannot add residential climbing equipment for this age group.

**Note:** Portable equipment for children under the age of 2 must be out of the use zone for other playground equipment.

### Equipment Altered/Installed After a Playground Inspection for All Centers

If the licensing consultant learns that a child care center has altered or added equipment to an outdoor play area after a playground inspection has been completed, the child care center must provide at least one of the following on the altered or newly added equipment:

- A written statement or certificate from the equipment manufacturer **and** installer stating that the equipment was manufactured and installed in compliance with the CPSC's **2010 Edition** of the Handbook for Public Playground Safety. **Note:** The installer must be a CPSI and does not have to be on the list of CPSIs approved by the department.
- An inspection report, including the Playground Inspection Certification Summary (BCAL-5047), from a CPSI (on the list of CPSIs approved by the department) documenting compliance with the CPSC's **2010 Edition** of the Handbook for Public Playground Safety. **Note:** All equipment present on the playground must be documented on the BCAL-5047, even if not inspected (such as equipment previously inspected).
- A written statement from the licensee that the equipment will not be used if verification of compliance with the CPSC's **2010 Edition** of the Handbook for Public Playground Safety cannot be obtained.

**Note:** Inspections cannot be finalized when the ground is frozen. If a playground inspection is initiated when the ground is frozen, a follow-up inspection must occur after the ground thaws to assess the safety of surfacing.

Refer to subrule (19) for more information on the exception to this subrule for school-age programs operating in school buildings.

**Surfacing for All Centers**

All pieces of playground equipment must be surrounded by a shock-absorbing surface. This material may be either unitary or the loose-fill type as defined by the CPSC's Handbook for Public Playground Safety.

**Note:** Equipment that requires a child to be standing or sitting on the ground during play is not expected to follow the recommendations for shock-absorbing surfacing. Examples of such equipment are sand boxes, activity walls, play houses or any other equipment that has no elevated playing or climbing surface. If the piece of equipment has an elevated playing or climbing surface, regardless of the height the playing/climbing surface is off the ground, it must meet the requirements of this subrule.

***Exception:*** Surfacing is not required under items on a natural playground. Refer to subrule (18) of this rule.

The CPSC's **2010 Edition** of the Handbook for Public Playground Safety outlines the minimum required depths of loose-fill material needed based on material type and fall height. The depths shown

assume the materials have been compressed due to use and weathering. See the chart below.

| Minimum Compressed Loose-Fill Surfacing Depths | | |
|---|---|---|
| **Inches of** | **Loose-Fill Material** | **Protects to Fall Height (feet)** |
| 9 | Wood Chips | 10 |
| 9 | Wood Mulch (non-CCA*) | 7 |
| 9 | Pea Gravel | 5 |
| 9 | Sand | 4 |
| 6 | Shredded/recycled rubber | 10 |
| * CCA is chromated copper arsenate. CCA-treated wood products should not be used. Mulch where the CCA-content is unknown should not be used. | | |

**Note:** Loose-fill materials will compress at least 25 percent over time due to use and weathering. This must be considered when planning a playground. For example, if the playground will require 9 inches of wood chips, then the initial fill level must be 12 inches.

Consultation

When selecting a CPSI, centers may want to consider the following:

- Experience of the CPSI.
- Fees (initial and re-inspection).
- If the CPSI insured.
- Recommendation from other centers.
- If the CPSI works for a playground equipment manufacturer.

It is best practice to have a maintenance inspection on playground equipment every two to three years to assure that equipment continues to be in safe condition. If the center obtains a maintenance inspection on its playground equipment, the CPSC's **2010 Edition** of the Handbook for Public Playground Safety should be used.

Refer to the National Program for Playground Safety website (www.playgroundsafety.org) for additional resources, including kits on proper playground supervision. Also refer to the National Recreation and Park Association website (www.nrpa.org/content/default.aspx?documentId=5129) for additional resources.

Refer to the International Play Equipment Manufacturers Association website for list of ASTM-F1487 compliant products (www.ipema.com/Products/default.aspx?Type=F1487).

**R 400.8170 (12)** **Outdoor play area.**

**(12) Loose-fill surfacing material shall not be installed over concrete** *or asphalt***.**

Rationale

The surface under and around playground equipment can be a major factor in determining the injury-causing potential of a fall. Head impact injuries present a significant danger to children. A fall onto a shock-absorbing surface is less likely to cause a serious injury than a fall onto a hard surface.

A CPSC study of playground equipment related injuries treated in U.S. hospital emergency rooms indicated that the majority resulted from falls from equipment to the ground surface below the equipment.

Technical Assistance

Hard surfacing materials, such as asphalt or concrete are unsuitable for use under and around playground equipment of any height even if covered with loose-fill shock-absorbing material.

**Note:** The CPSC's **2010 Edition** of the Handbook for Public Playground Safety allows loose-fill surfacing to be placed over concrete or asphalt if specific layers of protection are added. A variance may be granted to this rule if the guidelines in the CPSC's **2010 Edition** of the Handbook for Public Playground Safety are followed.

**R 400.8170 (13)** **Outdoor play area.**

**(13) The depth of the loose-fill surface material shall be restored to its required depth when it has moved** *or becomes otherwise compromised***.**

Rationale

Weather conditions and frequency of use may cause the material to be worn away or become disbursed. Maintenance is necessary to assure adequate depth by redistributing materials or by adding additional material.

Technical Assistance

If the material becomes disbursed through use, additional material must be added to restore the required depth.

The surface materials must not be loosened if they become packed, as required depths are based on the **compressed depth**.

Consultation

When loose-fill materials are used, it is recommended that there be a perimeter border of some kind around the use area to contain the material.

Centers are also encouraged to attach markers to the equipment support posts that indicate the correct level of loose-fill protective surfacing material under and around the equipment.

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**R 400.8170 (14)** **Outdoor play area.**

**(14) If children's wheeled vehicles and pull toys are used, then a suitable surface shall be provided for their use.**

Rationale

The use of wheeled vehicles and pull toys is an important large muscle activity for children and requires an appropriate surface.

Technical Assistance

The area used for wheeled vehicles and pull toys must have a flat, smooth, non-slippery surface, such as grass, pavement, and asphalt. If the surfacing material on a playground is not suitable for wheeled equipment, such as pea gravel, mulch, or sand, the center may utilize an area adjacent to the center such as a parking lot or a walkway, providing the area is safe. The area used for wheeled vehicles and pull toys must be free of standing water when in use.

**Note:** The area used for wheeled vehicles and pull toys must be outside the use zone for other playground equipment.

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**R 400.8170 (15)-(18)** **Outdoor play area.**

*(15) Materials used on a natural playground shall not be in the use zones for other playground equipment.*

*(16) The elevated playing surface of materials used on a natural playground shall not exceed 30 inches.*

*(17) Materials used on a natural playground with elevated playing surfaces shall not be installed over concrete or asphalt.*

*(18) Surfacing materials are not required under elevated playing surfaces on a natural playground.*

Rationale

Ensures the safety and well-being of children when they use natural playgrounds.

Natural playgrounds contribute to the overall physical, cognitive and emotional development of children and helps them experience more diverse play. Natural playgrounds are also less expensive than playground equipment.

Technical Assistance

A natural playground is an outdoor play area that blends natural materials, features and vegetation. A natural playground may include items such as logs, stumps, and trees.

A natural playground must be maintained in safe condition. For example, stumps must not be rotting or have sharp branches sticking off of them.

Consultation

It is recommended that surfacing materials be used under elevated playing surfaces on a natural play ground. Refer to subrule (11) for more information.

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**R 400.8170 (19)** **Outdoor play area.**

**(19) School-age centers operating in school buildings approved by the Michigan Department of Education are exempt from subrule (11) of this rule, provided the licensee informs parents, in writing at the time of enrollment, if the center plans to use a public school's outdoor play area and equipment that does not comply with this rule**

Rationale

If children who attend the school during the day use a school playground, it is reasonable to allow school-age children attending a before or after school child care program at the same location to use that same playground.

Assures that parents are aware that a school playground is not required to meet the same playground safety regulations that other licensed centers are required to meet.

Technical Assistance

The center must document how they have provided written notice to the parents.

If the center has a pre-school or younger age program, children preschool age and younger children cannot use the playground equipment unless is complies with subrule (11) of this rule.

**R 400.8173 (1)** **Equipment.**

*(1) A center shall not use equipment, materials, and furnishings recalled or identified by the United States consumer product safety commission (www.cpsc.gov) as being hazardous.*

*(2) The current list of unsafe children's products that is provided by the department shall be conspicuously posted in the center, as required by section 15 of the children's product safety act, 2000 PA 219, MCL 722.1065.*

Technical Assistance

The list of unsafe children's products is available on the last page of each edition of Michigan Child Care Matters newsletter (www.michigan.gov/mccmatters). Posting the list found in the newsletter will ensure compliance with this rule and the Children's Product Safety Act.

A conspicuous place means a location where parents, staff and others can easily see it.

Consultation

Additional information regarding equipment safety can be found on the Consumer Product Safety Commission Website (www.cpsc.gov).

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**R 400.8173 (3)** **Equipment.**

**(3) Play equipment, materials, and furniture, shall be** *all of the following*:
- **(a) Appropriate to the developmental needs and interests of children** *as required by R 400.8179*.
- **(b) Safe, clean, and in good repair.**
- **(c) Child-sized or appropriately adapted for a child's use.**
- **(d) Easily accessible to the children.**

Rationale

Play equipment and toys must be safe, sufficient in quantity for the number of children in care and developmentally appropriate. Equipment that is sized for older children poses challenges that younger, smaller, children may not be able to meet. Similarly, equipment designed for younger children does not stimulate or meet the needs of older children. Children cannot safely or comfortably use furnishings that are not sized for their use.

Equipment and furnishings that are not sturdy, safe or in good repair may cause falls, entrap a child's head or limbs or contribute to other injuries. Poorly maintained equipment is hazardous.

Messy play is developmentally appropriate in all age groups and especially among very young children--the same group that is most susceptible to infectious disease. These factors lead to soiling and

contamination of equipment, furnishings, toys, and play materials. To reduce transmission of disease, these materials must be easily cleaned and sanitized.

Technical Assistance

The center is responsible and accountable for assuring that:

- Children's toys, games and play equipment will provide them with developmental opportunities that assist in developing manual dexterity, hand-eye coordination, spatial relationships, large muscle coordination, language skills, math and science concepts, social relationships, reading and writing skills, etc.
- Children have an adequate amount of toys, games and other play equipment available.
- Toys, games, and other play equipment are appropriate for a child at his/her stage of development by being challenging and interesting, yet not so difficult as to cause the child stress or anxiety.
- Shelves and containers are sturdy, stable and free of hazards.
- Equipment is immediately removed, replaced or repaired if it is broken or missing pieces.

**Note:** Centers are not allowed to have children use shaving cream or any other materials labeled "keep out of reach of children." Shaving cream is labeled as toxic and is not safe for use by children.

Consultation

There are soap-based foaming products available that are non-toxic and can be used instead of shaving cream.

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**R 400.8173 (4)-(5)** **Equipment.**

**(4) Sufficient materials and equipment shall be available to provide a minimum of 3 playspaces per child in the licensed capacity.**

**(5) A minimum of 2 playspaces shall be accessible per child in attendance on any given day during child-initiated activity time.**

Rationale

A well-equipped center provides child initiated choices, a stimulating environment and developmental opportunities.

Technical Assistance

The number of toys, games and other indoor play equipment necessary are based on the number of children for which the center is licensed.

The minimum standard is three activity spaces per child in the center's capacity. An activity space is defined as a piece(s) of equipment that one child can use independently for approximately 15 minutes. Activity areas (housekeeping, dramatic play, blocks, art, etc.) can vary from two

to four activity spaces, depending upon the amount of equipment, accessories and space available. For example:

| Type of Equipment | # of Play Spaces |
|---|---|
| 3 puzzles | 1 |
| 2-4 small cars/trucks | 1 |
| 3 books | 1 |
| Sensory table | 2-4 |
| Set of Legos | 1-2 |
| Board game | 2-4 |
| Computer & keyboard | 1 |
| Set of building blocks | 1-4, depending on the type of blocks and space available |
| Dramatic play area | 2-4, depending on the equipment and space |

The center is responsible and accountable for assuring that:

- Children's toys, games and play equipment will provide them with developmental opportunities that assist in developing manual dexterity, hand-eye coordination, spatial relationships, large muscle coordination, language skills, math and science concepts, social relationships, reading and writing skills, etc.
- Children have an adequate amount of toys, games and other play equipment available.
- Toys, games, and other play equipment is appropriate for a child at his/her stage of development by being challenging and interesting, yet not so difficult as to cause the child stress or anxiety.
- Shelves and containers are sturdy, stable and free of hazards.
- Equipment is immediately removed, replaced or repaired if it is broken or missing pieces.

Consultation

In infant and toddler rooms, it is recommended that:

- Duplicate toys are available to prevent conflicts between children.
- Additional toys are available to replace toys that become soiled or contaminated throughout the day.

For equipment ideas, see the Use of Indoor Space and Equipment document on the department's website (www.michigan.gov/michildcare).

**R 400.8173 (6)** **Equipment.**

**(6) Children shall have access to equipment and materials in the following areas on a daily basis:**
**(a) Large and small muscle activity.**
**(b) Sensory exploration.**
**(c) Social interaction and dramatic play.**
**(d) Discovery and exploration.**
**(e) Early math and science experiences.**
**(f) Creative experiences through art, music, and literature.**

Rationale

A program with diverse equipment that supports a well-balanced curriculum enhances children's growth and development.

Technical Assistance

To be counted, equipment must be:

- Appropriate to the developmental needs and interests of children.
- Safe, clean and in good repair (unbroken with all pieces).

Consultation

The following chart outlines examples of equipment and materials for different types of activities:

| Type of Activity | Equipment/Material Examples |
|---|---|
| Large and small muscle | Climber, balance beam, manipulatives (such as beads, lacing boards) |
| Sensory exploration | Sand, water, play dough |
| Social interaction and dramatic play | Home living area, puppets |
| Discovery and exploration | Puzzles, table toys |
| Creative experiences through art, music & literature | Art supplies, musical instruments, reading materials |
| Math and science | Blocks, counters, nature items |

For more information on room arrangement and equipment ideas, see the Use of Indoor Space and Equipment document on the department's website (www.michigan.gov/michildcare).

**R 400.8173 (7)** **Equipment.**

**(7) A** *current and accurate* **equipment inventory shall be provided to the department before** *issuance of the original provisional license* **and at each renewal.**

Rationale

Assists the department in determining if the center has an adequate amount of age appropriate equipment, furnishings and materials for the capacity and age ranges on the license.

Technical Assistance

When compiling an equipment inventory, keep the following guidelines in mind:

- To be counted in an inventory, the equipment must be:
  - Appropriate to the developmental needs and interests of the children.
  - Safe, clean and in good repair (unbroken with all pieces).
- The inventory must indicate the number of items listed such as 25 books, 18 cots, 20 puzzles, etc.
- The inventory must include equipment, toys and materials that meet the requirements of R 400.8173.
- An equipment inventory must include the following:
  - List of play equipment including toys, sand and water tables, home living or dramatic play centers/equipment.
  - List of materials to be used by children such as paper, paint, scissors, and other arts and crafts supplies.
  - Furniture used by the children such as tables, chairs, high chairs, beds, cribs, changing tables, etc.
  - Cots or mats for resting.
  - Rocking chairs or adult size seating for centers providing infant and toddler care.

Consultation

It is recommended that centers organize the equipment inventory by group or room. It is also recommended that centers store the equipment inventory electronically so it can be easily updated.

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**R 400.8173 (8)** **Equipment.**

*(8) A first aid kit shall be readily accessible to staff and securely stored in the center.*

Rationale

Assures that emergency supplies are available should an emergency occurs in which first aid supplies are needed.

Technical Assistance

“First aid kit” means a kit containing, at a minimum, all of the following: sterile gauze pads (assorted sizes), a roll of gauze, adhesive bandages (assorted sizes), adhesive cloth tape, an elastic bandage, tweezers, and scissors. A “first aid kit” is prohibited from containing any non-prescription or prescription medications as defined under R 400.8152.

First aid kits must be kept out of the reach of children because it contains sharp objects.

Consultation

Centers may wish to include additional items in the first aid kit such as:

- Hand sanitizer.
- Plastic bags.
- Disposable gloves.

It is recommended that parents be notified if hand sanitizer is used by children in care.

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**R 400.8173 (9)** **Equipment.**

**(9) A rocking chair or other comfortable, adult-sized seating shall be provided for 50% of the caregiving staff on duty who are providing infant and toddler care.**

Rationale

Comfortable, adult sized seating is conducive to interacting with and holding infants and toddlers by caregivers.

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**R 400.8173 (10)** **Equipment.**

**(10) Trampolines shall not be used by children in care.**

Rationale

Trampolines present a safety hazard and have the potential for serious injury according to the American Academy of Pediatrics and the Consumer Product Safety Commission.

Technical Assistance

Trampolines of all sizes are prohibited, even with parental permission.

Bounce houses and other similar types of equipment are also prohibited, as they present the same hazards as trampolines.

**Note:** Child care centers can take children on field trips where trampolines, bounce houses and similar types of equipment are used with written parental permission.

**R 400.8176 (1)** **Sleeping equipment.**

**(1) All bedding and sleeping equipment shall be appropriate for the child; be clean, comfortable, and safe; and be in good repair.**

Rationale

Reduces the risk of injury and/or death.

Technical Assistance

The center is responsible and accountable for assuring the safety of cribs with:

- Mattresses that are in good condition.
- Mattresses are lowered when appropriate so a child cannot tumble out.
- Plastic teething guards that are tightly secured to the rails.
- Routine checks for damaged and broken areas, peeling paint and properly tightened bolts, nuts and screws.

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**R 400.8176 (2)-(4)** **Sleeping equipment.**

*(2) A crib or porta-crib shall be provided for all infants in care.*

**(3) A crib, porta-crib, cot, or mat and a sheet or blanket of appropriate size shall be provided** *for all toddlers and preschoolers under 3 years of age in care***.**

**(4) A cot or a mat and a sheet or blanket of appropriate size shall be provided** *as follows***:**

**(a) For all preschoolers** *3 years of age and older* **in care for 5 or more continuous hours.**

*(b) For any child in care who regularly naps.*

**(c) Upon a parent's request for any child in care.**

Rationale

Assures for the safety and well-being of children.

While portable cribs (porta-cribs) are not designed to withstand the wear and tear of normal full-sized cribs, they may provide more flexibility for programs that vary the number of infants in care.

Technical Assistance

There must be crib or porta-crib available for the number of infants in care.

A portable crib (porta-crib) must meet the following criteria:

- Be constructed with wood or metal slats.
- Cannot be collapsed or folded without removal of the mattress. **Note:** Manufacturer's specifications for the child's height and weight must be followed.

**Note:** Sleeping equipment constructed of fiber or mesh sides such as a "Pack-N-Play®" or playpens are not permitted for use.

Children cannot use the same cribs, beds, other sleep equipment, or bedding at the same time.

See Rule 400.8191 if nighttime care is provided.

Consultation

It is recommended that mats be waterproof and at least one inch thick.

**Note:** School age children are not required to nap or rest. Centers should consider having sleeping equipment available for children who may want to rest.

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**R 400.8176 (5)** **Sleeping equipment.**

**(5) Car seats, infant seats, swings, bassinets, and playpens are not approved sleeping equipment.**

Rationale

Assures for the safety and well-being of children.

In 2015, 159 infants died in Michigan due to unsafe sleep environments. Several infants die each year in child care due to unsafe sleep environments. Infant sleeping requirements are based on the American Academy of Pediatrics (AAP) recommendations.

Technical Assistance

If a child has a health issue or special need that requires the child sleep in something other than a crib or porta-crib for infants/toddlers or cot or mat for toddlers, documentation from the child's health care provider is required **prior** to allowing variance to this rule. The documentation must include specific sleeping instructions and time frames for how long the child needs to sleep in this manner. See also R 400.8188(10).

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**R 400.8176 (6)** **Sleeping equipment.**

**(6)** *A center shall not use* **stacking cribs.**

Rationale

If a center wasn't using stacking cribs as of December 7, 2006, the center was prohibited by the previous licensing rule [R 400.5204(9)] from using stacking cribs. Effective June 28, 2011, all cribs sold in the U.S. must be manufactured to new standards. Per the new standards, all child care providers were required to replace all cribs not meeting the new standards by December 28, 2012. Stacking cribs manufactured prior to December 8, 2006 do not meet the new standards and had to be replaced by December 28, 2012. Per the previous rule [R 400.5204(10)], stacking cribs could not be replaced with stacking cribs. Thus, stacking cribs are no longer allowed for any centers.

Stacking cribs were prohibited for the following reasons:

- There isn't adequate space for infants who can sit up or stand.
- When cribs have little or no spacing between them, as is the case with stacking cribs, the likelihood of the spread of infectious disease is increased.
- The structure of stacking cribs reduces airflow in and around the crib, limits the visual stimulation infants receive while in the crib and restricts movement opportunities for mobile infants.
- The AAP recommends a minimum distance of three feet between rest equipment to limit the spread of disease.

Technical Assistance

Stacking cribs are prohibited after December 28, 2012 when all cribs were required to be replaced in order to meet the new standards.

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**R 400.8176 (7)** **Sleeping equipment.**

*(7) Cribs and porta-cribs shall comply with the federal product safety standards issued by the consumer product safety commission.*

Rationale

Bedding and equipment safety standards are set forth by the U.S. Consumer Product Safety Commission (CPSC).

Technical Assistance

Since June 28, 2011, all full-size and non-full-size baby cribs sold in the U.S. are required to be manufactured to comply with new federal standards (16 C.F.R. part 1219 and 16 C.F.R. part 1220) under Section 104(c) of the Consumer Product Safety Improvement Act of 2008. It is presumed that cribs manufactured on or after June 28, 2011 comply with the new standards. If the tracking label or registration form on the crib indicates that the crib was manufactured after June 28, 2011, no additional documentation is necessary to determine compliance with 16 C.F.R. part 1219 or 16 C.F.R. part 1220.

If the crib was manufactured prior to June 28, 2011, a Children's Product Certificate (CPC) or test report from a CPSC-accepted third party lab is needed to demonstrate compliance with 16 C.F.R. part 1219 or 16 C.F.R. part 1220. While manufacturers, importers and retailers are not required to supply CPCs or test reports to consumers, many will provide these documents to consumers upon request, or they post them on their websites.

**Note:** Under the new standards, non-full-size baby cribs must be sold with the mattress.

**R 400.8176 (8)-(11) Sleeping equipment.**

**(8) A crib or porta-crib shall have a firm, tight-fitting** *waterproof* **mattress.**

**(9) A tightly fitted bottom sheet shall cover the crib or porta-crib mattress with no additional padding placed between the sheet and mattress.**

**(10) Soft objects, bumper pads, stuffed toys, blankets, quilts, comforters, and other objects that could smother a child shall not be placed in a crib or porta-crib with a resting or sleeping infant.**

**(11) Blankets shall not be draped over cribs or porta-cribs** *when in use***.**

Rationale

Assures for the safety and well-being of children by reducing the risk of infant death. In 2015, 159 infants died in Michigan due to unsafe sleep environments. Several infants die each year in child care due to unsafe sleep environments. Infant sleeping requirements are based on the AAP recommendations.

Research has shown that placing a baby to sleep on soft mattresses or other soft materials can increase the risk of death due to positional asphyxiation. Babies have been found dead with their faces, noses and mouths covered by soft bedding, such as pillows, quilts, comforters, and sheepskins.

The AAP recommends that infants not be swaddled after 2 months of age.

Technical Assistance

**Note:** Under the federal crib standards, non-full-size baby cribs must be sold with the mattress. The mattress, when inserted in the center of the crib, must not leave a gap of more than 1/2 inch at any point between the perimeter of the mattress and the perimeter of the crib. When the mattress is placed flush to one side and end of the crib, the resulting gap must not exceed 1 inch. These measurements must be taken with no sheet covering the mattress. If the non-full-size crib mattress was sold with the crib and meets these requirements, it will be in compliance with subrule (8) of this rule.

**Note:** Under the federal crib standards, full-size baby crib mattresses must measure 27 1/4 inches by 51 5/8 inches with a thickness not exceeding 6 inches.

It is permissible to swaddle an infant with a blanket while they are being held by a caregiver. Infants swaddled in blankets must not be placed in cribs.

Wearable blankets, such as sleeps sacks and sleep sacks with a swaddle attachment and swaddle wraps, are an acceptable alternative to blankets and may be worn by infants when infants are sleeping. Refer to the examples for more information on acceptable items.

**Note:** Swaddling with sleep sacks with a swaddle attachment and swaddle wraps is allowed only for infants up to 2 months of age.

**Note:** The swaddle attachment for the sleep sack must be properly attached (Velcro) to the sleep sack prior to use.The Velcro on swaddle sacks and swaddle wraps must be attached securely and must be checked every time the infant is checked while sleeping. R 400.8188(8) requires continual monitoring of the infant's breathing, sleep position and bedding and for possible signs of distress.

If an infant has a health issue or special need that requires the use of a device, such as a wedge to prop the infant, documentation from the infant's health care provider is required **prior** to using the device. The documentation must include specific sleeping instructions and time frames for how long the infant needs to sleep in this manner. See also R 400.8188(7).

Consultation

When infants are put to sleep in any type of wearable blanket, such as a sleep sack, it is best practice to make sure the garment fits properly. If the infant is wearing a wearable blanket that is too big, it could bunch or gather around the infant's face and cause a suffocation hazard.

There are risks associated with swaddling. They include:

- Swaddling too tightly or with the legs extended and adducted can cause developmental dysplasia of the hips.
- Swaddling can result in hyperthermia when the swaddling blanket is added to clothing the infant is already wearing.
- Tight swaddling can compromise the lungs and increase the respiratory rate.
- Accidental deaths have occurred when swaddled infants are placed on their stomach or roll to their stomach. (An infant may roll onto his/her stomach even if not regularly rolling.) Swaddled infants on their stomachs are unable to use their arms or upper bodies to push themselves off the mattress or to change their head and body position if they are in a position that could cause suffocation.

Due to these risks, it is recommended that infants not be swaddled in a child care setting. For more information, see the AAP Caring for Our

Children: National Health and Safety Performance Standards at http://nrckids.org/CFOC/index.html.

Resources regarding infant safe sleep include the following:

- Department of Health and Human Services, Safe Sleep Website - www.michigan.gov/safesleep.
- National SIDS Resource Center and the Back to Sleep Campaign - www.sidscenter.org.
- Local and state health departments.
- Tomorrow's Child - www.tomorrowschildmi.org or 1-800-331-7437.
- American Academy of Pediatrics - www.healthychildcare.org.
- US Consumer Product Safety Commission Crib Information Center - www.cpsc.gov/info/cribs/index.html.

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**R 400.8176 (12)-(13)**

**Sleeping equipment.**

**(12) Cots and mats shall be constructed of a fabric or plastic which is easily cleanable.**

**(13) All sleeping equipment and bedding shall be** *washed, rinsed,* **and sanitized when soiled, between uses by different children, and at least once a week regardless of use by different children.**

Rationale

Reduces the spread of disease from one child to another.

Technical Assistance

Cleaned and sanitized means:

- Washing the surface vigorously with soap and water.
- Rinsing the surface with clean water.
- Wiping or spraying the surface with a sanitizing solution.
- Letting the surface air dry.
  **Note:** Laundering bedding in hot water and detergent cleans and sanitizes the bedding.

Examples of sanitizing solutions include, but are not limited to:

- Water and non-scented chlorine bleach with a concentration of bleach between 50 – 200 parts per million (one teaspoon to one tablespoon of bleach per gallon of water). Test strips must be used **daily** to check the concentration of the bleach/water solution and are available from most food service suppliers.
- Commercial sanitizers (products labeled as a sanitizer purchased at a store). Caution should be exercised to assure they are used according to the manufacturer's instructions. **Note:** Commercial disinfecting or sanitizing wipes may be used as long as a test strip is used **daily** to check the concentration of the wipes in the con-

tainer. The concentration must be at least 50 – 200 parts per million.

**Note:** When sanitizing toys and other items children may put in their mouths, including cots and mats:

- Bleach being used must have an EPA number indicating an approval for food sanitizing.
- Commercial sanitizers used must be unscented and specify on the label that they are safe for food contact surfaces.

Consultation

Bleach is recommended as a sanitizing product because it is safe, effective, and inexpensive.

Prior to using corrosive substances, such as bleach, it is recommended that you contact Michigan Occupational Safety and Health Administration (MIOSHA) to ensure you follow any safety requirements, such as installation of an eyewash station. For more information, go to the MIOSHA website at www.michigan.gov/miosha or call or contact the Consultation, Education & Training Division at (517) 284-7720.

Local health department sanitarians may maintain a list of approved sanitizers.

Centers are encouraged to use separate spray bottles containing soapy water, rinse water and a sanitizing solution.

For cleaning up vomit (including spit-up) or feces, it is recommended that the surface or article be disinfected. A disinfecting solution can be made using water and non-scented chlorine bleach as follows:

- **Stainless steel and food/mouth contact items -**
  1 tablespoon of bleach per gallon of water.
- **Non-porous surfaces -**
  1/3 cup bleach per gallon of water.
- **Porous surfaces -**
  1 2/3 cups bleach per gallon of water.

The bleach solution should be left on the surface for 10 to 20 minutes and then rinsed with clean water.

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**R 400.8176 (14)** **Sleeping equipment.**

**(14) When sleeping equipment and bedding are stored,** *both of the following apply***:**

**(a) Sleeping surfaces shall not come in contact with other sleeping surfaces.**

**(b) Bedding shall not come in contact with other bedding.**

Rationale

Toddlers often nap or sleep on mats or cots. These mats or cots are taken out of storage during nap time, then placed back in storage. Lice, infestations, scabies, ringworm, and other diseases can be spread if bedding materials (e.g., blankets, sheets, etc.) used by children come into contact with one another.

Technical Assistance

To prevent the spread of disease, provide bedding for each child that is stored individually. This separates the personal items of one child from those of another child.

It is also acceptable to store bedding for individual children on a cot used only for that child prior to stacking cots for storage. Care must be taken to ensure each child's bedding is stored in such a way that it does not make contact with other bedding.

Mats may be stacked **only** if they are sanitized prior to each use. Sanitized means:

- Wiping or spraying the mat with a sanitizing solution.
- Letting the mat air dry.

Examples of sanitizing solutions include, but are not limited to:

- Water and non-scented chlorine bleach with a concentration of bleach between 50 – 200 parts per million (one teaspoon to one tablespoon of bleach per gallon of water). Test strips must be used **daily** to check the concentration of the bleach/water solution and are available from most food service suppliers.
- Commercial sanitizers (products labeled as a sanitizer purchased at a store). Caution should be exercised to assure they are used according to the manufacturer's instructions. **Note:** Commercial disinfecting or sanitizing wipes may be used as long as a test strip is used **daily** to check the concentration of the wipes in the container. The concentration must be at least 50 – 200 parts per million.

**Note:** When sanitizing mats:

- Bleach being used must have an EPA number indicating an approval for food sanitizing.
- Commercial sanitizers used must be unscented and specify on the label that they are safe for food contact surfaces.

Consultation

Examples of ways bedding may be stored include labeled bins, cubbies or bags.

Bleach is recommended as a sanitizing product as it is safe, effective and inexpensive.

Prior to using corrosive substances, such as bleach, it is recommended that you contact MIOSHA to ensure you follow any safety requirements, such as installation of an eyewash station. For more information go to

the MIOSHA website at www.michigan.gov/miosha or call or contact the Consultation, Education & Training Division at (517) 284-7720.

Local health department sanitarians may maintain a list of approved sanitizers.

Centers are encouraged to use separate spray bottles containing soapy water, rinse water and a sanitizing solution.

For cleaning up vomit (including spit-up) or feces, it is recommended that the mat be disinfected. A disinfecting solution can be made using water and non-scented chlorine bleach with a concentration of 1/3 cup bleach per gallon of water. The bleach solution should be left on the surface for 10 to 20 minutes and then rinsed with clean water.

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**R 400.8176 (15)** **Sleeping equipment.**

**(15) All occupied cribs, porta-cribs, cots, and mats shall be** *placed* **in such manner that there is a free and direct means of egress and shall be spaced,** *as follows:*

**(a) Cribs and porta-cribs at least 2 feet apart.** *Cribs or porta-cribs with solid-panel ends may be placed end-to-end.*

**(b) Cots and mats at least 18 inches apart.**

Rationale

Assures staff and children have adequate space to evacuate the room if needed and staff have access to children in the case of an emergency.

Separated sleeping spaces reduce the spread of disease from one child to another.

Technical Assistance

This rule only applies when cribs, porta-cribs, cots, and mats are occupied.

If a center uses screens, partitions, furnishings, etc., to separate children, there use must not hinder immediate access to children in an emergency.

It is permissible to place cribs or porta-cribs in such a manner that one or two sides are adjacent to a wall. If not placing cribs or porta-cribs end-to-end, the remaining two or three sides must be at least two feet from another occupied crib or porta-crib.

It is permissible to place cots and mats in such a manner that one or two sides are adjacent to a wall. The remaining two or three sides must be at least 18 inches from another occupied cot or mat.

Consultation

AAP Caring for Our Children: National Health and Safety Performance Standards (http://nrckids.org/CFOC/index.html) recommends a mini-

mum distance of three feet between rest equipment to limit the spread of disease.

**R 400.8179 (1)** **Program.**

*(1) As used in this rule:*

*(a) "Confining equipment" means equipment used to assist in caring for infants and includes, but is not limited to, swings, stationary activity centers, infant seats, and molded seats.*

*(b) "Media" means use of electronic devices with a screen, including but not limited to, televisions, computers, tablets, multi-touch screens, interactive white boards, mobile devices, cameras, movie players, e-book readers, and electronic game consoles.*

*(c) "Interactive media" means media designed to facilitate active and creative use by children and to encourage social engagement with other children and adults.*

*(d) "Non-interactive media" means media which are used passively by children.*

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**R 400.8179 (2)** **Program.**

**(2)** *A center shall* **implement a program** *plan which includes daily learning experiences appropriate to the developmental level of the children. Experiences shall be designed to develop* **all of the following:**

**(a) Physical development.**

**(b) Social development.**

**(c) Emotional development.**

**(d)** *Cognitive* **development.**

Rationale

Children benefit from a diverse and balanced program that promotes all areas of development.

Consultation

The Michigan Department of Education has developed Early Childhood Standards of Quality for Infant and Toddler Programs, Early Childhood Standards of Quality for Prekindergarten, and Michigan Out-of School Time Standards of Quality (www.michigan.gov/greatstart). These documents are intended to help early childhood programs provide higher quality settings and respond to a diversity of children and families. These standards and recommendations build on the licensing requirements. Program directors are encouraged to review these documents and whenever possible, incorporate them into their programs.

**R 400.8179 (3)** **Program.**

**(3) The** *program shall be planned to provide a flexible balance of all of the* **following** *experiences***:**
**(a) Quiet and active.**
**(b) Individual and groups.**
**(c) Large and small muscle.**
**(d) Child initiated and staff initiated.**

Rationale

A planned but flexible program allows children to make decisions about their activities; encourages independence and creative expression; and fosters physical, social and emotional development.

Consultation

When developing your daily schedule to include all of the activities required by this rule, you must also take into account the transitions between these activities. Transitions:

- Are often the most difficult and stressful times of the day.
- Bring out more challenging behaviors.
- Can make caregivers feel more like police officers than nurturing caregivers.

Evaluating your daily schedule regularly will help you:

- Determine how many transitions are happening each day.
- Determine if the schedule works for the current group of children.
- Try to limit the number to:
  - Six or fewer for half day programs.
  - Eight or fewer for full day programs.

Important questions to ask yourself:

- How many minutes does it take for each transition?
- How many and what types of challenging behaviors are occurring?
- Are children spending time waiting for others or for the caregivers?
- Are the children engaged while waiting or is it dead time?
- What are the caregivers doing during transitions?

Your goal should be to reduce the number of transitions and offer uninterrupted play time of at least 30 minutes because:

- Caregivers will have more time to engage and interact with the children.
- It allows for increased small group interactions based on the child's interests rather than whole group activities led by the caregiver.
- It allows for more uninterrupted time which equals more elaborate play themes.
- Children develop a sense of ownership and become more vested in the group activity.
- It reduces challenging behaviors.

- Teachers feel less rushed.
- It reduces stress for everyone.

Spend time observing before making changes; eliminate as many transitions as possible.

Transition tips:
- Set a calm, relaxed tone.
- Be organized by having one activity start as soon as another finishes or by having activities overlap.
- Use music or movement to gain the children's attention during the transition.
- Give children a warning just prior to the transition.
- Offer ways to save and protect projects.
- Alternate times of high activity with quieter activities.

Working with Children Who Have Special Needs (BCAL-Pub 96) is available on the department's website (www.michigan.gov/michildcare).

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**R 400.8179 (4)(a)-(e)**

**Program.**

**(4)** *Developmentally appropriate experiences* **shall be** *designed* **so that** *throughout the day each* **child** *has opportunities to* **do** *all of* **the following:**
**(a) Feel successful and feel good about him or herself and develop independence.**
*(b) Practice social interaction skills.*
**(c) Use materials and takes part in activities which encourage creativity.**
**(d) Learn new ideas and skills.**
**(e) Participate in imaginative play.**

Rationale

A planned but flexible program allows children to make decisions about their activities; encourages independence and creative expression; and fosters physical, social and emotional development.

Consultation

Working with Children Who Have Special Needs (BCAL-Pub 96) is available on the department's website (www.michigan.gov/michildcare).

**R 400.8179 (4)(f)** **Program.**

**(4)** *Developmentally appropriate experiences* **shall be** *designed* **so that** *throughout the day each* **child** *has opportunities to* **do** *all of* **the following:**

**(f)** *Participate in* **developmentally appropriate language and literacy experiences.**

Rationale

Literacy is a process that begins at birth. Becoming literate is about using language to make oneself understood and to understand others and the world. Language is the foundation of reading development.

Engaging children in meaningful language and literacy experiences supports the development of communication skills including exchanging information, sharing feelings and developing strong emotional ties.

Technical Assistance

Language and literacy experiences include, but are not limited to:

- Looking at books with children.
- Reading (individually, in groups, during story time, etc.).
- Felt board stories.
- Finger plays.
- Verbal interactions.
- Playing games.
- Singing and participating in music experiences.
- Writing activities.
- Dramatic play activities.
- Show and tell and circle time.

Consultation

Working with Children Who Have Special Needs (BCAL-Pub 96) is available on the department's website (www.michigan.gov/michildcare).

Additional resources from the National Institute for Literacy include:

- “Learning to Talk and Listen” - An oral language resource for early childhood caregivers at: www.nifl.gov/publications/pdf/LearningtoTalkandListen.pdf
- “Make Time to Talk “- Language Building Tips for Center-Based Child Care Providers at: www.nifl.gov/publications/pdf/language_tipsheet.pdf.

**R 400.8179 (4)(g)** **Program.**

**(4)** *Developmentally appropriate experiences* **shall be** *designed* **so that** *throughout the day each* **child** *has opportunities to* **do** *all of* **the following:**
**(g)** *Participate in* **early math and science experiences.**

Rationale

Math and science help children make sense of the world around them and find meaning in the physical world. They learn to reason, to connect ideas and to think logically.

Through mathematics, children learn to understand their world in terms of numbers and shapes. Integrating math into all parts of the day increases their learning and shows children that math is part of every-day life.

Children have a natural curiosity and interest in science, which allows them to be active learners and to construct knowledge through experimentation, problem solving and play. It also allows children to make choices about what they explore and experience.

Technical Assistance

Math and science experiences include but are not limited to:

- Counting.
- Sorting, classifying and sequencing.
- Baking/cooking activities.
- Setting the table, folding laundry.
- Matching games and puzzles.
- Water and sand play.
- Sensory activities.
- Exploring the outdoor environment.

Consultation

Working with Children Who Have Special Needs (BCAL-Pub 96) is available on the department's website (www.michigan.gov/michildcare).

**R 400.8179 (4)(h)** **Program.**

**(4)** *Developmentally appropriate experiences* **shall be** *designed* **so that** *throughout the day each* **child** *has opportunities to* **do** *all of* **the following:**
*(h) Be physically active.*

Rationale

Increased physical activity is a key factor in reducing childhood obesity. Research indicates that regular physical activity seems to help protect against obesity during the preschool age.

Physical activity improves children's attentiveness and decreases restlessness.

Technical Assistance

Examples of how children can be physically active, include but are not limited to:

- Music and movement.
- Active games.
- Large motor activities.
- Outdoor play.
- Active transitions.
- Gym time.
- Stretching or exercises.

Consultation

It is recommended that caregivers be physically active with children.

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**R 400.8179 (5)** **Program.**

**(5) A school-age program shall supplement the areas of development not regularly provided for during the school day.**

Rationale

A program for school-age children should provide an enriching contrast to the formal school program. Facilities that offer a wide range of activities such as outdoor play, team sports, food experiences, dramatics, art, music, crafts, games, free choice, quiet time, and use of community resources allow children to explore new interests and relationships.

Technical Assistance

School-age programs can allow children to complete homework, however, the program must also have other activities available.

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**R 400.8179 (6)** **Program.**

**(6) A** *typical daily routine* **shall be posted in a place visible to parents.**

Rationale

Preplanning provides a predictable, consistent routine for children and staff.

Consultation

Detailed plans for each scheduled activity will help centers implement the typical daily routine.

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**R 400.8179 (7)** **Program.**

*(7) When awake, use of confining equipment for infants shall be minimized, not to exceed 30 minutes at a time.*

Rationale

American Academy of Pediatrics (AAP) Caring for Our Children: National Health and Safety Performance Standards recommends that infants not be seated for more than 15 minutes at a time, except during meals and naps.

The National Association of Sports and Physical Education reports that using confining equipment for infants and young children for extended periods of time may delay physical development, such as learning to roll over, crawl, and walk. It may also effect cognitive development.

Technical Assistance

"Confining equipment" means equipment used to assist in caring for infants and includes, but is not limited to, swings, stationary activity centers, infant seats, and molded seats.

Consultation

AAP Caring for Our Children: National Health and Safety Performance Standards recommends that infants not be seated for more than 15 minutes at a time, except during meals and naps. Young infants should have supervised tummy time every day. Caregivers should interact with an infant on his or her tummy for short periods of time (three to five minutes), increasing in the amount of time as the infant shows he or she enjoys the activity. The Caring for Our Children publication can be found at http://nrckids.org/CFOC3/.

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**R 400.8179 (8)-(9)** **Program.**

*(8) Use of media is prohibited for children under 2 years of age.*

**(9)** When media are used with children 2 years of age and older all of the following apply:
*(a) Activities shall be developmentally appropriate.*
*(b) Interactive media shall be used to support learning and to expand children's access to content* **and shall be suitable to the age of the child in terms of content and length of use** *per session.*
**(c)** *Media* **with violent or adult content are prohibited while children are in care.**
*(d) Use of non-interactive media shall not exceed 2 hours per week per child.*
**(e)** *When media are available for children's use,* **other activities shall also be available to children.**

Rationale

Research has shown possible negative outcomes of too much television use and other screen time include:

- Irregular sleep patterns.
- Behavioral issues.
- Focus and attention problems.
- Decreased academic performance.
- Negative impact on socialization and language development.
- Increased rates of childhood obesity.

Before the age of three, television viewing can have modest negative effects on cognitive development of children. For that reason, the AAP

and the White House Task Force on Childhood Obesity recommends that children under two years of age not watch television and children over two be limited to no more than two hours per day of quality TV.

Caregivers cannot determine how much television a child watches at home. It is important to limit TV viewing so the AAP goal of less than two hours a day for children over age two can be achieved.

The AAP further recommends that “more interactive activities that will promote proper brain development, such as talking, playing, singing, and reading together” and “alternative entertainment for children including reading, athletics, hobbies, and creative play” be encouraged.

A rich variety of early experiences are critical to children’s brain development because they impact a child’s:

- Ability to solve problems.
- Self-control and emotional expression.
- Social interactions with others.
- Creativity.
- Success in school.
- Physical ability and health.

Play is an active form of learning and children learn best when actively engaged. The development of children's abilities may suffer when much of their experience is through television, computers, electronic games, books, worksheets and media that require only two senses - sight and sound. It is important to provide children with opportunities to learn through their other senses as well, including the senses of smell, touch and taste and the sense of motion through space.

In 2012, the National Association for the Education of Young Children (NAEYC) and the Fred Rogers Center for Early Learning and Children’s Media at Saint Vincent College published a Position Statement (www.naeyc.org/files/naeyc/PS_technology_WEB.pdf) on technology and media in early childhood programs. These subrules are based on the recommendations in that position statement.

Technical Assistance

“Media” means use of electronic devices with a screen, including but not limited to, televisions, computers, tablets, multi-touch screens, interactive white boards, mobile devices, cameras, movie players, e-book readers, and electronic game consoles.

“Interactive media” means media designed to facilitate active and creative use by children and to encourage social engagement with other children and adults.

“Non-interactive media” means media which are used passively by children.

Media, like any other learning tool, can be used in developmentally appropriate or inappropriate ways. Media is a powerful teacher so caregiving staff must make sure the lessons children learn are good ones.

The center is responsible for assuring that:

- Media is developmentally appropriate and promotes positive social values.
- The use of media does not replace or disrupt existing program routines.
- The use of media is limited and monitored closely.

Rating systems for television, video tapes, movies, video and computer games must be used as a guide to determine suitability for children.

- A description of movie ratings may be found at www.mpaa.org.
- Television ratings may be found at www.parentstv.org.
- Video and computer game ratings may be found on the Entertainment Software Rating Board's website at www.esrb.org.

Consultation

Passive use of technology and any type of screen media is an inappropriate replacement for active play, engagement with other children, and interactions with adults. Technology and media should not replace activities such as creative play, real-life exploration, physical activity, outdoor experiences, conversation, and social interactions that are important to for children's development. Technology and media should be used to support learning, not as an isolated activity, and to expand young children's access to new content. The following best practices are recommended:

- Preview movies, television programs and video and computer games prior to them being viewed/used by children to ensure they are age and developmentally appropriate instead of relying solely on the rating.
- Watch media with the children in care and plan learning experiences to expand on the media programming.
- Replace media exposure with more appropriate activities, unless the media offering is linked to and supports your curriculum.
- Use books, toys and program activities to counter the effects of media.

**R 400.8179 (10)** **Program.**

*(10) An exception to the requirements of subrule (9)(d) of this rule may be made under the following conditions:*
*(a) School-age children use computers and any other electronic devices for academic and educational purposes.*
*(b) Children use assistive and adaptive technology.*

Rationale

School-age children may need to use computers and other electronic devices to complete homework or for other educational purposes.

Children with disabilities may use a wide range of assistive and adaptive devices to increase or maintain their capabilities and perform tasks of daily living.

Technical Assistance

Assistive and adaptive technology can be anything home-made, purchased, modified, or commercially available which is used to help individuals with disabilities perform certain tasks of daily living or increase or maintain their capabilities. It encompasses a broad range of devices, including but not limited to, electronic communication and schedule boards, computer programs that are touch-screen or eye-gaze activated, Braille displays, devices that assist individuals in communicating when they have impairments or restrictions on the production or comprehension of spoken or written language (as simple as pictures on a screen that the are used to request food, drink or other care or as advanced as speech generating devices).

**R 400.8179 (11)** **Program.**

**(11) For children with special needs, care shall be provided according to the child's needs as identified by parents, medical personnel, and/or other relevant professionals.**

Rationale

Assures:
- That a child's special needs are being met and professional recommendations are followed.
- Consistency and continuity in the care of children with special needs.

Consultation

Written plans detailing a child's identified needs and how to meet those needs assures that the child receives appropriate care. Written plans should be shared with all of the child's caregivers. Specific training may need to be provided to ensure staff understand how to meet a child's special needs.

The following best practices are recommended in the care of special needs children:

- Research and become familiar with the condition.
- Talk with others who have experience with the condition.
- Take classes or workshops.

Working with Children Who Have Special Needs (BCAL-Pub 96) is available on the department's website (www.michigan.gov/michildcare).

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**R 400.8179 (12)** **Program.**

**(12) Parents** *may* **visit the center during hours of operation for the purpose of observing their children.**

Rationale

Parents' access to the child care center during the hours of operation allows them to observe the care their children receive.

Technical Assistance

One parent may not limit the other from visiting the child or receiving information about how the child's day went. The caregiver has no legal right to prohibit a parent from visiting his/her child unless there is a court order which limits one parent's right to visit the child. This rule is not intended as a means for on-going parental visitations by the non-custodial parent.

Consultation

The following best practices are recommended in dealing with child custody conflicts:

- Maintain the role of the child's advocate.
- Limit any discussion with either parent to the child and the effects the conflict may be having on the child.
- Limit all discussions with the parent to a time when the child is not present.
- Request a copy of the court order that establishes custody.
- Do not answer questions regarding the child over the telephone.
- If the non-custodial parent wishes to obtain information regarding the child, schedule an appointment and require identification.
- If you are approached by the Friend of the Court to comment on the child's situation, respond only to those issues with which you are knowledgeable. It is okay to say "I have no opinion on this issue," or "I choose not to answer that question."

**R 400.8182 (1)** **Ratio** *and* **group size requirements.**

**(1) At least 2** *adults***, 1 of whom is a caregiver, shall be present at all times when at least 3 children between the ages of birth and 3 years of age are present.** *A second caregiver is required when needed to comply with subrule (3) of this rule.*

Rationale

Assures that a caregiver is not alone in the center with a group of three or more children that includes infants or toddlers and that a second individual is present to assist the caregiver in the case of an emergency.

Technical Assistance

This rule addresses the times when a minimal number of children are on the premises and only one caregiver is required per subrule (3) of this rule. This situation is more likely to occur during opening and closing times. The second staff person must be available to the caregiver on the premises of the center or on a field trip in case there is need for assistance. This second staff person does not need to be a caregiver until an additional caregiver is necessary per ratio requirements.

**Example 1:** There are two children, ages six months and two years, present with one caregiver. A third child arrives, aged one year. When this third child arrives, a second staff person is required. When two more infants arrive, another caregiver is required to meet the 1:4 caregiver-to-child ratio for this age group.

**Example 2:** There are four children present, three four-year-olds and a two-year-old. Only one caregiver is required; the second adult is not needed.

**Example 3:** There are eight toddlers in attendance in the center and there are two caregivers. Four toddlers and one caregiver go outside to center’s playground and four toddlers stay inside with one caregiver. This meets the ratio requirements. The center does not have to provide a second staff person inside and a second staff person outside under these circumstances. Compliance is cited.

Should four toddlers leave the center to go to the park, on a field trip or other activity away from the center, a second staff person would have to go with them and a second staff person would be required at the center.

When age groups of children are mixed, the center must meet the ratio requirement for the youngest child in the group.

"Caregiver" means a person 18 years of age or older who provides direct care, education, supervision and guidance of children.

**R 400.8182 (2)** **Ratio** *and* **group size requirements.**

**(2) At least 2** *adults***, 1 of whom is a caregiver, shall be present at all times when 7 or more children over 3 years of age are present.** *A second caregiver is required when needed to comply with subrule (3) of this rule.*

Rationale

Assures that a caregiver is not alone in the center, with seven or more children, and that a second individual is present to assist the caregiver in the case of an emergency.

Technical Assistance

This rule addresses the times when a minimal number of children are on the premises and only one caregiver is required per subrule (3) of this rule. This situation is more likely to occur during opening and closing times. It is meant to assure sufficient staffing in case of an emergency. The second staff person must be available to the caregiver on the premises of the center or on a field trip in case there is need for assistance. This second staff person does not need to be a caregiver until an additional caregiver would be necessary per ratio requirements.

**Example 1:** There are 20 children, three to four years of age, in attendance in the center and there are two caregivers. Ten children and one caregiver go outside to center's playground and ten children stay inside with one caregiver. This meets the ratio requirements. The center does not have to provide a second staff person inside and a second staff person outside under these circumstances. Compliance is cited.

Should 10 children leave the center to go to the park, on a field trip or other activity away from the center, a second staff person would have to go with them and a second staff person would be required at the center.

**Example 2:** There are six children, ages three and older, present with one caregiver. When the seventh child arrives, a second staff person is required. When the eleventh child in this age group arrives, another caregiver is required to meet the 1:10 caregiver-to-child ratio for this mixed age group.

**Example 3:** There are six children, ages four and older, present with one caregiver. When the seventh child arrives, a second staff person is required. When the thirteenth child in this age group arrives, another caregiver is required to meet the 1:12 caregiver-to-child ratio for this mixed age group.

**Note**: When age groups of children are mixed, the center must meet the ratio requirement for the youngest child in the group.

"Caregiver" means a person 18 years of age or older who provides direct care, education, supervision and guidance of children.

**R 400.8182 (3)** **Ratio** *and* **group size requirements.**

**(3)** *In each room or well-defined space, the maximum group size* **and ratio of caregivers to children, including children related to a staff member or the licensee, shall be the following:**

| | Age | Caregiver-to-Child Ratio | Maximum Group Size |
|---|---|---|---|
| (a) | Infants and Toddlers, Birth until 30 months of age | 1 to 4 | 12 |
| (b) | *Preschoolers*, 30 months of age until 3 years of age | 1 to 8 | 16 |
| (c) | *Preschoolers*, 3 years of age until 4 years of age | 1 to 10 | Not applicable |
| (d) | *Preschoolers*, 4 years of age until school-age | 1 to 12 | Not applicable |
| (e) | School-agers | 1 to 18 | Not applicable |

*(4) Volunteers may be counted in the caregiver-to-child ratios outlined in subrule (3) of this rule if they meet the definition of caregiver as defined by R 400.8101(c).*

**(5) Children who have reached 33 months of age may***, when developmentally appropriate,* **be enrolled in a 3-year-old classroom with written parental permission. The ratio** *listed in subrule (3)(c) of this rule* **shall apply.**

*(6) Children who have reached 45 months of age may, when developmentally appropriate, be enrolled in a 4-year-old classroom with written parental permission. The ratio listed in subrule (3)(d) of this rule shall apply.*

*(7) Children who have reached 57 months of age but who are not considered a school-ager under R 400.8101(b)(iv) may, when developmentally appropriate, be enrolled in a school-age classroom with written parental permission. The ratio listed in subrule (3)(e) of this rule shall apply.*

**(8) If there are children of mixed ages in the same room or well-defined space, then the ratio and group size shall be determined by the age of the youngest child, unless each group of children is clearly separated and the appropriate caregiver-to-child ratios and group sizes, if applicable, for each age group are maintained.**

Rationale

Infant development and caregiving quality improves when group size is smaller. A group provides the psychological base with which the child identifies and from which the child gains continual guidance and support in various activities.

Group size refers to the total size of the group in which a child spends the day, with one or several caregivers. Children in smaller groups benefit from social interactions with peers. Larger groups are generally associated with less responsive care; more restrictive caregivers; and less cooperative, more aggressive children who talk less, cry more, and are more engaged in aimless wandering. Larger groups are also associated with higher rates of infectious illness.

Low caregiver-to-child ratios are important for all children but are most critical for infants and toddlers. Infant development and caregiving quality improves when caregiver/child ratios are smaller. It also allows for more frequent one to one interaction, intimate knowledge of individual children and consistent caregiving. Improved verbal interactions are correlated with lower ratios.

Caregiver-to-child ratios assure that appropriate care and supervision is provided to all children. Although caregiver-to-child ratios alone do not predict the quality of care, direct warm social interaction between adults and children is more common and more likely with lower caregiver-to-child ratios.

Technical Assistance

**Well-Defined Space**

"Well-defined space" means space designed and used exclusively for a specific group of children. Well-defined space:

- Can be created by the placement of moveable room dividers, equipment, shelves, floor coverings, etc. Permanent walls and dividers are not required.
- Must meet the square footage requirements for the number and age of children in the group.

Space defining barriers may not be necessary in a large room, gym or cafeteria for maintaining groups on opposite sides of the room.

**Group Size**

Group size does not affect the capacity for which a center is licensed.

**Example**: An infant/toddler room is licensed for 16. The center does not have to limit the classroom to 12 children to meet the group size requirement of 12. Two groups of 8 children, or other combinations, each in a well-defined space that do not exceed the group size, ratio or the licensed capacity will meet the intent of the rule and still allow the center to continue to care for 16 infants/toddlers.

**Caregiver-to-Child Ratios**
Caregivers must know the whereabouts of all children at all times.

Appropriate caregiver-to-child ratios must be maintained in each room or child use area, outside on the playground and on field trips.

A caregiver may need to be away from their assigned area of the center for a brief period of time for routine activities such as use of restroom, toileting a child, attending to a sick child, escorting children from the bus, etc. In those situations, children must not be left unattended. If multiple caregivers are in the room, a replacement caregiver may not be necessary unless there is a significant disruption in the room, children's needs are not being met or absences are too lengthy or too frequent.

**Note:** Children aged 33 until 36 months enrolled in a three-year-old classroom when developmentally appropriate and with written parental permission per rule 400.8182(5) are considered three-year-olds. If a center is licensed to accept children age three and older, the center can enroll children as young as 33 months in a three-year-old classroom when developmentally appropriate and with written parental permission. The same applies to subrules 400.8182(6) and (7) of this rule.

**Note:** When a child turns age five, he/she may be considered a schoolager even if he/she is not yet attending kindergarten.

**Nap Time Supervision**
When **all** children in a room are asleep, one caregiver may provide supervision as long as that caregiver remains in the room and all children are visible to the caregiver. Additional caregiver(s) must be on-site and immediately available. When the first child wakes up, the required ratio and supervision levels apply.

**Combining Age Groups**
When combining age groups of children, the caregiver-to-child ratio for the youngest child applies.

There may be situations, such as during lunch and special presentations, where groups of children of different ages may be combined. The center may designate the appropriate number of caregivers to maintain ratio for each subgroup. It should be apparent that the caregivers designated for each subgroup are responsible for the care and supervision of the children in the subgroup.

**Example:** A guest presenter, such as a firefighter, visits the center to discuss fire safety with all age groups. The groups may be combined for the presentation as long as the center designates the appropriate number of caregivers to maintain ratio for each subgroup.

**Ratios for Children Age 13 and Older**

Programs serving children age 13 and older are not required to be licensed under the Child Care Organizations Act (1973 PA 116) because “center” is defined as a facility receiving 1 or more children under 13 years of age for care. However, some programs may choose to serve children age 13 and older. If the program is serving only children age 13 and older, there isn’t a required caregiver-to-child ratio.

If the program is licensed for school-age children and serves children age 12 and younger and children age 13 and older:

- There isn’t a required caregiver-to-child ratio for children age 13 and older if those children are in their own well-defined space.
- The program must follow the caregiver-to-child ratio for the youngest child present, if children aged 12 and younger and children age 13 and older are mixed in the same well-defined space.

Refer to R 400.8110(5) for more information if a program is serving children age 13 and older.

Consultation

It is recommended that programs licensed for children age 13 and older maintain a caregiver-to-child ratio of 1 caregiver to every 18 children.

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**R 400.8182 (9)**

**Ratio *and* group size requirements.**

**(9) An exception to the requirements of subrule (3) of this rule may be made when the center is transporting children and is in compliance with R 400.8760(1) and (2).**

Rationale

Children being transported are seated in a confined space that limits their activities.

**R 400.8185 (1)** **Primary care.**

**(1) As used in this rule, "primary caregiver" means the** *caregiver to whom the care of a specific infant or toddler is assigned. The primary caregiver is responsible for direct care, verbal and physical interactions, primary responses to the child's physical and emotional needs, and continued interaction with the child's parents regarding the child's experiences***.**

**R 400.8185 (2) - (3)** **Primary care.**

**(2) The center shall implement a primary care system so that each infant and toddler has a primary caregiver.**

**(3) Each infant and toddler shall have not more than 4 primary caregivers in a week. For centers operating less than 24 hours a day, an exception may occur during the first hour after the center opens and the hour before closing.**

Rationale

An established system helps caregivers understand and implement primary caregiving responsibilities and assignments.

Social-emotional development is the capacity to experience and regulate emotions, form secure relationships and explore and learn. Research shows that critical brain connections in the early years are primarily formed by attentive care and nurturing stimulation by caregivers.

The purpose of primary caregiving is to ensure that each child's needs for intimacy and safety are met thereby fostering trust in adults and enhancing the positive social-emotional development of the child.

Trustworthy, caring adults who provide care and learning experiences play a key role in a child's development. Limiting the number of adults with whom infants and toddlers interact fosters reciprocal understanding of communication cues that are unique to each child. This leads to a sense of trust of the adult by the child that the child's needs will be understood and met promptly.

Studies of infant behavior show that infants have difficulty forming trusting relationships in settings where many adults interact with a child. This difficulty occurs even if each of the many adults is very caring in their interaction with the child.

Technical Assistance

This rule does not preclude a primary caregiver from being relieved by another caregiver while taking a lunch period or short break.

While children can form primary attachments with more than one person, the three critical benefits of primary caregiving – continuity of care, consistency, and appropriate social interaction – cannot happen if there are constant changes in caregivers.

Each child must have a primary caregiver assigned at all times while in care. If a child's primary caregiver's shift ends before the child leaves, a second primary caregiver must be assigned.

The primary caregiver attends to their assigned child's individual needs and is responsible for most of that child's daily routines:

- Greetings and departures.
- Comforting.
- Feeding.
- Diapering.
- Napping.
- Tracking individual milestones.
- Indoor and outdoor play.

Consider the following in determining compliance:
- Observe children seeking out their primary caregiver for help and comfort.
- Observe primary caregivers providing individualized care to their assigned children, e.g., feeding, nurturing, diapering, etc.
- Interview staff as to their understanding of how they meet primary caregiving responsibilities.

The primary caregiver promotes positive social development.
Consider the following to determine compliance:
- Observe how primary caregivers assist the child in entering play groups or facilitates interaction between children.
- Observe how primary caregivers help children resolve conflict.
- Observe verbal and nonverbal praise for appropriate social interaction.
- Observe for nurturing behavior such as:
  - Being available to respond to the physical and emotional needs of the individual child.
  - Understanding the child's cues and being sensitive to the child as an individual.
  - Anticipating the individual child's needs to alleviate possible difficulties and undue stress.

While each child must be assigned specific primary caregivers throughout the day, caregivers should work together with groups of children to assure a positive environment.

Consultation

While the rule allows for children to have up to four different primary caregivers in one week, it is recommended that centers arrange the

staff schedule so children can have the least amount of primary caregivers.

The Infant/Toddler Primary Caregivers Documentation (BCAL-4557) form may be used and is available on the department's website (www.michigan.gov/michildcare).

**R 400.8185 (4)** **Primary care.**

**(4) Information regarding a child's food, health, and temperament shall be shared daily between caregivers when more than 1 primary caregiver is assigned to any infant or toddler.**

Rationale

Facilitates continuity of care for children.

Consultation

Caregiving practices should be consistent between caregivers so that the following occur:

- Children experience structure and routine in their environment.
- Children have their needs met in a consistent manner by all caregivers.
- Children are assured a smooth transition between primary caregivers throughout the day regardless of shift changes.

Consider the following in determine whether caregiving practices are consistent between caregivers:

- Observe whether staff share information regarding individual children and their care when there is a new caregiver or shift change.
- Observe whether consistent caregiving techniques exist between caregivers.
- Observe communication between parents and caregivers or interview staff about communication between parents and caregivers.

It is recommended that centers use a written documentation system that can be read by all caregivers, such as the written daily log required for infants and toddlers as required by R 400.8146(3).

**R 400.8185 (5)** **Primary care.**

**(5) Primary caregiving assignments shall be documented and provided to parents.**

Rationale

Assures parents know who is caring for their child and with whom they need to communicate with regarding their child.

Technical Assistance

Primary caregiving assignments must be documented in writing. This can be done:

- By posting the assignments in the child care room.

- By writing it on the written daily record [required by R 400.8146(3)].
- By using the Infant/Toddler Primary Caregivers Documentation (BCAL-4557) form.
- On some other form of written documentation kept at the center.

This information can be provided to parents verbally or in writing.

**R 400.8185 (6)** **Primary care.**

**(6) An exception to R 400.8185 may be made when the center is transporting children and is in compliance with R 400.8760(1) and (2).**

Rationale Children being transported are seated in a confined space that limits their activities.

**R 400.8188 (1)** **Sleeping, resting, and supervision.**

**(1)** *Children under 3 years of age* **shall be provided opportunities to rest regardless of the number of hours in care.**

Rationale

Young children benefit from scheduled periods of rest. This rest may take the form of actual napping or a quiet time.

Technical Assistance

While naptime or quiet time is required, not all children will fall asleep. In these situations, quiet activities must be provided such as looking at books, putting together puzzles, etc.

Consultation

It is best practice to have a separate area away from sleeping children where children can engage in quiet activities.

Centers may wish to develop a naptime/quiet time policy and share it with parents.

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**R 400.8188 (2)** **Sleeping, resting, and supervision.**

**(2) The center shall permit children** *under 18 months of age* **to sleep on demand.**

Rationale

To assure that the changing developmental and individual needs of each child are met.

Technical Assistance

Children under 18 months must be allowed to sleep when tired. Children can not be forced to stay awake to meet a classroom's daily schedule or a parent's request.

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**R 400.8188 (3)** **Sleeping, resting, and supervision.**

**(3) Infants shall rest or sleep alone in cribs or porta-cribs.**

Rationale

Reduces the spread of disease.

Assures for the safety and well-being of children by reducing the risk of infant death. In 2012, 144 infants died in Michigan due to unsafe sleep environments. Several infants die each year in child care due to unsafe sleep environments. Infant sleeping requirements are based on the American Academy of Pediatrics recommendations.

Technical Assistance

If an infant has a health issue or special need that requires the infant to sleep in something other than a crib or porta-crib, documentation from the infant's health care provider is required prior to allowing variance to this rule. The documentation must include specific sleeping instructions and time frames for how long the infant needs to sleep in this manner. See also R 400.8188(7).

**R 400.8188 (4)-(6)** **Sleeping, resting, and supervision.**

**(4) Infants shall be placed on their backs for resting and sleeping.**

**(5) Infants unable to roll from their stomachs to their backs and from their backs to their stomachs shall be placed on their backs when found face down.**

**(6) When infants can easily turn over from** *their stomachs to their backs and* **from their backs to their stomachs, they shall be initially placed on their backs, but shall be allowed to adopt whatever position they prefer for sleep.**

Rationale

Since 1992 the American Academy of Pediatrics has recommended that infants sleep on their backs. Placing infants to sleep on their backs instead of their stomachs has been associated with a dramatic decrease in infant deaths.

Once infants develop motor skills to move from their back to the side or stomach it is safe to put them to sleep on their backs and allow them to adapt to whatever position makes them comfortable.

Consultation

Resources include the following:

- National SIDS Resource Center and the Back to Sleep Campaign - www.sidscenter.org.
- Local and state health departments
- Tomorrow's Child- www.tomorrowschildmi.org or 1-800-331-7437.
- American Academy of Pediatrics - www.healthychildcare.org.
- Department of Health and Human Services, Safe Sleep Website - www.michigan.gov/safesleep.

**R 400.8188 (7)** **Sleeping, resting, and supervision.**

**(7) For an infant who cannot rest or sleep on her or his back due to disability or illness, written instructions, signed by** *the infant's licensed health care provider,* **detailing an alternative safe sleep position and/or other special sleeping arrangements for the infant** *shall be followed and on file at the center***.**

Rationale

To assure an infants's special needs are being met and medical instructions are being followed.

Technical Assistance

If an infant has a health issue or special need that requires the infant sleep in position other than on his/her back, documentation from the infant's health care provider is required **prior** to allowing the infant to sleep in the alternative position. This includes when a device, such as a wedge is required to prop the crib mattress or the infant, needs to be

used. The documentation must include specific sleeping instructions and time frames for how long the infant needs to sleep in this manner.

The center must ensure that any special written instructions from the infant's health care provider are kept in an accessible location and shared with all of the infant's caregivers.

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**R 400.8188 (8)** **Sleeping, resting, and supervision.**

**(8) A sleeping infant's breathing, sleep position, and bedding shall be monitored frequently for possible signs of distress.**

Rationale: Supervision is basic to the prevention of harm. Infants who are presumed sleeping might be awake and in need of adult attention.

Technical Assistance: Monitoring must be continual and must include visual observation of infants, with caregivers periodically standing close enough to the infant to observe breathing patterns, sleep position and any signs of distress or discomfort.

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**R 400.8188 (9)** **Sleeping, resting, and supervision.**

**(9) An infant's head shall remain uncovered during sleep.**

Rationale: Assures for the safety and well-being of children by reducing the risk of infant death. In 2012, 144 infants died in Michigan due to unsafe sleep environments. Several infants die each year in child care due to unsafe sleep environments. Infant sleeping requirements are based on the American Academy of Pediatrics recommendations.

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**R 400.8188 (10)** **Sleeping, resting, and supervision.**

**(10) Toddlers shall rest or sleep alone in cribs, porta-cribs, or on mats or cots.**

Rationale: Reduces the spread of disease and assures for the safety of children.

Technical Assistance: If a child has a health issue or special need that requires the child sleep in something other than a crib, porta-crib, cot, or mat, documentation from the child's health care provider is required prior to allowing variance to this rule. The documentation must include specific sleeping instructions and time frames for how long the child needs to sleep in this manner. See also subrule (7) of this rule.

**R 400.8188 (11)** **Sleeping, resting, and supervision.**

**(11) Infants and toddlers who fall asleep in a space that is not approved for sleeping shall be moved to approved sleep equipment appropriate for their age and size.**

Rationale

Assures for the safety and well-being of children. In 2012, 144 infants died in Michigan due to unsafe sleep environments. Several infants die each year in child care due to unsafe sleep environments. Infant sleeping requirements are based on the American Academy of Pediatrics recommendations.

**R 400.8188 (12)** **Sleeping, resting, and supervision.**

**(12) Naptime or quiet time shall be provided when children under school-age are in attendance 5 or more continuous hours per day.**

Rationale

Preschool children benefit from scheduled periods of rest. This rest may take the form of actual napping or a quiet time.

Technical Assistance

While naptime or quiet time is required, not all children will fall asleep. In these situations, quiet activities must be provided such as reading books, putting together puzzles, etc.

Consultation

It is best practice to have a separate area away from sleeping children where children can engage in quiet activities.

Centers may wish to develop a naptime/quiet time policy and share it with parents.

**R 400.8188 (13)** **Sleeping, resting, and supervision.**

**(13) Resting or sleeping areas shall have adequate soft lighting to allow the caregiver to assess children.**

Rationale

Facilitates supervision of resting or sleeping children.

**R 400.8188 (14)** **Sleeping, resting, and supervision.**

**(14) Video surveillance equipment and baby monitors shall not be used in place of subrule (8) of this rule and R 400.8125(1).**

Rationale

Supervision is basic to the prevention of harm. Electronic equipment is subject to malfunction or failure.

**R 400.8191 (1)** **Nighttime care.**

**(1) If a child is in care between the hours of 11 p.m. and 6 a.m., a separate area away from sleeping children where the child can engage in quiet activities** *shall be available***.**

Rationale

Due to varying parental work schedules, children may be picked up at various times during nighttime hours; some children may be awake while others are asleep.

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**R 400.8191(2)** **Nighttime care.**

**(2) If a child is in care** *for more than 1 hour* **between the hours of 11 p.m. and 6 a.m., a bed and mattress, with a** *waterproof* **covering, of a size appropriate to the age of each child** *shall be available.*

Rationale

Children in nighttime care are asleep for longer periods of time than children who nap during the day. These children will have a more restful sleep on an appropriately sized bed than on a mat or cot.

Technical Assistance

A waterproof mattress or tight fitting waterproof mattress cover are acceptable.

Plastic bags or other loose plastic materials must not be used as mattress covers as a child could remove the sheet and suffocate while playing with the bag.

The American Heritage Dictionary defines a bed as: "A piece of furniture for reclining and sleeping, typically consisting of a rectangular frame and a mattress resting on springs."

The following would not be considered a bed for nighttime care:

- Mats.
- Cots.
- Bean bags.
- Futons.
- Couches.
- Reclining chair.
- Inflatable beds or air mattresses.
- Portable camping beds.

***Exception:*** R 400.8188(3) requires infants and toddler to sleep alone in cribs or porta-cribs.

**R 400.8301 Definitions.**

**As used in this part:**

*(a) "Bulk foods" are larger quantities of food that are used over time, such as flour, sugar, noodles, rice, etc. Food that is used up in a week or less, such as crackers, are not considered bulk foods.*

**(b) "Corrosion-resistant materials" means those materials that maintain their original surface characteristics under prolonged influence of the food to be contacted, the normal use of cleaning compounds and bacterial solutions, and other conditions-of-use environment.**

*(c) "Food grade surface" means a surface that is easily cleanable and made from a material that will not migrate into, contaminate, or taint the food.*

**(d) "Food service equipment" means stoves, ovens, ranges, hoods, slicers, mixers, meat blocks, tables, counters, refrigerators, sinks, dishwashing machines, steam tables, and similar items other than utensils, used in the operation of a center.**

**(e) "Food" means any raw, cooked, or processed edible substance, ice, beverage, or ingredient used or intended for use in whole or in part for human consumption.**

**(f) "Food-contact surface" means those surfaces of equipment and utensils with which food normally comes in contact, and those surfaces from which food may drain, drip, or splash back onto surfaces normally in contact with food.**

**(g) "Packaged" means bottled, canned, cartoned, or securely wrapped.**

**(h) "Potentially hazardous food" means any food that consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, edible crustacean, or other ingredients, including synthetic ingredients, in a form capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms.**

*(i) "Ready to eat food" means food that does not require cooking and that will not be cooked before being served.*

**(j) "Sealed" means free of cracks or other openings that permit the entry or passage of moisture.**

**(k) "Single-service articles" means those food service articles intended for 1-time, 1-person use and then discarded.**

**(l) "Tableware" means multi-use eating and drinking utensils.**

**(m) "Utensil" means any implement used in the storage, preparation, transportation, or service of food.**

**R 400.8305 (1)** **Plan review; approval;** *inspections.*

**(1) All local health department requirements regarding plan reviews and specifications shall be followed. Written confirmation to the department that this has occurred shall be submitted.**

Rationale

Assures the safety and welfare of children and adults by ensuring that new construction or renovations will meet licensing rules and environmental health requirements for child care centers.

Technical Assistance

A child care center applicant/licensee considering new construction, renovation or structural modification to the kitchen, bathroom, food preparation, or food storage area must contact the local environmental authority using the Environmental Health Inspection Request (BCAL-1787) form to assure compliance with local regulations.

Not all local health authorities are willing or able to do plan reviews for child care centers. If the local health authority will not do a plan review, the center must provide documentation to that effect to the department. A written statement from the health authority to this effect would be acceptable.

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**R 400.8305 (2)** **Plan review; approval;** *inspections.*

*(2) An inspection shall be conducted by the local health department and an approval granted indicating compliance with all of the rules in this part except R 400.8330, 400.8335, and 400.8340 at all of the following:*
*(a) Before issuance of an original provisional license.*
*(b) Every 2 years, at the time of renewal, if the center has a private well and/or septic.*
*(c) Every 2 years, at the time of renewal, if the center provides food service where the food is prepared and served on-site.*
*(d) Prior to adding a food service program.*
*(e) Prior to adding an infant/toddler program.*
*(f) When requested by the department.*

Rationale

Assures new and existing centers meet the licensing rules for environmental health.

Technical Assistance

Per department policy, environmental health inspections must be dated within one year of issuance of the original center license.

An “A” rating on an environmental health inspection report denoting substantial compliance - with all of the environmental health rules in this part except R 400.8330, 400.8335, and 400.8340 - is required prior to

issuance of an original provisional license, renewal of a license [when required by subrules (b) and (c)], or adding a food service or infant/toddler program.

Applicants and licensees are responsible for contracting with and paying for any environmental health inspections. The inspection is requested by submitting the Environmental Health Inspection Request (BCAL-1787-CC) form to the local health department.

A center provides food service when food is **prepared and served on-site**.

**Example 1:** Children are in care from 7 am to 6 PM daily. Parents are not required to provide their children's meals and snacks. The center provides breakfast, lunch and snack daily. Most of the meals require some sort of preparation and/or cooking. This is considered food service.

**Example 2:** Children are in care from 6:30 am to 6:30 PM daily. Parents provide meals and snacks for their children. The center provides milk and water. Center staff feed and assist children with the food items parents provide and may occasionally re-heat or warm an item in the microwave. This is not considered food service.

**Example 3:** Children are in care from 8:30 am to 11:30 am daily. Parents are not required to provide their children's snacks. The center provides a variety of ready-to-eat foods for snack such as pretzels, crackers and fruit cups. This is not considered food service.

**Example 4:** Children are in care from 7:30 am to 5:30 PM daily. Parents are not required to provide their children's meals and snacks. The center caters food service from an approved source (e.g., a licensed restaurant, kitchen, or catering service) for breakfast and lunch and provides a variety of ready-to-eat foods for snacks. This is not considered food service.

**Example 5:** Children are in care from 7 am to 7 PM daily. Parents are not required to provide their children's meals and snacks. The center provides breakfast, lunch and snack daily. Most of the food items provided are ready-to-eat. The center does not cook any food, but many of the food items require some preparation such as putting together sandwiches or heating frozen food items such as chicken nuggets. This is considered food service.

**Example 6:** Children are in care from 8:30 am to 11:30 am daily. Parents provide snacks that are shared among all the children. The snacks parents provide are ready-to-eat. This is not considered food service.

**Note:** As indicated above, if a center caters food service from an approved source (e.g., a licensed restaurant, kitchen, or catering service), this is not considered food service. If a center is catering food from a licensed kitchen in the same building and that licensed kitchen is not under the control of the center, this is also not considered food service. In addition, if a center is catering food from a licensed kitchen in the same building and the licensed kitchen is run by a private contractor, this is not considered food service.

**Example 1:** Suzie Smith, licensee, operates Suzie's Child Care out of Forest View Elementary School. Suzie Smith leases the space for the child care center from the school. Forest View Elementary has a licensed kitchen. As part of her lease agreement, Suzie Smith obtains food from that kitchen for the children attending the child care center. This is not considered food service.

**Example 2:** Forest View Elementary School is the licensee and operates a preschool program in the building. Forest View Elementary School also has a licensed kitchen which provides food for the elementary school students and the preschool children who attend the child care center. This is considered food service.

**Example 3:** Washington Elementary School is the licensee and operates a preschool program in the building. Washington Elementary School has a licensed kitchen which is run by Good Food, a private food service contractor. Good Food provides food for the elementary school students and the preschool children who attend the child care center. This is not considered food service.

Consultation

If the center caters food service from an approved source (e.g., a licensed restaurant or catering service), it is recommended that the center verify the food service license of the approved source.

Centers with private water are required by law to have their private water supply tested on a regular basis. When the full environmental health inspection is due, the regular water test should be done at the same time as the environmental health inspection so multiple water tests for the same time period do not have to be completed.

**Centers with Nontransient Noncommunity Water Supply**
Any center with private water that has 25 or more children and staff on-site is considered a nontransient noncommunity water supply (NTNCWS) under the Safe Drinking Water Act (1976 PA 399). The Safe Drinking Water Act and related rules require certified drinking water operators for all nontransient noncommunity water supplies (Part 19).

The Safe Drinking Water Act also requires K-12 schools and child care centers with nontransient, noncommunity water supplies to notify consumers of all lead results, even when lead is not detected. Additionally,

centers must certify that they completed consumer notification of lead results by remitting a signed statement to the State Drinking Water Program [Part 4, Rule 410 (5)].

Although it is not a requirement, it is recommended that centers provide parents and employees with an annual water quality report summarizing water sampling and violation data for the previous calendar year, as well as any health effects information connected to a maximum contaminant level violation that occurred during that time frame.

In addition, there is an annual fee for noncommunity nontransient water supplies (MCL 325.1011a) . The Department of Environmental Quality (DEQ) is responsible for collecting the annual drinking water fees.

For any questions regarding these requirements, contact the local health department. For more information regarding fees, contact DEQ noncommunity program staff assigned to their district. More information is available at www.michigan.gov/deqnoncommunitywatersupply.

**R 400.8310 (1)** **Food preparation areas.**

**(1) Food contact surfaces shall be smooth, nontoxic, easily cleanable, durable, corrosion resistant, and nonabsorbent.**

Rationale: Cracked, chipped, or porous surfaces, including wood cutting boards, may trap food or other organic materials that can promote bacterial growth and contaminate the next food that is cut or that comes in contact with that surface.

Technical Assistance: Surfaces must be in good repair. Surfaces repaired with duct or other kinds of tape or surfaces covered with contact paper are not acceptable.

Consultation: It is recommended that cutting boards made of heavy duty plastic, acrylic, Plexiglas, or tempered glass be used as they are non-porous and can be cleaned in a dishwasher.

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**R 400.8310 (2)** **Food preparation areas.**

**(2) Carpeting is prohibited** *in food preparation areas***.**

Rationale: Carpeting is absorbent and not easily cleaned.

Technical Assistance: The use of a microwave oven to heat food does not constitute a “food prep area”.

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**R 400.8310 (3)** **Food preparation areas.**

**(3) Mechanical ventilation to the outside is required for all commercial cooking equipment, which includes but is not limited to stoves, ranges, ovens, and griddles.**

Rationale: An exhaust system must properly collect fumes and grease-laden vapors at their source. Properly maintained vents and filters control odor, fire hazards, and fumes.

Technical Assistance: Commercial cooking equipment refers to the type of equipment that is typically found in restaurants and other food service businesses. The local mechanical inspector is typically responsible for these mechanical ventilation inspections.

Consultation: Vents and filters should be cleaned or changed on a regular basis or as needed.

**R 400.8310 (4)** **Food preparation areas.**

**(4) If residential hood ventilation is used, then cooking equipment shall be limited to** *residential* **stove** *and* **oven equipment.**

Rationale: A residential ventilation system cannot adequately vent commercial kitchen equipment.

Consultation: Vents and filters should be cleaned or changed on a regular basis or as needed.

**R 400.8310 (5)** **Food preparation areas.**

**(5) Mechanical ventilation to the outside may be required if a problem is evidenced.**

Rationale: Assures fumes and vapors are properly vented. Prevents fire hazards and odors.

Technical Assistance: An assessment by a sanitarian may be necessary to determine if mechanical ventilation to the outside is warranted.

**R 400.8310 (6)** **Food preparation areas.**

**(6) The use of deep fryers is prohibited.**

Rationale: Hot oil in deep fryers may cause serious injury or fire.

**R 400.8310 (7)** **Food preparation areas.**

**(7) Live animals shall be prohibited from food preparation and eating areas.**

Rationale: Animals may contaminate food and cooking and eating surfaces.

Technical Assistance: In centers that have one large room where snacks and meals are served to children, it is acceptable to have a live pet in a cage in the same room, provided the animals do not come into direct contact with the food preparation or eating areas.

**R 400.8310 (8)** **Food preparation areas.**

**(8) When the only food preparation is for feeding infants and toddlers, there shall be a sink that is used exclusively for food preparation and clean up.**

Rationale: Prevents cross contamination and the spread of disease.

Technical Assistance: Sinks used in the preparation, serving and clean-up of food and bottles must not be used for hand washing after diapering and toileting.

**R 400.8315 (1)** **Food and equipment storage.**

**(1) Each refrigerator shall have an accurate working thermometer indicating a temperature 41 degrees Fahrenheit or below.**

Rationale: Storage of food at proper temperatures minimizes bacterial growth.

Consultation: Freezers should maintain foods at $0^{o}$ F or lower.

For a more accurate reading, it is recommended that the thermometer be placed in the warmest part of the refrigerator - in the front on the top shelf. It should not be placed in the door because it can be damaged with the constant opening and closing of the door.

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**R 400.8315 (2)** **Food and equipment storage.**

**(2) All artificial lighting fixtures located over, by, or within food storage, preparation, service areas, or where utensils and equipment are cleaned and stored, shall be properly shielded.**

Rationale: Prevents injury and contamination of food.

Technical Assistance: The following options comply with this rule:

- Light fixtures with a plastic shield under and around the light bulb.
- Shields that fit directly on and completely cover fluorescent light bulbs.
- Rubberized or shatterproof light bulbs.

Refrigerator light bulbs must comply with this rule.

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**R 400.8315 (3)** **Food and equipment storage.**

**(3) Unpackaged bulk foods shall be stored in clean covered containers, dated, and labeled as to the contents.**

Rationale: Containers prevent insect infestation and contamination from other foods. By labeling and dating food, staff can rotate the oldest food to be used next and discard foods that have exceeded safe storage guidelines.

Technical Assistance: “Bulk foods” are larger quantities of food that are used over time, such as flour, sugar, noodles, rice, etc. Food that is used up in a week or less, such as crackers, are not considered bulk foods.

Storage for smaller packages of food that will be used up within a week or less may remain in the original package as long as it can be securely closed.

**R 400.8315 (4)-(5)** **Food and equipment storage.**

**(4) Food not subject to further washing or cooking before serving shall be stored in a way that protects it from cross-contamination from food requiring washing or cooking.**

**(5) Packaged food shall not be stored in contact with water or undrained ice.**

Rationale: Prevents contamination of food and minimizes the potential for food borne illness.

**R 400.8315 (6)-(8)** **Food and equipment storage.**

**(6) Poisonous or toxic materials shall not be stored with food, food service equipment, utensils, or single-service articles.**

**(7) Food, food service equipment, and utensils shall not be located under exposed or unprotected sewer lines, open stairwells, or other sources of contamination. Automatic fire protection sprinkler heads are the exception.**

**(8) The storage of food, food service equipment, or utensils in toilet rooms is prohibited.**

Rationale: Prevents contamination of food and equipment.

**R 400.8315 (9)** **Food and equipment storage.**

**(9) Food and utensils shall be stored a minimum of 6 inches above the floor.**

Rationale: Prevents food contamination, keeps insects and rodents from entering the products and facilitates cleaning the floor under the food.

Consultation: Storing silverware and serving utensils so all handles are facing the same way reduces the probability of children or staff touching the food contact surface of the silverware or utensils.

**R 400.8315 (10)** **Food and equipment storage.**

**(10) All food service equipment shall be 6 inches off the floor, moveable, or be properly sealed to the floor.**

Rationale: Prevents contamination of equipment and facilitates cleaning.

| | |
|---|---|
| Technical Assistance | Any space wider than a credit card under non-moveable equipment must be properly sealed to prevent dirt, insects, spillage, etc. from getting under the piece of equipment. |

**R 400.8315 (11)** **Food and equipment storage.**

**(11) Meals that are transported shall be prepared in commercial kitchens and delivered in carriers approved by the** *local health department***.**

| | |
|---|---|
| Rationale | Ensures the child care center receives safe food. |
| Technical Assistance | When food is prepared and provided by an off-site central kitchen or vendor, the off-site kitchen or vendor must be inspected and approved by the local health authority. The center's kitchen does not need to be approved when the food is prepared off-site.<br><br>Food must be transported promptly in clean, covered containers that can properly maintain the temperature of the food. Hot foods must be maintained at temperatures not lower than $135^{o}$ F, and cold foods must be maintained at temperatures of $41^{o}$ F or lower. |

**R 400.8320 (1)** **Food preparation.**

**(1) Food shall be in sound condition, free from spoilage, filth, or other contamination and be safe for human consumption.**

Rationale: Prevents food borne illness. Assures the health and safety of children.

Consultation: The use of unpasteurized foods, including unpasteurized cider, is not recommended due to the risk of contamination.

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**R 400.8320 (2)** **Food preparation.**

**(2) Food shall be prepared on** *food grade* **surfaces that have been washed, rinsed, and sanitized.**

Rationale: Prevents food borne illness. Assures the health and safety of children.

Technical Assistance: "Food grade surface" means a surface that is easily cleanable and made from a material that will not migrate into, contaminate, or taint the food.

The following steps must be followed for washing, rinsing and sanitizing:

- Wash the surface or utensil vigorously with soap and water.
- Rinse the surface or utensil with clean water.
- Submerge, wipe or spray the surface or the utensil with a sanitizing solution.
- Let the surface or utensil air dry.

Examples of sanitizing solutions include but are not limited to:

- Water and non-scented chlorine bleach with a concentration of bleach between 50 – 200 parts per million (one teaspoon to one tablespoon of bleach per gallon of water). Test strips must be used **daily** to check the concentration of the bleach/water solution and are available from most food service suppliers.
- Commercial sanitizers (products labeled as a sanitizer purchased at a store). Caution must be exercised to assure they are used according to the manufacturer's instructions. **Note:** Commercial disinfecting or sanitizing wipes may be used as long as a test strip is used **daily** to check the concentration of the wipes in the container. The concentration must be at least 50 – 200 parts per million.

**Note:** When sanitizing food preparation/service surfaces:

- Bleach used must have an EPA number indicating an approval for food sanitizing.
- Commercial sanitizers used must be unscented and specify on the label that they are safe for food contact surfaces.

Consultation

Bleach is recommended as a sanitizing product because it is safe, effective and inexpensive.

Prior to using corrosive substances, such as bleach, it is recommended that you contact Michigan Occupational Safety and Health Administration (MIOSHA) to ensure you follow any safety requirements, such as installation of an eyewash station. For more information, go to the MIOSHA website at www.michigan.gov/miosha or call or contact the Consultation, Education & Training Division at (517) 284-7720.

Local health department sanitarians may maintain a list of approved commercial sanitizers.

Centers are encouraged to use separate spray bottles containing soapy water, rinse water and a sanitizing solution.

For cleaning up vomit (including spit-up), it is recommended the surface or article be disinfected. A disinfecting solution can be made using water and non-scented chlorine bleach as follows:

- **Stainless steel and food/mouth contact items -**
  1 tablespoon of bleach per gallon of water.
- **Non-porous surfaces, countertops, sinks -**
  1/3 cup bleach per gallon of water.

The bleach solution should be left on the surface for 10 to 20 minutes and then rinsed with clean water.

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**R 400.8320 (3)**

**Food preparation.**

**(3) Raw fruits and vegetables shall be thoroughly washed before being cooked or served.**

Rationale

Soil particles and contaminants that adhere to fruits and vegetables can cause illness.

Technical Assistance

Running water must be used to thoroughly wash raw fruits and vegetables.

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**R 400.8320 (4)-(5)**

**Food preparation.**

*(4) Staff shall minimize bare-hand contact with foods that will be cooked.*

*(5) Ready to eat foods shall not be prepared or served using bare hands.*

Rationale

To minimize contact with food to prevent contamination and the spread of disease.

Technical Assistance

Disposable food service gloves are not required when preparing foods that will be cooked.

"Ready to eat food" means food that does not require cooking and that will not be cooked before being served. If ready to eat food will be handled, any of the following can be used:

- Utensils.
- Sanitary disposable food service gloves.
- Deli tissue.

Consultation

It is recommended that staff wear sanitary disposable food service gloves when preparing foods, even foods that will be cooked.

**R 400.8320 (6)**

**Food preparation.**

**(6) Food shall be cooked to heat all parts of the food to the safe temperature as identified in the *2009* recommendations of the food and drug administration of the United States public health service 3-401, as referenced in the Michigan food law, 2000 PA 92, MCL 289.1107. These recommendations are available at no cost from the FDA at www.fda.gov.**

Rationale

Prevents the spread of food-borne illness.

Technical Assistance

Raw animal foods and foods containing raw animal foods must be cooked to heat all parts of the food to a temperature that complies with the following:

| General Safe Cooking Temperatures | | |
|---|---|---|
| **Food (Includes Pre-Cooked Foods from a Food Supplier)** | **Temp** | **Time*** |
| Fruits and vegetables | 140°F | |
| Pork – ham, bacon and injected meats | 145° F | 15 sec. |
| Beef steaks, veal, lamb, and commercially raised game animals | 145° F | 15 sec. |
| Fish, foods containing fish | 145° F | 15 sec. |
| Raw shell eggs prepared for immediate service | 145° F | 15 sec. |
| Beef and pork roasts | 145° F | 3 min. |
| Eggs cooked for later service | 155° F | 15 sec. |
| Ground or flaked beef and pork | 155° F | 15 sec. |

| General Safe Cooking Temperatures | | |
|---|---|---|
| **Food (Includes Pre-Cooked Foods from a Food Supplier)** | **Temp** | **Time*** |
| Poultry (including turkey) | 165° F | 15 sec. |
| Stuffing, stuffed meats, casseroles and other dishes combining raw and cooked foods | 165° F | 15 sec. |
| Egg dishes | 165° F | 15 sec. |
| Potentially hazardous foods cooked in microwave (meat, poultry, fish, eggs) | 165° F | Let stand for two minutes after cooking before taking the temp. |

* Time is the amount of time the thermometer must be inserted into the food item prior to reading the temperature. The time is important because it takes that long for the temperature to register and provide an accurate reading.

Centers must check the temperature by using a thermometer as indicated in subrule (10) of this rule. Measure the temperature by inserting the thermometer into the center of the food mass from several different spots.

Consultation

It is recommended that centers document food temperatures as a way to demonstrate compliance with this rule. One way to document food temperatures would be to note them on daily menus and to retain the menus for the center's records.

**R 400.8320 (7)** **Food preparation.**

**(7) Potentially hazardous foods shall be thawed using 1 of the following methods:**
- **(a) In the refrigerator at a temperature not to exceed 41 degrees Fahrenheit.**
- **(b) Under cold running water.**
- **(c) In a microwave oven for either of the following:**
  - **(i) The food will be immediately transferred to conventional cooking facilities as part of a continuous cooking process.**
  - **(ii) The entire cooking process takes place in the microwave oven.**
- **(d) As part of the conventional cooking process.**

Rationale

Prevents bacterial growth and food-borne illness.

Technical Assistance

Potentially hazardous foods that have been frozen must **not** be defrosted by leaving them at room temperature or standing them in water. This includes pre-cooked foods from a food supplier.

"Potentially hazardous food" means any food that consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, edible crustacean, or other ingredients, including synthetic ingredients, in a form capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms.

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**R 400.8320 (8)**

**Food preparation.**

**(8) The temperature of potentially hazardous foods shall be 41 degrees Fahrenheit or below or** *135* **degrees Fahrenheit or above at all times, except during necessary periods of preparation.**

Rationale

Prevents bacterial growth and food-borne illness.

Technical Assistance

Centers must check the temperature to assure all potentially hazardous food, including pre-cooked food, is maintained at 41°F or below or 135°F or above during service using a thermometer as indicated in sub-rule (10) of this rule. Insert the thermometer into the center of the food mass from several different spots to properly measure the temperature.

"Potentially hazardous food" means any food that consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, edible crustacean, or other ingredients, including synthetic ingredients, in a form capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms.

Proper cooling techniques require that food be cooled:

- Within two hours from 135°F to 70°F.
- Within four hours from 70°F to 41°F or less.

Consultation

Food preparation, service and consumption time should not exceed four hours.

It is recommended that centers document food temperatures as a way to demonstrate compliance with this rule. One way to document food temperatures would be to note them on daily menus and to retain the menus for the center's records.

**R 400.8320 (9)** **Food preparation.**

**(9) Potentially hazardous foods that have been cooked and then refrigerated or frozen shall be reheated rapidly to 165 degrees Fahrenheit or higher throughout before being served or before being placed in a hot food storage facility.**

Rationale

Prevents bacterial growth and food-borne illness.

Technical Assistance

"Reheated rapidly" means within two hours.

This applies to all potentially hazardous food, including pre-cooked food from a supplier that was initially heated at the center per subrule (7) of this rule, as well as raw foods prepared and cooked by the center.

When reheating potentially hazardous food, including pre-cooked food, centers must use a thermometer as indicated in subrule (10) of this rule to check the temperature to assure that it reaches 165°F or above. Insert the thermometer into the center of the food mass from several different spots to properly measure the temperature.

All foods cooked in a microwave must be allowed to stand for two minutes after cooking to obtain temperature equilibrium prior to taking the temperature.

Proper cooling techniques require that food be cooled:

- Within two hours from 135°F to 70°F.
- Within four hours from 70°F to 41°F or less.

"Potentially hazardous food" means any food that consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, edible crustacean, or other ingredients, including synthetic ingredients, in a form capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms.

Consultation

Food preparation, service and consumption time should not exceed four hours. The time for original preparation, service and consumption is included in the four hour time limit when a food is reheated, served and consumed.

It is recommended that centers document food temperatures as a way to demonstrate compliance with this rule. One way to document food temperatures would be to note them on daily menus and to retain the menus for the center's records.

**R 400.8320 (10)** **Food preparation.**

**(10) Accurate metal stem-type food thermometers shall be used to assure the attainment and maintenance of proper internal cooking, holding, reheating, or refrigeration temperatures of all potentially hazardous foods.**

Rationale

Prevents bacterial growth and food-borne illness.

Technical Assistance

An accurate metal stem-type food thermometer is one that is properly calibrated and ranges from 0°F to 220°F. To calibrate, place thermometer into a ice water bath two to three inches deep for about one minute. It should read 32°F. If not, adjust the thermometer to read 32°F.

Consultation

Thermometers should be calibrated regularly.

The thermometer should be cleaned and sanitized before inserting it into a different type of food and between uses. The best way to clean and sanitize a thermometer is to wipe it with an alcohol swab. If an alcohol swab is not available, then it can be cleaned and sanitized by:

- Rinsing it and then sanitizing it with a sanitizing solution, if no food is stuck to it.
- Washing it with soap and water, rinsing it and then sanitizing it with a sanitizing solution, if food is stuck to it.

**R 400.8320 (11)** **Food preparation.**

**(11) On field trips, all foods shall be protected from contamination at all times** *as required by this rule***.**

Rationale

Prevents contamination and food-borne illness.

**R 400.8320 (12)** **Food preparation.**

**(12) In the absence of proper hand washing facilities on field trips, individuals preparing and serving food shall wear sanitary disposable food service gloves.**

Rationale

Prevents contamination and food-borne illness.

Technical Assistance

If unable to wash hands thoroughly on a field trip, sanitizing gels, along with single service towels and gloves, are an acceptable alternative to hand washing.

**R 400.8325 (1)** **Sanitization.**

**(1) All tableware, utensils, food contact surfaces, and food service equipment shall be thoroughly washed, rinsed, and sanitized after each use.** *Multi-purpose tables shall be thoroughly washed, rinsed, and sanitized before and after they are used for meals or snacks.*

Rationale

Prevents contamination and food-borne illness.

Washing, rinsing and sanitizing tables after any use assures that tables are cleaned and sanitized before food comes into contact with the surface.

Technical Assistance

The following steps must be followed for washing, rinsing and sanitizing:

- Wash the surface or article vigorously with soap and water.
- Rinse the surface or article with clean water.
- Submerge, wipe or spray the surface or the article with a sanitizing solution.
- Let the article or surface air dry.

**Note:** Tables and high chairs can be dried with a single service towel. Reuse of cloth towels for drying could contaminate a surface.

Examples of sanitizing solutions include but are not limited to:

- Water and non-scented chlorine bleach with a concentration of bleach between 50 – 200 parts per million (one teaspoon to one tablespoon of bleach per gallon of water). Test strips must be used **daily** to check the concentration of the bleach/water solution and are available from most food service suppliers.
- Commercial sanitizers (products labeled as a sanitizer purchased at a store). Caution should be exercised to assure they are used according to the manufacturer's instructions. **Note:** Commercial disinfecting or sanitizing wipes may be used as long as a test strip is used **daily** to check the concentration of the wipes in the container. The concentration must be at least 50 – 200 parts per million.

**Note:** When sanitizing food contact surfaces:

- Bleach used must have an EPA number indicating an approval for food sanitizing.
- Commercial sanitizers used must be unscented and specify on the label that they are safe for food contact surfaces.

Consultation

Bleach is recommended as a sanitizing product as it is safe, effective, and inexpensive.

Prior to using corrosive substances, such as bleach, it is recommended that you contact Michigan Occupational Safety and Health Administration (MIOSHA) to ensure you follow any safety requirements, such as installation of an eyewash station. For more information, go to the MIOSHA website at www.michigan.gov/miosha or call or contact the Consultation, Education & Training Division at (517) 284-7720.

Local health department sanitarians may maintain a list of approved commercial sanitizers.

Centers are encouraged to use separate spray bottles containing soapy water, rinse water and a sanitizing solution.

For cleaning up vomit, it is recommended that the surface or article be disinfected. A disinfecting solution can be made using water and non-scented chlorine bleach as follows:

- **Stainless steel and food/mouth contact items -**
  1 tablespoon of bleach per gallon of water.
- **Non-porous surfaces, countertops, sinks-**
  1/3 cup bleach per gallon of water.

The bleach solution should be left on the surface for 10 to 20 minutes and then rinsed with clean water.

Best practice is that food should not be placed directly on the table surface or highchair tray. Even washed, rinsed and sanitized tables are more likely to be contaminated than plates. Eating from a plate reduces contamination of the table surface when children put down partially eaten food while they are eating.

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**R 400.8325 (2)** **Sanitization.**

**(2) Enamelware utensils are prohibited.**

Rationale

Prevents contamination of food as enamelware chips easily making it more difficult to clean**.** Heavy metals and other contaminants in enamelware can leach into food.

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**R 400.8325 (3)** **Sanitization.**

**(3) Reuse of single service articles is prohibited.**

Rationale

Single-service items are not made to be reused. Single-service items are generally porous and cannot be washed, rinsed and sanitized effectively or safely.

Technical Assistance

Single service items include, but are not limited to, utensils and dishes made of the following materials:

- Paper.
- Styrofoam.
- Tin foil.
- Plastic.

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**R 400.8325 (4)** **Sanitization.**

**(4) Multi-use tableware and utensils shall be washed, rinsed, and sanitized using 1 of the following methods:**
**(a) A commercial dishwasher.**
**(b) A domestic dishwasher with sanitizing capability.**
**(c) A 3-compartment sink and adequate drain boards.**
**(d) A 2-compartment sink for washing and rinsing, a third container suitable for complete submersion for sanitizing, and adequate drain boards.**

Rationale

Assures proper cleaning and sanitation of dishes.

Technical Assistance

Domestic dishwashers must have a specific sanitizing cycle option to be approved for child care center food service operations.

Examples of sanitizing solutions include, but are not limited to:

- Water and non-scented chlorine bleach with a concentration of bleach between 50 – 200 parts per million (one teaspoon to one tablespoon of bleach per gallon of water). Test strips must be used **daily** to check the concentration of the bleach/water solution and are available from most food service suppliers.
- Commercial sanitizers (products labeled as a sanitizer purchased at a store). Caution should be exercised to assure they are used according to the manufacturer's instructions.

**Note:** When sanitizing dishes and utensils:

- Bleach used must have an EPA number indicating an approval for food sanitizing.
- Commercial sanitizers used must be unscented and specify on the label that they are safe for food contact surfaces.

Consultation

Bleach is recommended as a sanitizing product as it is safe, effective, and inexpensive.

Prior to using corrosive substances, such as bleach, it is recommended that you contact MIOSHA to ensure you follow any safety requirements, such as installation of an eyewash station. For more information, go to

the MIOSHA website at www.michigan.gov/miosha or call or contact the Consultation, Education & Training Division at (517) 284-7720.

Local health department sanitarians may maintain a list of approved commercial sanitizers.

The sanitizing capacity of domestic dishwashers should comply with National Sanitation Foundation (NSF)/American National Standards Institute (ANSI) Standard 184.

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**R 400.8325 (5)** **Sanitization.**

**(5) If the manual washing method is used***, as referenced in subrule (4)(c) and (d) of this rule***, all of the following shall be done:**
- **(a) Rinse and scrape all utensils and tableware before washing.**
- **(b) Thoroughly wash in detergent and water.**
- **(c) Rinse in clear water.**
- **(d) Sanitize using 1 of the following methods:**
  - **(i) Immersion for at least 30 seconds in clean, hot water of at least 170 degrees Fahrenheit.**
  - **(ii) Immersion for at least 1 minute in a solution containing between 50 and 100 parts per million of chlorine or comparable sanitizing agent at a temperature of at least 75 degrees Fahrenheit. A test kit or other device which measures parts per million concentration of the solution shall be used when a chemical is used for sanitizing.**
- **(e) Air dry.**

Rationale: Assures proper cleaning and sanitation.

Technical Assistance: If using the sanitizing option stated in subrule (5)(d)(i) above, the water temperature at outlets accessible to children must still be less then 120°F.

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**R 400.8325 (6)** **Sanitization.**

**(6) Sponges shall not be used in a food service operation.**

Rationale: Sponges harbor bacteria and are difficult to completely clean and sanitize between uses.

**R 400.8330 (1)** **Food services and nutrition** *generally***.**

**(1) Snacks and meals shall be provided by the center, except when 1 of the following circumstances occurs:**
**(a) A majority of the children are in attendance less than** *2.5* **hours.**
**(b) Food is provided by a parent.**

Rationale: The center has a responsibility to follow feeding practices that promote optimum nutrition, which will support growth and development in all children.

Technical Assistance: The center must have food available in the event a parent who has agreed to provide food to his/her children does not do so.

Consultation:
- The center should discuss proper nutrition with parents when necessary.
- A written agreement is recommended if parents are routinely providing food.

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**R 400.8330 (2)** **Food services and nutrition** *generally***.**

**(2) A written agreement** *shall be kept on file at the center* **if the parent has agreed to provide formula, milk, or food. The center** *shall* **provide an adequate amount of formula, milk, or food if the parent does not.**

Rationale: The center has a responsibility to ensure that children are adequately fed.

Technical Assistance: The center must have formula, milk and food available in the event that the parent agreed to provide the food but does not do so.

Consultation: It is recommended that the center discuss proper nutrition with parents when necessary.

If a parent does not provide an adequate amount of formula, milk or food, options for the center might include:
- Contact the parent and request they bring additional food, etc. for that day.
- Request that parents leave a backup supply of food, formula, etc. at the center.

**R 400.8330 (3)** **Food services and nutrition** *generally***.**

**(3) Beverages and food shall be appropriate for** *the child's* **individual nutritional requirements, developmental stages, and special dietary needs, including cultural preferences.**

Rationale

Nutritious food is the cornerstone for health, growth, development, and learning. Because children grow and develop more rapidly during the first few years of life than at any other time, the center and parents together must provide food that is adequate in amount and type to meet each child's metabolic growth and energy needs.

Technical Assistance

Snacks and meals provided by the center must meet the meal pattern guidelines set forth by the Child and Adult Care Food Program (CACFP) operated by the Michigan Department of Education. The meal pattern guidelines can be found at www.michigan.gov/cacfp. See R 400.8335(1) for a copy of the meal pattern requirements chart.

Consultation

The following best practices are recommended:

- Check with parents regarding food allergies children may have.
- Meals and snacks should be provided to children based on:
  - Individual needs of children.
  - Ages of the children.
  - American Academy of Pediatrics (AAP) recommended length of time between meals and snacks.
- Centers should work cooperatively with parents who provide food to ensure that the foods meet CACFP meal pattern guidelines.

See the AAP Caring for Our Children: National Health and Safety Performance Standards at http://cfoc.nrckids.org/index.cfm.

Additional information about building good eating habits can be obtained from The Dairy Council of Michigan at 1-800-241-6455.

**R 400.8330 (4)** **Food services and nutrition** *generally***.**

**(4) A center shall assure a child with special dietary needs is provided with snacks and meals in accordance with the child's needs and with the instructions of the child's parent or licensed** *health care provider***.**

Rationale

Children with special needs may have individual requirements relating to diet, swallowing and other feeding needs that require the development of an individual plan prior to entry into the facility. Food, eating style, utensils, equipment, including furniture, may have to be adapted to meet the developmental needs of individual children.

Technical Assistance

Staff must know ahead of time what procedures to follow and if there are children in care that have any food restrictions.

Centers must have explicit, written procedures for dietary modifications or substitutions. These written instructions must identify:

- The child's special needs.
- Dietary restrictions based on the dietary needs.
- Foods to be omitted from the diet and foods to be substituted.
- Pertinent special needs information.

Consultation

Close collaboration between the home and facility is necessary for children on special diets. Parents may have to provide food if the facility, after exploring all community resources, is unable to provide the special diet.

**Food Allergies/Anaphylaxis**
Food allergies are common. Food allergic symptoms can range from mild skin or gastrointestinal symptoms to severe life-threatening reactions with respiratory and/or cardiovascular compromise.

Anaphylaxis is a severe, rapid immune response in an allergic individual. The response manifests itself in a collection of symptoms affecting multiple organ systems in the body. The most dangerous symptoms include difficulty breathing and shock. Anaphylaxis is life-threatening and should be considered a medical emergency requiring immediate recognition and treatment.

Among children, foods that are the most common cause of anaphylaxis include nuts, eggs, milk and seafood.

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**R 400.8330 (5)**

**Food services and nutrition** *generally***.**

**(5) A center shall provide adequate staff so that food service activities do not detract from direct care and supervision of children.**

Rationale

An adequate number of food service personnel is needed to ensure that children are fed according to the facility's daily schedule. Assures for the appropriate care of children while meals are being prepared, served and during clean up.

Technical Assistance

Compliance with this rule can be determined by observation and a review of the center's staffing plan.

Centers are not required to hire food service staff to meet the intent of this rule.

**R 400.8330 (6)** **Food services and nutrition** *generally***.**

*(6) A center shall make water available to drink throughout the day to children 1 year of age and older.*

Rationale

When children are thirsty between meals and snacks, water is the best choice. Encouraging children to learn to drink water in place of juice and other sweetened drinks builds a beneficial habit. Drinking water during the day can reduce the extra caloric intake which is associated with children becoming overweight and obese.

Technical Assistance

If a child is thirsty or asks for a drink of water, it must be provided.

**R 400.8330 (7)** **Food services and nutrition** *generally***.**

**(7) Infants and toddlers shall be fed on demand.**

Rationale

Demand feeding meets infants' and toddlers' nutritional and emotional needs. It provides an immediate response which helps infants and toddlers develop trust and feelings of security.

Consultation

Cues for hunger may vary widely in different infants/toddlers.

When the same caregiver regularly cares for a particular infant/toddler, the caregiver is more likely to understand the infant's/toddler's cues and respond appropriately.

When developmentally appropriate, a light snack may be given to alleviate hunger until the next designated meal time.

**R 400.8330 (8)** **Food services and nutrition** *generally***.**

**(8) A child shall be served meals and snacks in accordance with the following schedule:**

*(a) Two and a half hours to 4 hours of operation: a minimum of 1 snack.*

**(b) Four hours to 6 hours of operation: a minimum of 1 meal and 1 snack.**

**(c) Seven hours to 10 hours of operation: a minimum of 1 meal and 2 snacks or 2 meals and 1 snack.**

**(d) Eleven hours or more of operation: a minimum of 2 meals and 2 snacks.**

Rationale

Young children need to be fed often. Appetite and interest in food varies from one meal or snack to the next. To assure that a child's daily nutri-

tional needs are met, small feedings of nourishing food should be scheduled over the course of the day. Snacks should be nutritious as they often are a significant part of a child's daily intake.

Technical Assistance

Subrule (b) of this rule applies up until 7 hours of operation. Subrule (c) of this rule applies up until 11 hours of operation.

Snacks and meals must meet the meal pattern guidelines set forth by CACFP. The meal pattern guidelines can be found at www.michigan.gov/cacfp. See R 400.8335(1) for a copy of the meal pattern requirements chart.

Consultation

See the AAP Caring for Our Children: National Health and Safety Performance Standards at http://cfoc.nrckids.org/index.cfm.

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**R 400.8330 (9)** **Food services and nutrition** *generally***.**

**(9) A center shall not deprive a child of a snack or meal if the child is in attendance at the time when the snack or meal is served.**

Rationale

Children should not be excluded from a snack or meal based on the length of time in attendance.

Technical Assistance

When meals and snacks are served, all children must be offered the meal or snack.

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**R 400.8330 (10)** **Food services and nutrition** *generally***.**

**(10) Menus shall be planned in advance, shall be dated, and shall be posted in a place visible to parents. Food substitutions shall be noted on the menus** *the day the substitution occurs***.**

Rationale

Planning menus in advance helps to ensure that food will be on hand. Parents need to be informed about food served in the center to know how to coordinate it with the food they serve at home. If a child has any difficulty with any food served at the center, parents can address this issue with appropriate center staff.

Technical Assistance

Centers must develop dated written menus showing all foods to be served. The center must amend menus to reflect any changes in food actually served the day the substitution occurs. Any substitutions must be of equal nutrient value.

**Note:** If parents provide a daily snack that is shared with the entire group, the center can post a list of approved snacks that parents can provide in lieu of a menu.

Consultation

Making menus available to parents by posting them in a prominent area helps inform parents about proper nutrition.

Sample menus and menu planning templates are available from most state health departments, the state extension service, and the Child and Adult Food Program.

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**R 400.8330 (11)** **Food services and nutrition** *generally***.**

**(11) A center shall not serve infants and toddlers or allow them to eat foods that may easily cause choking including, but not limited to, popcorn, seeds, nuts, hard candy and uncut round foods such as whole grapes and hot dogs.**

Rationale

Infants and toddlers often swallow pieces of food without chewing them. Ninety percent of fatal chokings occur in children younger than four years of age.

Technical Assistance

Examples of food choking hazards include, but are not limited to:

- Hot dogs - whole or sliced into rounds.
- Uncut round foods such as grapes.
- Uncooked carrots - whole or sliced into rounds.
- Uncooked peas.
- Hard pretzels.
- Chips.
- Popcorn.
- Seeds.
- Nuts.
- Hard candy.
- Marshmallows.
- Spoonfuls of peanut butter.
- Large chunks of meat.
- Cheese cubes.

Children must be supervised while eating to monitor the size of the food and that they are eating approriately (for example, not stuffing their mouths full).

Consultation

It is recommended that the center apply this rule until children are 3 years of age.

The presence of molars is a good indication of a child's ability to chew hard foods that are likely to cause choking.

As infants develop, foods need to progress from pureed to ground to finely mashed to finely chopped. Chopped food should be cut into small pieces no larger than 1/4-inch cubes or thin slices.

For toddlers, foods should be cut up in small pieces no larger than 1/2-inch cubes.

All children should be seated while eating to avoid choking on food.

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**R 400.8330 (12)**

**Food services and nutrition** *generally***.**

**(12) Cereal shall not be added to a bottle** *or beverage container* **without written parental permission.**

Rationale

Solid food fed from a bottle or beverage container may cause choking and teaches infants to eat solid foods incorrectly.

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**R 400.8330 (13)-(15)**

**Food services and nutrition** *generally***.**

**(13) If food, bottles,** *or beverage containers* **are warmed, then the warming shall be done in a safe, appropriate manner.**

**(14) Warming bottles** *and beverage containers* **in a microwave oven is prohibited.**

**(15) Warmed food, bottles,** *and beverage containers* **shall be shaken or stirred to distribute the heat, and the temperature shall be tested before feeding.**

Rationale

Warming bottles and beverage containers at room temperature or in warm water for an extended period of time is conducive for bacteria growth. Warming bottles and beverage containers in the microwave may cause hot spots in the beverage that can scald the throat or mouth.

Technical Assistance

Bottles and beverage containers of milk or formula may be fed cold. If warmed, the bottle or beverage container must be warmed using one of the following methods:

- Under running warm tap water.
- By placing the bottle or beverage container in a container of water, such as a slow cooker, crock-pot or pan on the stove that is no warmer than 120 degrees.
- In a bottle warmer made specifically for this purpose.

If a crock-pot, slow cooker or bottle warmer is used, it must be inaccessible to children.

Consultation

Gently swirl breast milk to mix before checking temperature and offering it to the child. Breast milk should not be shaken.

Excessive shaking of formula may cause foaming that increases the likelihood of feeding air to the child.

If a crock-pot or similar device is used, it should be secured to prevent tipping and care should be taken so infants are not injured by the dangling cord or by hot water dripping off the bottle or beverage container onto the infant. It is recommended that slack from cords be removed by tying it off with a twist or zip tie. A crock-pot device should be emptied, sanitized and filled with fresh water daily.

Caregivers should not hold an infant while removing a bottle from a container of warm water.

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**R 400.8330 (16)-(17)**

**Food services and nutrition** *generally***.**

**(16) The contents of a bottle** *or beverage container* **shall be discarded if any of the following apply:**
**(a) The contents appear to be unsanitary.**
**(b) The bottle** *or beverage container* **has been used for feeding for a period that exceeds 1 hour from the beginning of the feeding.**
**(17) Formula and milk, including breast milk, left in a bottle** *or beverage container* **after a feeding shall not be reused.**

Rationale

Bottles and beverage containers of formula or milk that have been unrefrigerated for one hour or more provide an ideal medium for bacteria to grow. Bacteria from saliva make formula or milk consumed over a period of more than one hour unsuitable and unsafe for consumption.

Consultation

Use smaller amounts of formula or milk or smaller bottles if infants regularly do not consume all of the formula or milk during a feeding period.

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**R 400.8330 (18)-(20)**

**Food services and nutrition** *generally***.**

**(18) Bottle propping is prohibited.**

**(19) When feeding, caregivers shall hold infants except when infants resist being held and are able to hold their bottle.**

**(20) Infants or toddlers shall not have bottles,** *beverage containers, or food* **in sleeping equipment.**

Rationale

Assures for the safety and well-being of children.

Bottle propping can cause choking and aspiration and may contribute to long-term health issues, including ear infections, orthodontic problems, speech disorders, and psychological problems.

Technical Assistance

Bottles must not be allowed in the crib or bed, whether propped or held by the child.

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**R 400.8330 (21)**

**Food services and nutrition** *generally***.**

*(21) Children shall not have beverage containers or food while they are walking around or playing.*

Rationale

Assures for the safety and well-being of children.

Technical Assistance

This doesn't prohibit the center from taking water bottles outside during outdoor play as long as children are standing still or sitting when they drink.

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**R 400.8330 (22)**

**Food services and nutrition** *generally***.**

**(22) Staff shall foster and facilitate toddlers' independence, language, and social interactions by doing** *all of* **the following:**
**(a) Encouraging self-feeding.**
**(b) Serving appropriate portion sizes.**
**(c) Sitting and eating with toddlers during meal times.**

Rationale

As children enter the second year of life, they are interested in doing things for themselves. Self-feeding appropriately separates the responsibilities of adults and children. The adult is responsible for providing nutritious food and the child decides how much of it to eat. Self-feeding promotes the proper development of motor skills and eating habits.

A child does not eat the same amount each day because appetites vary. Serving small-sized portions and permitting toddlers to have one or more additional servings meets the needs of individual children.

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**R 400.8330 (23)-(24)**

**Food services and nutrition** *generally***.**

**(23) Breastfeeding shall be supported and accommodated.**

**(24) A designated place shall be set aside for mothers who are breastfeeding to use.**

Rationale

The AAP, the American Academy of Family Physicians, the World Health Organization, and many other groups recommend that women breastfeed exclusively for about the first six months of the infant's life,

adding age-appropriate solid foods and continuing breastfeeding for at least the first year, if not longer.

Human milk, containing all the nutrients to promote optimal growth, is the most developmentally appropriate food for infants. It changes during the course of each feeding and over time to meet the growing child's changing nutritional needs.

In addition to nutrition, breastfeeding supports optimal health and development. Breasfeeding protects infants from many acute and chronic diseases. Research shows that exclusive breastfeeding for six months, and continued breastfeeding for at least a year, dramatically improves health outcomes for children and their mothers. Breastfeeding also reduces some of the risks that are greater for infants in group care. Evidence suggests that breastfeeding is associated with enhanced cognitive development and may reduce the risk of childhood obesity.

Breastfeeding mothers are often daunted by the prospect of continuing to breastfeed as they return to work. Centers can reduce a breastfeeding mother's anxiety by welcoming breastfeeding families and training staff in the proper handling of breast milk and feeding of breast-fed infants.

Consultation

Some ways to help a mother breastfeed successfully at the center are:

- If she wishes to breastfeed her infant at the center, offer or provide her a:
  - Quiet, comfortable, and private place to breastfeed (this helps with her milk letdown).
  - Place to wash her hands.
  - Pillow to support her infant on her lap while breastfeeding, if requested.
  - Nursing stool or step stool for her feet, if requested (this reduces back strain).
  - Glass of water or other liquid (this helps her stay hydrated).

- If she wishes to pump her breast milk at the center, provide a:
  - Private area with an outlet. This area should not be in the bathroom.
  - Place to wash her hands.

**R 400.8335 (1)** **Food services and nutrition; provided by center.**

**(1) Food and beverages provided by the center shall be of sufficient quantity and nutritional quality to provide for the dietary needs of each child according to the minimum meal requirements of the child and adult care food program as administered by the Michigan department of education based on 7 C.F.R. Part 226, 1-1-11 edition, of the United States department of agriculture, food and nutrition services, child and adult care food program and is hereby adopted by reference. A copy can be obtained from CACFP at www.michigan.gov/cacfp.**

Rationale

Nutritious and appealing food is the cornerstone for health, growth and development and developmentally appropriate learning experiences. Because children grow and develop more rapidly during the first few years of life than at any other time, the center and parents together must provide food that is adequate in amount and type to meet each child's metabolic growth and energy needs.

Technical Assistance

Snacks and meals must meet the meal pattern guidelines set forth by the Child and Adult Care Food Program (CACFP). The Healthy, Hunger-Free Kids Act of 2010 (Public Law 111-296) requires that fluid milk served under the CACFP be consistent with the most recent version of the Dietary Guidelines for Americans. The 2010 Dietary Guidelines recommend that persons over two years of age consume fat-free (skim) or low-fat (1%) fluid milk. Therefore, to be in compliance with the CACFP guidelines, milk served to children two years of age and older must be: fat-free or low-fat milk, fat-free or low-fat lactose reduced milk, fat-free or low-fat lactose free milk, fat-free or low-fat buttermilk, or fat-free or low-fat acidified milk. Whole milk and reduced-fat (2%) milk must not be served to children over two years of age.

***Exception:*** You are exempt from the milk requirements of this rule if the child’s parent provides their child’s milk. **Note:** If you participate in the CACFP and a child’s parent provides their child’s milk, you should check with the food program regarding whether you can claim reimbursement for that child’s meals.

The meal pattern guidelines can be found at www.michigan.gov/cacfp.

| Child and Adult Care Food Program<br>Meal Pattern Requirements<br>Infants | | | |
|---|---|---|---|
| | **Birth - 3 Months** | **4 - 7 Months** | **8 - 11 Months** |
| **BREAKFAST** | 4 - 6 fluid ounces of infant formula or breast milk | 4 - 8 fluid ounces of infant formula or breast milk<br><br>Optional:<br>0 - 3 Tbsp. infant cereal | 6 - 8 fluid ounces of infant formula or breast milk<br>and<br>2- 4 Tbsp. infant cereal<br>and<br>1 - 4 Tbsp. of fruit and/or vegetable |
| **LUNCH or SUPPER** | 4 - 6 fluid ounces of infant formula or breast milk | 4 - 8 fluid ounces of infant formula or breast milk<br><br>Optional:<br>0 - 3 Tbsp. infant cereal<br>0 - 3 Tbsp. of fruit and/or vegetable | 6 - 8 fluid ounces of infant formula or breast milk<br>and<br>2 - 4 Tbsp. infant cereal<br>or<br>1 - 4 Tbsp. of meat, fish, poultry, egg yolk, or cooked dry beans or peas<br>or<br>1/2 - 2 ounces (weight) of cheese<br>or<br>1 - 4 ounces (weight or volume) of cottage cheese or cheese food or cheese spread<br>and<br>1 - 4 Tbsp. of fruit and/or vegetable |
| **SNACK** | 4 - 6 fluid ounces of infant formula or breast milk | 4 - 6 fluid ounces of infant formula or breast milk | 2 - 4 fluid ounces of infant formula or breast milk or full-strength fruit juice<br><br>Optional:<br>0 - 1/2 slice of crusty bread<br>or<br>0 - 2 crackers |

Infant formula and dry infant cereal must be iron-fortified.

Foods must be of texture and consistency appropriate for the particular age served.

Foods must be served during a span of time consistent with the child's eating habits.

Additional foods may be served to infants 4 months of age and older with the intent of improving their overall nutrition.

Breast milk must be provided by the infant's own mother.

Bread or crackers must be made from whole grain or enriched meal or flour and suitable for an infant to use as finger food.

Do not serve peanut butter, egg whites, commercially prepared fish products (such as fish sticks) and honey (including graham crackers made with honey) to infants.

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| Child and Adult Care Food Program<br>Meal Pattern Requirements<br>Age 1 and Over | | | |
|---|---|---|---|
| **BREAKFAST** | **Age 1-2** | **Age 3-5** | **Age 6-12** |
| **Milk, fluid [1]** | 1/2 cup | 3/4 cup | 1 cup |
| **Vegetable, Fruit or full strength juice [2]** | 1/4 cup | 1/2 cup | 1/2 cup |
| **Grains/Bread [2] (whole grain or enriched):** | | | |
| Bread | 1/2 slice | 1/2 slice | 1 slice |
| or cornbread, rolls, muffins or biscuits | 1/2 serving | 1/2 serving | 1 serving |
| or cold dry cereal (volume or weight, whichever is less) | 1/4 cup or 1/3 oz | 1/3 cup or 1/2 oz | 3/4 cup or 1 oz |
| or cooked cereal, pasta, noodle products, or grains | 1/4 cup | 1/4 cup | 1/2 cup |
| **SNACK - Select 2 of the following 4 components:** | | | |
| **Milk, fluid [1]** | 1/2 cup | 1/2 cup | 1 cup |
| **Vegetable, Fruit or full strength juice [2,7]** | 1/2 cup | 1/2 cup | 3/4 cup |
| **Grains/Bread [2] (whole grain or enriched):** | | | |
| Bread | 1/2 slice | 1/2 slice | 1 slice |
| or cornbread, rolls, muffins or biscuits | 1/2 serving | 1/2 serving | 1 serving |
| or cold dry cereal (volume or weight, whichever is less) | 1/4 cup or 1/3 oz | 1/3 cup or 1/2 oz | 3/4 cup or 1 oz |
| or cooked cereal grains, pasta or noodle products | 1/4 cup | 1/4 cup | 1/2 cup |
| **Meat or Meat Alternates [2,4]** | | | |
| Lean meat, fish or poultry | 1/2 oz | 1/2 oz | 1 oz |
| or cheese | 1/2 oz | 1/2 oz | 1 oz |
| or cottage cheese, cheese food or cheese spread | 1 oz (or 1/8 cup) | 1 oz (or 1/8 cup) | 2 oz (or 1/4 cup) |
| or yogurt | 2 oz (or 1/4 cup) | 2 oz (or 1/4 cup) | 4 oz (or 1/2 cup) |
| or egg | 1/2 egg | 1/2 egg | 1/2 egg |
| or cooked dry beans or dry peas | 1/8 cup | 1/8 cup | 1/4 cup |
| or peanut butter, soy nut butter, or other nut or seed butters [5] | 1 tablespoon | 1 tablespoon | 2 tablespoons |
| or peanuts, soy nuts, tree nuts, or seeds [5] | 1/2 oz | 1/2 oz | 1 oz |

| Child and Adult Care Food Program<br>Meal Pattern Requirements<br>Age 1 and Over | | | |
|---|---|---|---|
| **LUNCH / SUPPER** | | | |
| **Milk, fluid [1]** | 1/2 cup | 3/4 cup | 1 cup |
| **Vegetables and/or Fruit (2 or more kinds) [3]** | 1/4 cup total | 1/2 cup total | 3/4 cup total |
| **Grains/Bread [2] (whole grain or enriched):** | | | |
| Bread | 1/2 slice | 1/2 slice | 1 slice |
| or cornbread, rolls, muffins or biscuits | 1/2 serving | 1/2 serving | 1 serving |
| or cooked cereal grains, pasta or noodle products | 1/4 cup | 1/4 cup | 1/2 cup |
| **Meat or Meat Alternates [2,4]** | | | |
| Lean meat, fish or poultry | 1 oz | 1 1/2 oz | 2 oz |
| or alternate protein products [6] | 1 oz | 1 1/2 oz | 2 oz |
| or cheese | 1 oz | 1 1/2 oz | 2 oz |
| or cottage cheese, cheese food or cheese spread | 2 oz (or 1/4 cup) | 3 oz (or 3/8 cup) | 4 oz (or 1/2 cup) |
| or yogurt | 1/2 cup (or 4 oz.) | 3/4 cup (or 6 oz.) | 1 cup (or 8 oz.) |
| or egg | 1/2 egg | 3/4 egg | 1 egg |
| or cooked dry beans or dry peas | 1/4 cup | 3/8 cup | 1/2 cup |
| or peanut butter, soy nut butter or other nut or seed butters [5] | 2 tablespoons | 3 tablespoons | 4 tablespoons |
| or peanuts, soy nuts, tree nuts, or seeds [5] | 1/2 oz | 3/4 oz | 1 oz |

[1] See rules R 400.8330 and 400.8240 regarding additional milk requirements.

[2] Or an equivalent quantity of any combination.

[3] Full-strength vegetable or fruit juice may contribute to no more than one-half of this requirement.

[4] Cooked lean meat without bone or breading.

[5] No more than 50% of the meat/meat alternate requirement can be met with nuts or seeds. Nuts or seeds must be combined with another meat/meat alternate to meet the requirement.

[6] The alternate protein product must contain at least 18% protein by weight when fully hydrated or formulated.

[7] Juice may not be served when milk is served as the only other component.

Consultation

The following best practices are recommended:

- Parents who supply the food should be encouraged to provide nutritious food for their children.
- Check with parents regarding food allergies children may have.
- Meals and snacks should be provided to children based on:
  - Individual needs of children.
  - Ages of the children.

- American Academy of Pediatrics (AAP) recommended length of time between meals and snacks.

Additional information about building good eating habits can be obtained from The Dairy Council of Michigan at 1-800-241-6455.

See the AAP Caring for Our Children: National Health and Safety Performance Standards at http://cfoc.nrckids.org/index.cfm.

Snacks That Count (BCAL-Pub 242) is available on the department's website (www.michigan.gov/michildcare).

The USDA Food Pyramid can be found at www.usda.gov.

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**R 400.8335 (2)** **Food services and nutrition; provided by center.**

**(2) Solid foods shall be introduced to an infant according to the parent's or licensed health care provider's instructions.**

Rationale

Variations in readiness for solid foods are common. While the standard states that the introduction of solids should start no sooner than six months of age for most infants, caregivers should be prepared to respond to health care provider's or parent's recommendation for introduction of solids as early as four months for some infants.

Consultation

Early introduction (prior to six months of age) of solid foods interferes with the intake of breast milk or iron-fortified formula. Solid food given before an infant is developmentally ready may be associated with allergies and digestive problems.

The transitional phase of feeding, which occurs around six months of age, is a critical time of development of fine, gross and oral motor skills. When an infant is able to open her/his mouth, lean forward in anticipation of food offered, close the lips around a spoon, and transfer food from front of the tongue to the back of the tongue and swallow, she/he is ready to eat semi-solid foods.

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**R 400.8335 (3)** **Food services and nutrition; provided by center.**

**(3) Infants shall only be served formula to drink unless written authorization is provided by the child's licensed health care provider.**

Rationale

Assures proper nutrition for growing infants.

Technical Assistance

Written authorization must be kept on file at the center and made available to the licensing consultant upon request.

**R 400.8335 (4)** **Food services and nutrition; provided by center.**

**(4) Children 12 months of age until 2 years of age shall be served whole homogenized Vitamin D-fortified cow's milk, except as provided in R 400.8330(4).**

Rationale

Assures proper nutrition while meeting each child's individual needs. Whole milk provides the fat children ages 12 to 24 months need for brain tissue development, which skim, 1% and 2% milk do not provide.

**R 400.8335 (5)** **Food services and nutrition; provided by center.**

**(5) Formula shall be commercially prepared and ready-to-feed.**

Rationale

Commercially prepared, ready-to-feed formula reduces the risk of:

- Inaccurately preparing formula.
- Feeding infants unsanitary formula or milk.

Technical Assistance

This rule applies when bottles of formula are prepared and served on-site.

**R 400.8335 (6)** **Food services and nutrition; provided by center.**

**(6) All fluid milk and fluid milk products shall be pasteurized and meet the grade "A" quality standards.**

Rationale

Raw or unpasteurized milk products have been implicated in outbreaks of food borne illness such as salmonellosis, listeriosis, toxoplasmosis, and campylobacteriosis.

**R 400.8335 (7)-(9)** **Food services and nutrition; provided by center.**

**(7) Milk shall be served from any of the following:**
**(a) A commercially filled container stored in a mechanically refrigerated bulk milk dispenser.**
**(b) A commercially filled container not to exceed 1 gallon.**
**(c) A sanitized container only if poured directly from the original container.**

**(8) All of the following shall apply to milk:**
**(a) Containers shall be labeled with the date opened.**
**(b) Milk shall be served within 7 days of opening.**
**(c) Milk shall not be served if the contents appear to be unsanitary or have been unrefrigerated for a period exceeding 1 hour.**

**(d) Milk shall not be combined with the contents of other partially filled containers.**

**(9) Contents remaining in single-service containers of milk shall be discarded at the end of the snack or meal time.**

Rationale

Prevents contamination and food-borne illness.

Technical Assistance

These rules apply to all types of milk, including, but not limited to, cow's, goat's, almond, soy, and rice milk.

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**R 400.8335 (10)-(15)**

**Food services and nutrition; provided by center.**

**(10) All containers of ready-to-feed formula, once opened, shall be labeled with the date and time of opening, refrigerated, and used within 48 hours or discarded.**

**(11) Prepared bottles and beverage containers of milk and formula shall be refrigerated and labeled with the child's name, date, and time of preparation.**

**(12) Contents of unused bottles of formula shall be discarded, along with any bottle liners, after 48 hours.**

**(13) All liners, nipples, formula, milk, and other materials used in bottle preparation shall be prepared, handled, and stored in a sanitary manner.**

**(14) Reusable nipples and bottles shall be washed, rinsed, and sanitized before reuse.**

**(15) Bottle liners and disposable nipples shall be for single use only, by an individual child, and discarded with any remaining formula or milk after use.**

Rationale

Prevents contamination and food-borne illness. The identification on bottles prevents the chance of cross-contamination.

The dating of bottles and containers allows for the monitoring of spoilage.

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**R 400.8335 (16)**

**Food services and nutrition; provided by center.**

**(16) Commercially packaged baby food shall be served from a dish, not directly from a factory-sealed container, unless the entire container will be served to only 1 child and will be discarded at the end of the feeding period.**

| | |
|---|---|
| Rationale | Uneaten food may contain potentially harmful bacteria from the child's saliva. |
| Consultation | Centers are encouraged to wash off all baby food jars with soap and water before opening and to examine the food carefully before removing it from the jar to make sure there are no glass pieces or foreign objects in the food. |

| | |
|---|---|
| **R 400.8335 (17)-(18)** | **Food services and nutrition; provided by center.**<br><br>**(17) Uneaten food that remains on a dish from which a child has been fed shall be discarded.**<br><br>**(18) Food, already served and handled by the consumer of the food, may not be served again, unless it is in the original, unopened wrapper.** |
| Rationale | Served foods have a high probability of contamination during serving. Bacterial multiplication proceeds rapidly in perishable foods out of refrigeration, as much as doubling the numbers of bacteria every 15 to 20 minutes.<br><br>Uneaten food may contain potentially harmful bacteria from the child's saliva. |

| | |
|---|---|
| **R 400.8335 (19)** | **Food services and nutrition; provided by center.**<br><br>**(19) Home canned products are prohibited.** |
| Rationale | There is no guarantee that home canned foods were processed in a safe and hygienic manner. Home canned food has an increased risk of containing microorganisms or toxins which can cause food borne illness. |

**R 400.8340 (1)** **Food** *services and nutrition*; **provided by parents.**

*(1) As used in this rule:*
*(a) "Same-day supply" means for use during a single day.*
*(b) "Multi-day supply" means for use over a multiple day period, up to 7 days.*

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**R 400.8340 (2)-(4)** **Food** *services and nutrition*; **provided by parents.**

**(2) Breast milk, formula, milk,** *or other beverages* **provided** *in a same-day supply* **shall be furnished daily** *in either of the following*:
**(a) Clean, sanitary, ready-to-feed bottles** *or beverage containers*.
*(b) A clean, sanitary, beverage container. The beverage shall be poured into a clean, sanitary bottle or beverage container before each feeding.*

**(3) Breast milk, formula, milk,** *other beverages,* **and food furnished** *in a same-day supply* **shall be covered and labeled with the child's first and last name and the date.**

**(4) Any food or beverages** *furnished in a same-day supply* **shall be returned to the parent at the end of the day or discarded.**

Rationale

Assures for the health and safety of children.

Allows parents flexibility in how breast milk, formula, milk, or other beverages are provided and allows for less waste of breast milk, formula, milk, or other beverages.

Assures that children receive the food that was intended for them and prevents the chance of cross-contamination.

The dating of beverages and food allows for the monitoring of spoilage and prevents food-borne illness.

Technical Assistance

Parents can provide breast milk, formula, milk, or other beverages for use during a single day in a clean sanitary, ready-to feed bottle or beverage container.

Parents can also provide breast milk, formula, milk, or other beverages for use during a single day in a larger clean and sanitary beverage contanier. If breast milk, formula, milk, or other beverages are provided in this manner, the center can pour the beverage from the larger container into clean and sanitary bottles or beverage containers prior to each feeding.

If a parent packages a child's beverages and/or food for a single meal or snack in a larger container, such as a lunch bag, just the larger container has to be labeled with the child's name and the date. Each individual item in the larger container does not have to be labeled with the child's name and the date.

**R 400.8340 (5)-(6)** **Food** *services and nutrition*; **provided by parents.**

*(5) Milk, other beverages, and non-perishable food items may be furnished in a multi-day supply in an unopened commercial container.*

*(6) Milk and other beverages furnished in a multi-day supply shall be labeled with the child's first and last name and the date of opening and shall be returned to the parent or discarded 7 days after opening.*

Rationale

Assures for the health and safety of children.

Allows parents flexibility in how milk, other beverages and food are provided, especially when a child has an allergy and needs a specific food or beverage.

Assures that children receive the food that was intended for them and prevents the chance of cross-contamination.

The dating of beverages allows for the monitoring of spoilage and prevents food-borne illness.

Technical Assistance

"Multi-day supply" means for use over a multiple day period, up to 7 days.

**Note:** If formula is provided in a multi-day supply, it must be ready-to-feed formula and can only be used for the number of days indicated on the container.

**R 400.8340 (7)-(8)** **Food** *services and nutrition*; **provided by parents.**

**(7) Non-perishable food items** *furnished in a multi-day supply* **shall be labeled with the date of opening and when applicable, the first and last name of the child for whom its use is intended.**

**(8) Beverages and food shall be fed only to the child for whom the item is labeled.**

Rationale

Assures for the health and safety of children.

Assures that children receive the food that was intended for them.

Labeling food with the date of opening allows for the monitoring of spoilage and prevents food-borne illness.

Technical Assistance

"Multi-day supply" means for use over a multiple day period, up to 7 days.

If parents provide non-perishable food items that are shared with the entire group, it only has be labeled with the date of opening. These items must be used within 7 days of opening.

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**R 400.8340 (9)-(10)** **Food** *services and nutrition*; **provided by parents.**

**(9) Breast milk, formula, and milk shall be refrigerated until used.**

**(10)** *Other perishable beverages and food items shall be refrigerated or otherwise kept at a safe temperature until used***.**

Rationale

Assures that perishable beverages and food are safe for consumption.

**R 400.8345 (1)** **Water supply; plumbing.**

**(1) The water system shall comply with the requirements of the local health department.**

Rationale: To assure the water supply is safe and does not contain dangerous substances or spread disease.

Technical Assistance: Findings and recommendations from an environmental health inspection are considered when determining compliance.

R 400.8305(2)(b) requires an environmental health inspection at renewal if the center has private water. The environmental health inspection will include testing of the water supply.

In the event of contamination of drinking water, centers must use commercially bottled water.

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**R 400.8345 (2)-(3)** **Water supply; plumbing.**

**(2) Plumbing shall be designed, constructed, installed, and maintained to prevent cross-connection with the water system.**

**(3) Sinks, lavatories, drinking fountains, and other water outlets shall be supplied with safe water, sufficient in quantity, and pressure, to meet conditions of peak demand.**

Rationale: Assures for the safety and well-being of children and adults.

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**R 400.8345 (4)** **Water supply; plumbing.**

**(4) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition.**

Rationale: Ensures the availability of hot water to facilitate cleaning and sanitation.

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**R 400.8345 (5)** **Water supply; plumbing.**

**(5) Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.**

Rationale: Prevents accidents and unsanitary conditions.

**R 400.8350 (1)** **Toilets; hand washing sinks.**

**(1) The center shall provide toilet and hand washing sinks as follows:**

**(a) A center operating with children in attendance less than 5 continuous hours a day shall provide at least 1 toilet and 1 hand washing sink for every 20 children or fraction thereof.**

**(b) A center operating with children in attendance 5 or more continuous hours a day shall provide at least 1 toilet and 1 hand washing sink for every 15 children or fraction thereof.**

Rationale

Young children use the toilet frequently and cannot wait long when they have to use the toilet.

Technical Assistance

Urinals may be substituted for not more than half of the required number of toilets. When children use urinals, more than one child must not use the urinal at the same time as it can cause contamination of the area.

Multi-spigot or fountain-type sinks may be counted as more than one sink depending upon how many children can comfortably use them at one time.

A fully functioning portable sink with hot and cold running water can be counted as a hand washing sink for the purposes of this rule.

This rule is based on the licensed capacity of the program. Other children that may share bathrooms with the licensed program are not counted. For example, if a licensed preschool is located in a school, the school children are not counted when determining the number of sinks and toilets needed.

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**R 400.8350 (2)** **Toilets; hand washing sinks.**

**(2)** *After December 6, 2006,* **any center that is new, adds an infant/toddler component, or increases the licensed infant/toddler capacity shall have a diapering area with a readily accessible, designated hand washing sink.**

Rationale

Helps prevent the spread of contaminants and disease.

Technical Assistance

A fully functioning portable sink with hot and cold running water can be counted as a handwashing sink for the purposes of this rule.

Hand washing sinks must not be used for bathing or removing smeared fecal matter from a child. Hand washing sinks must not be used for rinsing soiled clothing or for cleaning equipment used for toileting.

**R 400.8350 (3)** **Toilets; hand washing sinks.**

*(3) After December 6, 2006, a separate hand washing sink is required in the kitchen for all of the following:*
*(a) A new center with a food service component.*
*(b) A center with a food service component that remodels the kitchen.*
*(c) Any center that adds a food service component.*

Rationale: Prevents cross-contamination and the spread of disease.

Technical Assistance: Hand washing sinks must not be used for rinsing soiled clothing or for cleaning equipment used for toileting.

**R 400.8350 (4)** **Toilets; hand washing sinks.**

**(4) Hand washing sinks shall be accessible to children by platform or installed at children's level.**

Rationale: Facilitates proper hand washing by children.

**R 400.8350 (5)** **Toilets; hand washing sinks.**

**(5) Hand washing sinks shall have warm running water not to exceed 120 degrees Fahrenheit.**

Rationale: Tap water burns are the leading cause of nonfatal burns. Children under five are the most frequent victims.

Water heated to 133 degrees Fahrenheit takes approximately 15 seconds to cause third-degree burns to the skin.

Water heated to 120 degrees Fahrenheit takes approximately 5 minutes to cause third-degree burns to the skin. This may be enough time to remove the child from the hot water source and avoid a burn.

Consultation: Anti-scalding devices for individual sinks are available online or can be purchased at a local home improvement or hardware store.

Centers are encouraged to regularly test the water temperature at sinks children use. A meat thermometer can be used to test the water temperature. It is best practice to run the water run at its hottest setting for three to five minutes. Then hold the thermometer under the hot water stream until the temperature gauge stops moving. If the water is too hot, adjust the water heater and wait one full day to retest the temperature.

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| **R 400.8350 (6)** | **Toilets; hand washing sinks.** |
| | **(6) Soap and single service towels or other approved hand drying devices shall be provided** *near hand washing sinks***.** |
| Rationale | Facilitates proper hand washing. |

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| **R 400.8350 (7)** | **Toilets; hand washing sinks.** |
| | **(7) Toilet rooms for school-age children shall provide for privacy.** |
| Rationale | Children should be allowed the opportunity to practice modesty. |
| Technical Assistance | Privacy means children cannot be observed by others while they are using the toilet. |

**R 400.8355 (1)** **Sewage disposal.**

**(1) Sewage and other water-carried wastes shall be disposed of through a municipal or private sewer system.**

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**R 400.8355 (2)** **Sewage disposal.**

**(2) Private sewer/septic systems shall be designed and operated to safely dispose of all wastewater generated, shall be adequate in size for the projected use, and meet the criteria of the local health department.**

Rationale: Assures for the safety and well-being of children and adults by requiring compliance with health department standards for sewage disposal.

Technical Assistance: Licensing policy requires that centers with a private sewer or septic system have an environmental health inspection of their system as a part of the licensing renewal process.

Consultation: Playground equipment should not be placed over a drain field. The weight of playground equipment and children may cause a drain field to become compacted, resulting in failure of the system. The legs of some equipment, such as swing sets, can puncture the surface of drain fields. Frequent rains coupled with high water tables, poor drainage and flooding may cause the surface of the drain field to become contaminated with untreated sewage.

**R 400.8360 (1)** **Garbage and refuse.**

*(1) All garbage shall be removed from the center daily.*

Rationale: This practice provides proper sanitation and protection of health; prevents infestation of rodents, insects and other animals and prevents odors.

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**R 400.8360 (2)** **Garbage and refuse.**

*(2) Garbage containers shall be washed when soiled.*

Rationale: Garbage cans that are not properly cleaned may spread contamination to the environment and causes odors.

Technical Assistance: R 400.8137(4) requires that the plastic-lined, tightly covered container used exclusively for disposable diapers and training pants and diapering supplies be emptied and sanitized at the end of each day. See R 400.8137(4) for more information.

Consultation: Lining the containers with plastic bags reduces the contamination of the container itself and the need to wash the containers.

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**R 400.8360 (3)** **Garbage and refuse.**

**(3) Garbage stored** *outside* **shall be in sealed plastic bags in water-tight containers with tight-fitting covers or in a** *covered* **dumpster.**

Rationale: Garbage attracts animals and insects. When trash contains organic material, decomposition creates unpleasant odors.

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**R 400.8360 (4)** **Garbage and refuse.**

**(4) Outside garbage and refuse shall be picked up or removed at a minimum of once a week.**

Rationale: This practice provides proper sanitation and protection of health; prevents infestation of rodents, insects and other animals and prevents odors and injuries.

**R 400.8365 (1)-(2)** **Heating; temperature.**

**(1) The temperature in child use areas shall be maintained at a safe and comfortable level so that children in care do not become overheated or chilled.**

**(2) The indoor temperature shall be at least 65 degrees Fahrenheit in child use areas at a point 2 feet above the floor.**

Rationale

Maintaining the required temperatures is essential for the well-being of children and staff, taking both comfort and health into consideration.

Consultation

It is recommended that thermometers that will not break easily and that do not contain mercury be placed on interior walls in every activity area two feet above the floor.

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**R 400.8365 (3)** **Heating; temperature.**

**(3) If temperatures exceed 82 degrees Fahrenheit, then a center shall take measures to cool the children.**

Rationale

Maintaining the required temperatures is essential for the well-being of children and staff, taking both comfort and health into consideration.

High humidity can promote the growth of mold, mildew and other agents that can cause eye, nose, and throat irritation and could trigger asthma episodes in people with asthma.

Extremely high temperatures and humidity can cause concern for the comfort and safety of children in care. Very young children, especially infants, are of major concern when temperatures and humidity become high for a number of reasons:

1. Infants and young children may not perspire because their sweat glands have not yet developed, thus their bodies are unable to cool themselves.
2. They become dehydrated sooner than adults.
3. Very young children are unable to say they are hot, thirsty, dizzy, nauseous, uncomfortable, or have a headache.

Technical Assistance

Air conditioning is not a required means of cooling. Fans that are inaccessible to children and screened windows are acceptable methods for providing ventilation.

Consultation

The American Public Health Association and the American Academy of Pediatrics recommends that a “draft-free” temperature of 68 to 82°F be maintained at 30 to 70% relative humidity during the summer months.

Children show symptoms of heat exhaustion by becoming quiet and lethargic. The child's skin becomes pale. Children become thirsty and may complain of dizziness. When a child's core body temperature rises to the point that the child is flushed, listless, unresponsive, and very hot, there is an **immediate** need for medical attention. These symptoms indicate that the child may be moving into heat stroke.

Centers may wish to implement some of the following suggestions to maintain a safe and comfortable environment:

**Move the Air**

- Utilize air conditioning, draft-free cooling units that present no hazards to children.
- Open windows unless it is hotter outside than inside. Windows must be screened.
- Electric fans, mounted high on a wall or ceiling or guarded to limit the size of the opening in the blade guard to less than ½ inch.

**Lower the Humidity**

- Use a dehumidifier to lower the relative humidity.

**Reduce the Heat**

- Turn off or delay the use of all heat producing equipment such as overhead lights, dishwashers, stoves, etc.
- Have a cold lunch (no cooking).
- Move the youngest children to the coolest **approved child use area** of the facility.
- Plan quiet activities.
- Place drinking water out where children can get it on their own.
- Provide water activities such as:
  - Sprinklers.
  - Water play table with ice cubes.
  - Splashing each other with water for older children.
- Sponge babies with tepid water.
- Dress children in lightweight cotton clothing.

**R 400.8370 (1)** **Light, ventilation, and screening.**

**(1) The total ventilation area in every habitable room, as provided by openable windows, shall be not less than 4½% of the floor area, unless central air conditioning is provided.**

Rationale

The health and well-being of children and staff can be affected by the indoor air quality. The air inside a building is contaminated with organisms shared among occupants and is sometimes more polluted than the outdoor air. Air circulation is essential to clear infectious disease agents, odors and toxic substances in the air. Children who spend long hours breathing contaminated or polluted indoor air are more likely to develop respiratory problems, allergies and asthma.

Technical Assistance

**Example:** In a center that does not have central air conditioning, a 10’ by 10’ room requires at least a 2’3” by 2’ openable window to comply with this rule.

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**R 400.8370 (2)** **Light, ventilation, and screening.**

**(2) If ventilation is dependent on a mechanical system, then the system shall be on at all times while the building is occupied and shall comply with the ventilation requirements of the applicable mechanical code of the authority having jurisdiction.**

Rationale

The health and well-being of children and staff can be affected by the indoor air quality. The air inside a building is contaminated with organisms shared among occupants and is sometimes more polluted than the outdoor air. Air circulation is essential to clear infectious disease agents, odors and toxic substances in the air. Children who spend long hours breathing contaminated or polluted indoor air are more likely to develop respiratory problems, allergies and asthma.

Consultation

Centers are encouraged to have their ventilation systems inspected on a regular basis to ensure they are operating properly.

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**R 400.8370 (3)** **Light, ventilation, and screening.**

**(3) Artificial light or natural light, or both, shall be capable of providing a minimum illumination of 20 foot candles over the entire room at a height of 3 feet from the floor.**

Rationale

Natural lighting is the most desirable lighting of all. Inadequate lighting has been linked to eyestrain and headaches. The visual stimulation provided by a window is important to children's development.

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| Technical Assistance | There must be adequate lighting in rooms where children are napping to allow for supervision of children and for safe exiting in case of an emergency. |

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| **R 400.8370 (4)** | **Light, ventilation, and screening.** |
| | **(4) Windows** *and doors* **used for ventilation shall be supplied with screening of not less than 16 mesh, which shall be kept in good repair. This subrule does not apply to child care programs operating in school buildings.** |
| Rationale | Openings need to be screened to prevent the entry of insects, which may bite, sting or carry disease. |

**R 400.8375 (1)** **Premises.**

**(1) The center shall be located on land that provides good natural drainage or that is properly drained.**

Rationale

Reduces exposure to conditions that cause injury or adversely affect health. Insects breed in poorly drained areas.

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**R 400.8375 (2)** **Premises.**

**(2) Stairs, walkways, ramps, landings, and porches shall meet the following requirements:**
**(a) If elevated, shall have barriers to prevent falls and handrails designed and constructed for use by children.**
**(b) Shall be maintained in a safe condition relative to the accumulation of water, ice, or snow and shall have non-slip surfacing.**
**(c) Landings shall be located outside exit doors where steps or stairs are necessary and shall be at least as wide as the swing of the door.**
**(d) Stairway steps shall be not more than 8 inches in height, with a minimum tread depth of 9 inches.**
**(e) If ramps are used, then they shall have a minimum rise-to-run ratio of 1-to-12.**

Rationale

To assure for the safety and well-being of children.

Landings are necessary to accommodate the swing of the door without pushing the person on the stairway into a precarious position while trying to leave the stairway.

Technical Assistance

See R 400.8525(8) and (9) for additional requirements for landings.

Consultation

**Guardrails**
Bottom guardrails should be provided for all porches, landings, balconies, and similar structures. Bottom guardrails should be above the floor no more than:

- Two feet for preschoolers and school-age children.
- Six inches for infants and toddlers.

**Balusters/Handrails**
Protective handrails and guardrails should have balusters at intervals of less than 3 1/2 inches or should have sufficient protective material to prevent entrapment of a child's head.

Small children can effectively use handrails mounted as high as 38 inches. This height is comfortable to children who are used to reaching up to take an adult's hand while walking.

**Gates**

Safety gates are acceptable if they can be opened in a single motion. See R 400.8525(4) for more information on safety gates in exit doors and all doors in the means of egress

**Note:** It is recommended that safety gates be at least 36 inches tall to discourage parents and caregivers from stepping over them. A child could be injured if a parent or caregiver tripped on the gate when stepping over while holding a child or by landing on a child.

**R 400.8380 (1)** **Maintenance of premises.**

**(1) The premises shall be maintained in a clean and safe condition** *and shall not pose a threat to health or safety***.**

Rationale

Assures for the health and safety of children and adults.

Technical Assistance

The following are examples of maintaining the premises in a clean and safe condition:

- Floors are clean and safe for walking, crawling and playing.
- Rooms are free of unnecessary clutter.
- All cords (drapes, blinds, appliances) are out of reach of children.
- Center is free of insect and rodent infestation.
- Outside grounds are free of debris, animal waste, standing water, and tripping hazards.
- Hazardous items are inaccessible to children such as sharp objects, cleaning supplies, plastic bags, garbage.

Consultation

Caregivers are encouraged to install hinge guards on every door in the child use space to prevent door-related finger injuries which can be excruciatingly painful and potentially debilitating.

It is recommended that safety gates be at least 36 inches tall to discourage parents and caregivers from stepping over them. A child could be injured if a parent or caregiver tripped on the gate when stepping over while holding a child or by landing on a child.

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**R 400.8380 (2)** **Maintenance of premises.**

**(2) The premises shall be maintained so as to eliminate and prevent rodent and insect harborage.**

Rationale

Reduces the potential health hazards to children caused by pests such as stings, bites and transmission of disease.

Technical Assistance

The following must be free from openings that would allow rodents or pests to enter:

- Foundations.
- Floors.
- Walls.
- Ceilings.
- Roofs.
- Windows.
- Exterior doors.
- Basements.

Consultation

Openings to the outside can be protected against the entrance of insects by:

- Outward-opening, self-closing doors.
- Closed windows.
- Screening.
- Heavy-duty steel mesh screen, such as ¼ inch hardware cloth.
- Other effective and approved means.

Centers are encouraged to implement non-chemical pest management practices before using extensive extermination that may expose children and adults to chemical pesticides.

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**R 400.8380 (3)**

**Maintenance of premises.**

**(3) Roofs, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.**

Rationale

Assures for the health and safety of children and adults.

Children's environments must be protected from exposure to moisture and dust. Dampness promotes the growth of mold.

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**R 400.8380 (4)**

**Maintenance of premises.**

**(4) Floors, interior walls, and ceilings shall be kept in sound condition and good repair and shall be maintained in a clean condition.**

Rationale

Assures for the health and safety of children and adults.

Technical Assistance

Surfaces must be without cracks, tears, gouges, peeling paint, etc. Ceilings must not have missing panels or tiles.

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**R 400.8380 (5)**

**Maintenance of premises.**

*(5) There shall be no flaking or deteriorating paint on interior and exterior surfaces or on equipment accessible to children.*

Rationale

Assures for the health and safety of children and adults.

Technical Assistance

Paint is considered deteriorated if it is peeling, chipped, chalking, or cracked.

**R 400.8380 (6)** **Maintenance of premises.**

**(6) All toilet room floor surfaces shall be easily cleanable and shall be constructed and maintained so as to be impervious to water.**

Rationale Cracked or porous floors cannot be kept clean and sanitary. Dampness promotes the growth of mold.

**R 400.8380 (7)** **Maintenance of premises.**

**(7) Light fixtures, vent covers, wall-mounted fans, and similar equipment attached to walls and ceilings shall be easily cleanable and maintained in good repair.**

Rationale Assures a clean and safe indoor environment.

**R 400.8380 (8)** **Maintenance of premises.**

**(8) A lead hazard risk assessment shall be completed by a certified lead risk assessor** *on all centers built before 1978***. Any lead hazards identified shall be addressed as noted in the lead hazard risk assessment report** *before issuance of the original provisional license***. The results of the assessment shall be kept on file at the center.** *Centers licensed before December 7, 2006 have 3 years from the effective date of these rules to comply with this rule. Centers that operate in a school building serving only school-age children are exempt from the requirements in this rule.*

Rationale Paints made before 1978 may contain lead. The amount of lead in paint was reduced in 1950 and then removed in 1978 so buildings constructed before 1950 likely contain more lead paint.

Lead is a neurotoxicant. Lead-based paint is the most common source of lead poisoning in children. Research suggests that the primary sources of lead exposure for most children are:

- Deteriorating lead-based paint.
- Lead contaminated dust.
- Lead contaminated soil.

The danger from lead paint depends on:

- Amount of lead on the painted surface.
- Condition of paint.
- Amount of paint that the child ingests.

Ingestion of lead may occur through breathing or swallowing lead dust or by eating soil or paint chips containing lead. Ingestion of lead paint can result in high levels of lead in the blood which affects the central nervous system:

- If not detected early, children with high levels of lead in their bodies can suffer from damage to the brain, slowed growth, hearing problems, and headaches.
- Even at low levels of exposure, lead can cause a reduction in a child's IQ, result in reading and learning disabilities and affect a child's ability to learn, succeed in school and function later in life.
- Symptoms of low levels of lead in a child's body may be subtle behavioral changes, irritability, low appetite, weight loss, sleep disturbances, and shortened attention span.

Most children with lead poisoning do not look or act sick. A blood lead test is the only way to know if children are being lead poisoned. Lead poisoning has no cure and the effects cannot be reversed once the damage is done. Children under six years of age are at the greatest risk for lead poisoning.

Technical Assistance

Before an original provisional license may be issued for a center located in a building constructed prior to 1978, the center applicant must submit a lead hazard risk assessment indicating the proposed child use space, including outdoor play areas, is safe. The lead hazard risk assessment must be conducted by a certified risk assessor. A list of certified lead risk assessors and more information on lead risk hazard assessments can be found at www.michigan.gov/documents/mdhhs/Assessors_543747_7.pdf.

**Note:** When a change of ownership occurs, the lead hazard risk assessments from previous owners cannot be used.

Centers licensed before December 7, 2006 had until January 2, 2017 to obtain and keep on file at the center a lead hazard risk assessment that indicates current child use space, including outdoor play areas, is safe.

For any lead hazard risk assessment obtained after January 1, 2014, the Lead Hazard Risk Assessment Summary (BCAL-4344) form must be included with the lead hazard risk assessment to document compliance with this rule.

***Exception:*** Centers that operate in a school building serving only school-age children are exempt from the requirements in this rule.

***Exception:*** If a center is located in a new addition to a building constructed prior to 1978 and the older part of the building is never used by children in care, a lead risk assessment is not required. The applicant

must submit a statement that the part of the building constructed prior to 1978 will not be used by children in care.

**Note:** Standards for conducting lead hazard risk assessments are set forth in the Michigan Department of Health and Human Services (MDHHS) Administrative Rule 325.99404. All lead hazard risk assessments required in this rule must comply fully with these requirements. Copies of this standard can be found at www.michigan.gov/leadsafe under "Lead-Based Paint Regulations" or by calling MDHHS toll-free at 1 (866) 691-5323.

Briefly, requirements for a lead hazard risk assessment include:

1. An evaluation of paint condition on of all painted building surfaces and painted outdoor play equipment to determine if painted or stained surfaces are in good or deteriorated condition [R 325.99404(4)]. Any paint that is poor condition (peeling, chipping, cracking, chalking, etc.) must be tested for lead.

2. Two dust wipes, one on the floor and one from the window sills or trough, are required for each room for up to six rooms of the facility plus any common areas adjacent to the facility [R 325.99404(5)&(6)].

3. Soil sampling including composite samples from areas of bare soil around the perimeter of the building, child play areas and other bare soil areas in the yard that comprise more than nine square feet [R 325.99404(8)].

**Lead Hazard Treatment**

Lead-based paint hazards can be treated by abatement or interim control procedures. There are three types of treatments that can be considered lead abatement:

- Removal - complete removal of the lead-based paint or removal of the lead-based painted component, such as removal of old windows or doors.

- Enclosure - covering the lead-based paint with a ridged material that is mechanically attached to the substrate, such as drywall on a ceiling or wall or underlayment on a floor.

- Encapsulation - covering the lead-based paint with a long-lasting, paint-like material specially formulated to bind chemically with lead.

Enclosure and encapsulation procedures are designed to last for 20 years or more.

If abatement procedures are used to address lead hazards found, a dust wipe clearance is required to determine if the abatement procedures were successful.

Interim control procedures are measures designed to temporarily (< 20 years) reduce lead-based paint hazards. They can include, but are not limited to:

- Wet sanding/scraping the paint and then repainting with regular latex paint.
- “Super cleaning” the area using a HEPA vacuum and wet cleaning methods.
- Adding tread guards on steps.
- Making window repairs.

Dry scraping, dry sanding, using a torch to burn paint off, using a heat gun over 1,100 degrees, and using power sanders or grinders without HEPA filtration attachments are prohibited by law.

Women and children must not be present in the area when lead hazard control activities are being performed and they should never be allowed in the work areas.

Consultation

If interim control procedures are used to address lead hazards found, a dust wipe clearance is recommended to determine if the interim control procedures were successful.

Lead hazard risk assessments only assess lead-based paint hazards present at the time of the inspection. Only deteriorated paint, paint that will be disturbed, and other potential hazard areas are tested for lead-based paint, so a lead hazard risk assessment alone will not identify all lead painted surfaces. It is recommended that a lead-based paint inspection be done in conjunction with the lead hazard risk assessment. A combination lead-based paint inspection and a lead hazard risk assessment will identify all lead-based paint and all lead-based paint hazards.

If lead-based paint is identified, but it isn’t a hazard at the time of the inspection, the risk assessor will include in the assessment report recommendations for reevaluation and ongoing monitoring information. It is recommended that that every six months to one year someone from the child care center (director, maintenance person, custodian, etc.) should check that all identified lead painted surfaces are still intact.

If a lead-based paint inspection was not done or if it was done and lead paint was found, it is further recommended that a lead hazard risk assessment be done every two to three years by a certified risk assessor to ensure no new hazards have developed.

For additional information on lead poisoning, contact the Environmental Protection Agency at www.epa.gov or the National Lead Information Center at 1-800-424-LEAD.

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**R 400.8380 (9)** **Maintenance of premises.**

**(9) As required by** *section 8316 of* **1994 PA 451, MCL 324.8316, a center shall develop and implement an integrated pest management program when pesticide applications occur** *on the premises*. **The integrated pest management program shall include, but not be limited to, the following:**

**(a) An annual notification provided to parents or guardians informing them that they will receive advance notice of pesticide applications.** *The annual notice must be provided in September*.

**(b) The annual notification to parents or guardians specifying 2 methods by which the advance notice of pesticide application will be given.**

**(c) An advance notice containing information about the pesticide, including the target pest or purpose, approximate location, date of the application, contact information at the center, and a toll-free number for a national pesticide information center recognized by the Michigan department of agriculture.**

**(d) Liquid spray or aerosol insecticide applications may not be performed in a room of a center unless the room will be unoccupied by children for not less than 4 hours or longer if required by the pesticide label use directions.**

Rationale

Protects children and adults from accidental exposure to insecticide poisons.

Technical Assistance

The Natural Resources and Environmental Protection Act (1994 PA 451, MCL 324.8316) requires the following:

- Annual notice that pesticide application occurs in the building and on the premises. The annual notice must be given in September of each year and state the two methods of notice that will be given prior to any application of pesticides. One method of notice must be by posting a notice at entrance doors.
- Two methods of advance notice of application of pesticides anywhere on the premises of the child care center or school.
- Advance notice at least 48 hours prior to the application of pestices.

A second notification can be made by:

- Posting in a public, common area.

- Email.
- A telephone call (must make direct contact with a parent or guardians).
- Providing students with a written notice to be delivered to the parent or guardian.
- Posting on the school's or child care center's website.

Parents or guardians can also request to be notified by first-class U.S. mail. The notification must be postmarked at least three days before the application.

The Integrated Pest Management notification and requirements do not apply to the following:

- Common products such germicides, disinfectants, sanitizers, and antimicrobials.
- Bait pesticide formulation.
- Gel pesticide formulation.

Consultation

It is recommended that centers develop an integrated pest management plan even when not planning on applying pesticides. The development of a plan allows centers to be prepared if the need to apply pesticides arises.

Centers are encouraged to have a staff person directly observe the pesticide application to guide the exterminator away from surfaces that children touch or mouth and to monitor drifting of pesticides into these areas.

Model plans can be found at:

- Michigan Department of Agriculture and Rural Development website at www.michigan.gov/mdard (Consumer Information > Pest Control).
- Child care licensing website at www.michigan.gov/michildcare (Licensed Providers > Resources).

**R 400.8385** **Poisonous or toxic materials.**

**Containers of poisonous or toxic materials shall be clearly labeled for easy identification of contents and stored out of reach of children.**

Rationale Reduces the risk that children will accidentally come into contact with poisonous or toxic materials.

*R 400.8501* *Adoption by reference.*

*The following National Fire Protection Association (NFPA) standards are adopted by reference in these rules. Copies of the adopted standards are available for inspection and may be purchased from the National Fire Protection Association, 1 Batterymarch Park, P.O. Box 9109, Quincy Massachusetts 02269-9101, internet address www.nfpa.org. The cost of single copies of each standard at the time of the adoption of these rules is indicated after the title.*

*(i) NFPA-10, Standard for Portable Fire Extinguishers, 2010 edition…….....$38.00*

*(ii) NFPA-13, Standard for the Installation of Sprinkler Systems, 2010 edition….....72.00*

*(iii) NFPA-25, Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems, 2011 edition…....…….....…44.00*

*(iv) NFPA-72, National Fire Alarm Code and Signaling Code, 2010 edition….....…54.00*

*(v) NFPA-80, Standard for Fire Doors and Other Opening Protectives, 2010 editon….....……..38.00*

*(vi) NFPA-251, Standard Methods of Tests of Fire Resistance of Building Construction and Materials, 2006 edition….....……..……34.50*

*(vii) NFPA-265, Standard Methods of Fire Tests for Evaluating Room Fire Growth Contribution of Textile Coverings on Full Height Panels and Walls, 2002 edition……34.00*

*(viii) NFPA-701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films, 2010 edition…....29.00*

**R 400.8505 Definitions.**

**As used in this part:**

**(a) "Basement" means a story of a building or structure having ½ or more of its clear height below average grade for at least 50% of the perimeter.**

To determine whether the proposed level is a basement or the first floor, the Qualified Fire Inspector (QFI) may need to take physical measurements from the ground outside to the finished floor and from the ground to the ceiling of the proposed level. If the distance from grade to the finished floor is greater than the distance from grade to the ceiling, the proposed level must be classified as a basement.

**(b) "Combustible" means materials will ignite and burn when subjected to a fire or excessive heat.**

Combustible materials include, but are not limited to, wood, paper, cardboard, plastic, rubber, cloth.

**(c) "Conversion" means to alter the use of an existing building or room to a center.**

**(d) "Existing building" means a structure or part of a structure not currently used as a center.**

**(e) "Existing licensed center" means a center that was licensed before** *December 7, 2006* **and whose license continues uninterrupted.**

**(f) "Exit" means a way of departure from the interior of a building or structure to the open air outside at ground level.**

**(g) "Fire alarm" means a device used to alert the occupants of the building of fire or smoke conditions. The device shall be audible in all parts of the building used as a center.**

**(h) "Fire alarm system" means an approved electrical closed circuit, self-supervised local system for sounding an alarm. The system is comprised of a central panel, manual pull stations near all outside exits, audible electric signal devices, and where warranted, a remote trouble annunciator. All system components shall be listed by a nationally recognized testing laboratory** *and installed in accordance with NFPA-72***.**

**(i) "Fire door assembly" means a side-hinged, labeled fire door and labeled frame constructed and installed in compliance with NFPA-80.**

All fire doors required by these rules must include a listed self-closing device and positive latching hardware.

**(j) "Fire-resistance rating" means the time for an element in a building to maintain its particular fire resistance properties in accordance with NFPA-251.**

**(k) "Fire-resistive construction" means a building having walls, ceilings, floors, partitions, and roof of** *non*-**combustible materials having a minimum fire-resistance rating of 1 hour. This subdivision shall not be construed as prohibiting finished wood floors, doors, and windows with assorted frames and trim.**

**(l) "Flameproof materials" means materials that will not propagate flame under the test conditions of NFPA-701. Flameproof materials are usually combustible materials with the addition of some treatment or coating to modify their burning properties.**

**(m) "Flammable" means materials capable of being readily ignitable from common sources of heat or at a temperature of 600 degrees Fahrenheit, 316 degrees Celsius, or less.**

**(n) "Hazard area" means those parts of a center building housing a commercial kitchen, heating plant, fire-fueled water heater, incinerator, or an area posing a higher degree of hazard than the general occupancy of the building.**

**(o) "Heating plant room" means a room or area housing fuel-fired equipment.**

**(p) "Interior finish" means the exposed interior surface materials of walls, fixed or movable partitions, and ceilings. This includes drywall, masonry, or wood substructure and surfacing materials such as paneling, tile, or other interior finish material and any surfacing materials, such as paint or wallpaper, applied thereto. Interior finish includes materials affixed to the building structure as distinguished from decorations or furnishings.**

**(q) "Means of egress" means** *a minimum of 36 inch wide* **continuous and unobstructed** *path* **of exit travel from any point in a building to the outside at grade.**

**(r) "New construction" means a created structure, addition, replacement, or alteration of structural components, such as walls.**

**(s) "Noncombustible" means materials that will not ignite and burn when subjected to fire.**

**(t) "Protected ordinary construction" means all of the following types of construction:**

**(i) Roofs and floors and their supports having a minimum of 1-hour fire-resistance rating.**

**(ii) Exterior bearing walls or bearing portions of exterior walls are of noncombustible or limited combustible materials and have a minimum of 1-hour fire-resistance rating and stability under fire conditions.**

**(iii) Nonbearing exterior walls are of noncombustible or limited combustible materials.**

**(iv) Roofs, floors, and interior framing are wholly or partly made of wood of smaller dimension than required for heavy timber construction.**

**(u) "Standard partition construction" means a substantial smoke-tight assembly consisting of walls, in conjunction with ceilings at which they terminate, that are covered on both sides with minimum standard lath and plaster or ½-inch drywall over 2" x 4" studs. Doorways in these walls are protected with minimum 1¾-inch** *flush* **solid core wood doors** *or 20-minute labled fire-rated doors* **and equipped with approved self-closing devices and positive latching hardware. One or more glass panes are permitted in these walls and/or doors if each individual glass panel is fixed pane and not larger than 1,296 square inches of ¼-inch wired glass with no linear dimension longer than 54 inches** *or fire-rated safety glass, of any size, listed with a minimum fire rating of 45 minutes and installed as listed***. In some cases, drywall or plaster is also necessary to protect the underside of stairs.**

**(v) "Textile material" means having a napped, tufted, looped, woven, non-woven or similar surface.**

**(w) "Wired glass" means glass not less than ¼-inch thick, reinforced with wire mesh, number 24 gauge or heavier, with spacing not greater than 1 square inch.**

**(x) "Wood frame construction" means that type of construction in which exterior walls, bearing walls and partitions, and floor and roof constructions and their supports are made of wood or other combustible material.**

**Note:** Except as otherwise noted, technical assistance to meet this rule may be obtained by contacting the Bureau of Community Health Systems, Environmental Health and Safety Section, Child Care and Camps Unit at BCHS-CCCCampFireInsp@michigan.gov or 517-285-0128.

**R 400.8510 (1)-(3)** **Plans and specifications; submission; approval; inspections.**

**(1) A complete set of plans and specifications of any proposed center or proposed addition, alteration, or remodeling to an existing center shall be submitted to the department** *for review and approval***.**

**(2) Written approval shall be obtained from the department before initiating any construction.**

**(3) Plans shall bear the seal of a registered architect or engineer when the total cost of the project is $15,000.00 or more, including labor and materials.**

Rationale

Assures that new and existing centers meet licensing rules for fire safety.

Technical Assistance

A plan review conducted by the department or the Department of Licensing and Regulatory Affairs (LARA), Bureau of Community Health Systems, Environmental Health and Safety Section, Child Care and Camps Unit is required for the following situations:

- New construction.
- Renovation.
- Remodeling.
- Addition to building.

The applicant or licensee must submit a set of construction plans, along with the Application for Child Care Plan Review (BCHS-FS-13) directly to the Environmental Health and Safety Section, Child Care and Camps Unit. The BCHS-FS-13 and additional information can be obtained from the licensing website at www.michigan.gov/michildcare > Licensed Providers > Inspections for Child Care Centers > Fire Safety. If the total cost of the project is $15,000 or more, the plans must be prepared and sealed by a registered architect or engineer. Appropriate licensing or Environmental Health and Safety Section, Child Care and Camps Unit staff will review these plans, and a plan review letter will be returned to the submitter.

**Note:** Changing interior finishes (e.g., new ceiling tiles, wall finishes, etc.), door hardware, door swing, door installations, or installation of a new furnace or water heater would not require a plan review, however, a qualified fire inspector (QFI) must complete an on-site inspection of the changes. ***Exception:*** Replacing an item with the same product

would not require an on-site inspection by a QFI (e.g., replacing a broken ceiling tile with the exact same type of ceiling tile or replacing a door knob with the exact same type of door knob).

A plan review may be submitted to Environmental Health and Safety Section, Child Care and Camps Unit prior to the submission of a child care center application.

The following guidelines must be followed in the submission of plans:

- Plans must be drawn to scale (usually ¼ inch = 1 foot) on 18 X 24 graph paper with exterior dimensions, interior room dimensions and room usage designated.
- Indicate the type of building materials that will be used in construction, e.g., masonry or frame.
- Total number of floors, including the basement.
- Interior finish of the walls and ceiling, e.g., drywall, paint, paneling.
- Door size, type and direction of swing and type of door hardware, e.g., metal, wood, labeled.
- Type of furnace and water heating equipment, e.g., fuel fired, electric.
- Fire detection or suppression system to be provided, if any.
- Fire extinguisher type and location.
- Areas of the building to be used for child care.

**Note:** Once plans are reviewed, the center must not be inspected by a QFI without approval from the department or Environmental Health and Safety Section, Child Care and Camps Unit.

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**R 400.8510 (4)** **Plans and specifications; submission; approval; inspections.**

**(4) A fire safety inspection shall be conducted by the** *bureau of fire services or a department-approved qualified fire inspector* **and an approval granted** *before* **issuance of the original provisional license and every 4 years thereafter, at the time of renewal.**

Rationale

Assures new and existing centers meet the licensing rules for fire safety.

Technical Assistance

Per department policy, fire safety inspections must be dated within one year of issuance of the original center license.

Only Environmental Health and Safety Section, Child Care and Camps Unit staff and QFIs may grant fire safety approval for child care centers. A list of QFIs can be found on the Child Care Licensing website at www.michigan.gov/michildcare.

**Note:** Changing interior finishes (e.g., new ceiling tiles, wall finishes, etc.), door hardware, door swing, door installations, or installation of a

new furnace or water heater require an on-site inspection of the changes by a QFI. ***Exception:*** Replacing an item with the same product would not require an on-site inspection by a QFI (e.g., replacing a broken ceiling tile with the exact same type of ceiling tile or replacing a door knob with the exact same type of door knob).

An “A” rating, denoting substantial compliance with fire safety rules, is required on a fire inspection report prior to issuance or renewal of a license.

Applicants and licensees are responsible for contracting with and paying for any fire inspections.

**Note:** Centers located in public and non-public school buildings may be exempt from fire safety inspections. See R 400.8565 for more information.

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**R 400.8510 (5)** **Plans and specifications; submission; approval; inspections.**

**(5) If a boiler is used, then it shall be inspected and a certificate provided, as required, by the boiler division, department** *of licensing and regulatory affairs***.**

Technical Assistance

Inspections of boilers must be current as of issuance of the original center license.

The center must have a boiler inspected either annually or every three years following the schedule determined by LARA. Documentation must be kept on file at the center to verify the required inspections. If an inspection has been done, but the center has not yet received a certificate, documentation may include an inspection report or sticker attached to the boiler by the LARA inspector.

Boilers must be inspected by a boiler inspector from LARA or an individual who has both a boiler license and a mechanical contractor license.

All boilers, regardless of location, must be inspected and approved, including those in separate buildings.

If a water heating unit larger than 200,000 BTUs, it must be inspected and approved by the boiler inspector.

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**R 400.8510 (6)** **Plans and specifications; submission; approval; inspections.**

**(6) Fuel-fired furnaces shall be inspected** *before* **issuance of an original provisional license and every 2 years at renewal by a** *mechanical* **contractor** *licensed by the state of Michigan***.**

Rationale

Assures for the safety of children and adults as routinely scheduled inspections assure that fuel-fired furnaces are working properly.

Technical Assistance

Per department policy, inspections of fuel-fired furnaces must be dated within one year of issuance of the original center license.

The center must keep documentation on file verifying the furnace has been inspected by a licensed heating contractor.

A licensed mechanical contractor is licensed by LARA. The license number will begin with 71.

The inspection report must indicate the date of the inspection and information indicating whether the furnace is safe and in good working order.

All furnaces, regardless of location, must be inspected, including those in separate buildings or in locations such as a rooftop.

**Note:** Electric heat does not require an inspection.

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**R 400.8510 (7)**

**Plans and specifications; submission; approval; inspections.**

**(7) Fuel-fired water heaters shall be inspected** *before* **issuance of an original provisional license and every 2 years at renewal by either a** *mechanical* **contractor or a plumbing contractor** *licensed by the state of Michigan.*

Rationale

Assures for the safety of children and adults as routinely scheduled inspections assure that fuel-fired water heaters are working properly.

Technical Assistance

Per department policy, inspections of fuel-fired water heaters must be dated within one year of issuance of the original center license.

The center must keep documentation on file verifying the water heater has been inspected by a licensed heating contractor or a licensed plumber. Licensed mechanical contractors and licensed plumbing contractors are licensed by LARA. A mechanical contractor's license number will begin with 71 and a licensed plumbing contractor's license will begin with 81.

The inspection report must indicate the date of the inspection and information indicating whether the water heater is safe and in good working order.

All fuel-fired water heaters, regardless of location, must be inspected, including those in separate buildings.

**Note:** Electric water heaters do not require an inspection.

**R 400.8510 (8)** **Plans and specifications; submission; approval; inspections.**

**(8) New furnace and water heater installations shall be either of the following:**

**(a) Inspected and approved by the department** *of licensing and regulatory affairs* **or local mechanical inspecting authorities at the time of installation.**

*(b) Inspected and approved by a qualified fire safety inspector or the bureau of fire services to ensure continued compliance with appropriate fire safety provisions of these rules.*

Rationale

Assures that furnaces and fuel-fired water heaters are installed properly.

Technical Assistance

The center must keep documentation on file verifying the furnace and/or water heater (fuel-fired and electric) has been inspected by one of the approved entities. The inspection report must indicate the date of the inspection and information indicating that the furnace and/or water heater is safe and in good working order. Per department policy, inspections for new furnaces and water heaters must be dated within one year of issuance of the original center license.

All furnaces and water heaters, regardless of location, must be inspected, including those in separate buildings or in locations such as a rooftop.

**Note:** Except as otherwise noted, technical assistance to meet this rule may be obtained by contacting the Bureau of Community Health Systems, Environmental Health and Safety Section, Child Care and Camps Unit at BCHS-CCCCampFireInsp@michigan.gov or 517-285-0128.

**R 400.8515 (1)-(2)(b)**

**Construction.**

**(1) If child occupancy is limited to the first or main floor, then the building may be of wood frame construction.**

**(2) If child occupancy is on the second floor, then all of the following are required:**
**(a) The building be of protected ordinary construction.**
**(b) All required stairways and vertical openings be enclosed by walls, in conjunction with openings therein, and ceilings at which they terminate that meet the requirements of standard partition construction** *to provide a protected means of egress to the outside with proper termination to grade***.**

Technical Assistance

See R 400.8505(t) for a definition of protected ordinary construction.

The minimum construction for the enclosure of stairways and other vertical openings for child occupancy on the second floor is standard lath and plaster, or at least walls of 2" x 4" wood studs, placed at a maximum of 24" on center, covered on both sides by minimum of 1/2-inch drywall. These rules do not permit wood stud walls, covered by paneling or other wood without the required plaster or drywall behind it for the enclosure of vertical openings unless approval from Environmental Health and Safety Section, Child Care and Camps Unit is obtained.

“Standard partition construction” means a substantial smoke-tight assembly consisting of walls, in conjunction with ceilings at which they terminate, that are covered on both sides with minimum standard lath and plaster or 1/2-inch drywall over 2” x 4” studs.

**R 400.8515 (2)(c)-(4)**

**Construction.**

**(2) If child occupancy is on the second floor, then all of the following are required:**
**(c) All door openings contained in subdivision (b) of this subrule shall meet all of the following requirements:**
**(i) Be protected with 1¾-inch** *flush* **solid core wood doors** *or 20-minute labeled fire-rated doors***.**
**(ii) Be installed in fully stopped smoke-tight, substantial frames.**

**(iii) Be equipped with approved self-closing devices and non-locking-against-egress positive latching hardware.**

**(3) If child occupancy is above the second floor, then both of the following shall be required:**

**(a) The building be of 1-hour fire-resistive construction.**

**(b) All required stairways and other vertical openings be enclosed by a minimum 1-hour fire-resistive construction to provide a protected means of egress to the outside** *with proper termination to* **grade.**

**(4) If any portion of a basement is used** *for more than 30 children*, **then 1 of the following provisions shall be required:**

**(a) Two enclosed stairways of 1-hour fire-resistant construction shall discharge directly to the outside** *with proper termination to* **grade, and all openings in the stairways shall be protected by** *a minimum of 1-hour or* **"B" labeled fire doors and frame assemblies.**

**(b) One approved exit from the occupied room or use area shall discharge directly to the outside** *with proper termination to* **grade. Travel distance from any point in this room or area to this exit shall be less than 50 feet.**

*(c) Two exits comprised of any combination of subdivisions (a) and (b) of this subrule*.

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**R 400.8515 (5)-(6) Construction.**

**(5) If basement occupancy is limited to not more than 30 children, then the following shall apply:**

**(a) One of the exits required by subrule (4) of this rule shall discharge directly to the outside** *with proper termination to* **grade or through a 1-hour fire-resistive enclosure.**

**(b) The second exit may terminate at the first floor level with an approved floor separation, meeting the requirements of standard partition construction, between the basement and the first floor.**

**(c) For new construction and conversions, the separation shall be located at the first floor with travel distance from the door to an approved exit not exceeding 100 feet.**

**(6) All vertical openings and stairways that are not required shall be constructed and arranged with effective fire and smoke separation under the requirements of standard partition construction. All door openings shall be as follows:**

**(a) Protected with 1¾-inch** *flush* **solid core wood doors** *or 20-minute labeled fire-rated doors*.

**(b) Installed in fully stopped smoke-tight substantial frames.**
**(c) Equipped with approved self-closing devices and non-locking-against-egress positive latching hardware.**

Technical Assistance

"Standard partition construction" means a substantial smoke-tight assembly consisting of walls, in conjunction with ceilings at which they terminate, that are covered on both sides with minimum standard lath and plaster or 1/2-inch drywall over 2" x 4" studs.

**Note:** Except as otherwise noted, technical assistance to meet this rule may be obtained by contacting the Bureau of Community Health Systems, Environmental Health and Safety Section, Child Care and Camps Unit at BCHS-CCCCampFireInsp@michigan.gov or 517-285-0128.

**R 400.8520 (1)-(4)** **Interior finishes.**

**(1) The classifications of interior finishes for flame spread and smoke development in Table 1 shall be used as follows:**

| TABLE 1<br>FLAME SPREAD AND SMOKE DEVELOPMENT<br>FOR INTERIOR FINISHES | | |
|---|---|---|
| **Class** | **Flame Spread** | **Smoke Developed** |
| **A OR I** | **0-25** | **0-450** |
| **B OR II** | **26-75** | **0-450** |
| **C OR III** | **76-200** | **0-450** |

**(2) Basic materials in a means of egress and basement use occupancies shall be class A or I or B or II.**

**(3) Basic materials in all other areas shall be class C or III.**

**(4) Interior finish material more hazardous than class C or III shall be prohibited in child use areas.**

Technical Assistance

The QFI must document the interior finish classification of any questionable wall or ceiling finishes.

Cardboard, asphalt paper, foam plastics, cork, corkboard, or other highly combustible materials must not be used for the interior finish of any child-occupied room or space. Carpeting must not to be used as wall or ceiling finishes. See subrule (8) for requirements applicable to other textile materials.

**R 400.8520 (5)-(9)** **Interior finishes.**

**(5) If an approved automatic sprinkler system is installed** *and maintained in accordance with NFPA-13 and NFPA-25*, **then class C** *or III* **interior wall and ceiling finish materials shall be permitted in any location where class B** *or II* **is required and class B** *or II* **interior wall and ceiling finish materials shall be permitted in any location where class A** *or I* **is required.**

**(6) In an existing licensed center or conversion, existing interior finishes which do not comply with the classifications in subrule (1) of this rule may have their surfaces protected with an approved fire-retardant coating to meet the classifications for interior finishes. The coatings shall be applied to interior finishes that are attached to, or furred out not more than 1 inch from a noncombustible backing and applied according to manufacturer's recommendations.** *Documentation shall be provided as required by the department.*

**(7) Interior finish materials of classes B** *or II* **and C** *or III* **which are less than 1/4 inch in thickness shall be applied directly against a noncombustible backing or shall be furred out not more than 1 inch unless the tests under which such material has been classed were made** *without a backer***.**

**(8) Centers licensed** *before December 7, 2006* **may retain previously approved fire retardant coated interior finishes.**

**(9) Textile materials having a class A or I rating and used as an interior finish shall be permitted as follows:**

**(a) On walls or ceilings of rooms or areas protected by an automatic sprinkler system approved by the department.**

**(b) On room partitions that are less than ¾ of the floor-to-ceiling height not to exceed 8 feet in height.**

**(c) To extend up to 4 feet above the finished floor on ceiling-height walls and ceiling-height partitions.**

**(d) Textile materials shall be permitted on walls and partitions where tested in accordance with and meeting the standards of NFPA-265.** *If compliance is achieved by application of a flame-proofing product in accordance with NFPA-701, documentation shall be provided as required by the department.*

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**R 400.8520 (10)-(13)**

**Interior finishes.**

**(10) Drapery material may be used for stage curtains, room dividers, and similar uses if the material has been tested and approved in accordance with NFPA-701.**

**(11) Drapery material applied to surfaces of a facility as an interior finish shall meet the requirements of subrule (9) of this rule.**

**(12) All vinyl and wooden wall dividers shall meet the interior finish requirements of subrule (1), (2) and (3) of this rule, as applicable.**

**(13) Bulletin boards shall meet the interior finish requirements of subrule (2) and (3) of this rule.**

Technical Assistance

It is the center's responsibility to provide documentation that textile materials (9), drapery materials (10-11), interior finishes of wall dividers (12), and bulletin boards (13) meet these requirements. If the center cannot document compliance, the textile or drapery material, wall divider or bulletin board must be removed.

Documentation that textile materials, drapery materials, interior finishes of wall dividers, and bulletin boards meets the required standards includes, but is not limited to:

- Test report from a nationally recognized testing laboratory such as Underwriters Laboratory.
- Manufacturer's product information.

Examples of dividers include:
- Accordion style.
- Folding.
- Movable partitions.

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**R 400.8520 (14)** **Interior finishes.**

*(14) Combustible materials and decorations may be displayed on walls, not to exceed 20% of each wall in each room. Combustible materials and decorations suspended from or near the ceiling are prohibited.*

Rationale

When more than 20 percent of the wall space is covered with paper materials, the fire resistance value of the wall protection is voided.

Technical Assistance

Limit the amount of combustible materials on the walls and bulletin boards to a maximum of 20 percent of each wall in each room and hallway, not including required postings such as the center's license, emergency numbers, hand washing signs. Children's artwork and other postings required by the Program Quality Assessment and other program standards are not considered required postings.

***Exception:*** If paper materials have been treated with an approved flame retardant, they can exceed the 20 percent rule. If the item was treated with a flame retardant, a signed affidavit verifying the type of product used, who the installer was, the date the work was completed, and whether products were installed per the manufacturer's recommendations is needed. A copy of the manufacturer's flame spread, smoke density specifications is also needed.

Suspended from or near the ceiling means hanging freely near or from the ceiling. Combustible items that are completely attached to the wall near the ceiling, such as alphabet letters, are acceptable.

***Exception:*** Licensing allows signs designating areas, such as a reading area. In addition, items, such as textile decorations, can be hung from the ceiling if they meet the requirements of NFPA-701 or have been treated with an approved flame retardant. If the item was treated with a flame retardant, a signed affidavit verifying the type of product used, who the installer was, the date the work was completed, and whether products were installed per the manufacturer's recommendations is needed. A copy of the manufacturer's flame spread, smoke density specifications is also needed.

**Note:** Except as otherwise noted, technical assistance to meet this rule may be obtained by contacting the Bureau of Community Health Systems, Environmental Health and Safety Section, Child Care and Camps Unit at BCHS-CCCCampFireInsp@michigan.gov or 517-285-0128.

**R 400.8525 (1)-(3)** **Exits.**

**(1) Except as referenced in R 400.8515(4)(b) and 400.8525(2)(c), each occupied floor shall have not less than 2 approved exits directly to the outside** *with proper termination to grade*, **remote from each other** *by 50% of the longest dimension of the floor or area served*, **and occupied rooms within the center shall be located between means of egress, unless a first floor, self-contained, occupied room has an approved exit direct to the outside** *with proper termination to* **grade with a maximum travel distance of 50 feet from the most remote point in the room to the exit.**

**(2) Travel distance to an exit shall be as follows:**

**(a) For infants and toddlers, travel shall be 50 feet or less from the door of the occupied room to the exit.**

**(b) For** *preschoolers and* **school-age***rs*, **travel shall be 100 feet or less from the door of the occupied room to the exit.**

**(c) Buildings having complete automatic sprinkler protection may increase their travel distances by 50 feet.**

**(d) Those areas approved before** *July 1, 2000* **are exempt from the requirements of this rule.**

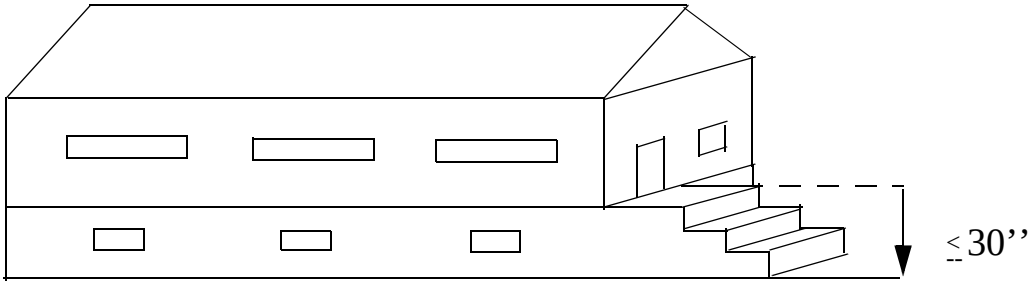
**(3) For all centers initially licensed after** *December 6, 2006*, **programs with infants and toddlers shall have exits** *with proper termination and within 30 inches of* **grade or exits properly ramped to grade.**

Rationale

Facilitates evacuation from the center in the event of fire or other emergency.

Technical Assistance

If the elevation from the child care level to the outside is more than 30 inches, ramping is required.




R 400.8375(2)(e) requires ramps to have a minimum rise-to-run ratio of 1-to-12.

**R 400.8525 (4)** **Exits.**

**(4) Exit doors and all doors in the means of egress shall be side-hinged and equipped with knob, or lever-type, non-locking-against-egress or panic-type hardware.**

Rationale

Facilitates the evacuation of the center in the event of a fire or other emergency.

Technical Assistance

Doors (to classrooms, bathrooms, nap rooms, etc.), which are along the required path of travel from anywhere in the building that is child-occupied, must be equipped with hardware that can be opened with a single motion even if the door itself is locked. The following ways to open a door with a single motion are acceptable:

- Turning a knob
- Pushing a handle.
- Using panic-type hardware. Panic-type hardware is opened by pressure in the direction of travel.

Safety gates and half or quarter doors are acceptable if they can be opened with a single motion and do not reduce the minimum required widths as required by subrules (10) and (11) of this rule.

If a center chooses to use locks on exterior doors that prevent opening from the outside, the door must open with a single motion during egress from the building.

Door hardware that requires more than one motion must not be used on doors that are a part of the required means of egress. Examples include, but are not limited to:

- Door knobs that require turning a small locking button in the center of the door knob before turning the knob itself in order to open the door.
- Chain locks.
- Dead-bolt locks that require the use of a key or the turn of a thumb latch from the inside to unlock.
- Hook-and-eye locks.
- Sliding bolts and other similar devices.

**Note:** If considering the use of thumb bolts, approval must be obtained from the Environmental Health and Safety Section, Child Care and Camps Unit or a Qualified Fire Inspector.

Sliding doors must not be used anywhere along the required means of egress.

***Exception:*** An interior sliding door can be along the required means of egress if it is permanently fixed in its track in its fully open position.

Where such a condition exists, a signed statement from the licensee must also be obtained verifying that the doors will be secured in their fully open position during all times that the child care program is in session. Approved methods of securing a sliding door or sliding partition, include but are not limited to:

- Placing a bolt through the track.
- Placing a padlock in the track.
- Using a light cable or chain and padlock to secure the door to the wall to keep it open.

**Note:** There are classroom door barricades available that are designed to keep out intruders during lock-down emergencies. These barricades come with a lock-down device that, during a lock-down drill or in an actual lock-down emergency, is attached to or inserted behind the classroom door. These barricades are not considered door hardware and may be used when they comply with all of the following:

- The barricade will only be used during lock-down drills and actual lock-down emergencies.
- When not in use, the lock-down device must be kept off of the door and out of the reach of children. For example, it may be kept in a teacher's drawer or a designated cabinet or secured with a magnet away from the door and out of the reach of children.
- The barricade has been approved by licensing and the Environmental Health and Safety Section, Child Care and Camps Unit.

To date, only The BOOT™ from The Lockdown Company has been approved by licensing and the Environmental Health and Safety Section, Child Care and Camps Unit.

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**R 400.8525 (5)** **Exits.**

**(5)** *Exit doors and* **doors in rooms occupied by 21 or more children shall swing in the direction of egress.**

Rationale

Facilitates evacuation from the center in the event of fire or other emergency.

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**R 400.8525 (6)** **Exits.**

**(6) Means of egress shall be maintained in an unobstructed, easily traveled condition at all times that the center is in operation. Means of egress shall not be exposed to inherent hazards of the building, including heating plant, flammable storage, commercial kitchen, or other similar conditions.**

| | |
|---|---|
| Rationale | Facilitates evacuation from the center in the event of fire or other emergency. |
| Technical Assistance | Doorways, hallways, entrance ways, and any other areas used as part of the means of egress from a building must be maintained so they are free of obstructions that may catch fire or hinder evacuation. These areas must not be used for storage. Built-in cubbies, lockers or coat hooks are permitted providing they don't impede the means of egress.<br><br>All fire doors to hazard rooms must be kept in their fully closed and latched position anytime children are in care unless otherwise approved by the department or Environmental Health and Safety Section, Child Care and Camps Unit. |

**R 400.8525 (7)-(12) Exits.**

**(7) In new construction, additions,** *remodeling,* **and conversions, there shall be a floor or landing on each side of an exit door. The floor or landing shall be at the same elevation on each side of the door except for variations in elevation due to differences in finish materials, which** *shall* **not exceed ½ inch.**

**(8)** *In conversions,* **landings shall have a width not less than the width of the stairway or the width of the door, whichever is greater. Landings shall have a length not less than the width of the door.**

*(9) In new construction, additions, and remodeling, landings shall comply with the latch-side clearance requirements of sections 404.2.3 through 404.2.3.5 of the international code council/American national standards institute standard A117.1 (ICC/ANSI A117.1), 2003, accessible and usable buildings and facilities. Sections 404.2.3 through 404.2.3.5 of ICC/ANSI A117.1 are hereby adopted by reference. Copies of the adopted matter may be purchased from the international code council at www.iccsafe.org or 1-800-786-4452.*

**(10) For new construction, additions,** *and remodeling***, an exit door shall be not less than 36 inches in width. Doors to multiple-use bathrooms shall not be less than** *32* **in width.**

**(11) For the conversion of an existing building, exterior exit doors shall be not less than 36 inches in width. Other use room doors shall be not less than 28 inches in width. Single-use toilet room doors shall not be less than 24 inches in width. Any remodeled door openings, other than door swing, shall comply with subrule (10) of this rule.**

**(12) Centers licensed before** *December 7, 2006* **may retain previously approved door widths.**

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**R 400.8525 (13)** **Exits.**

**(13) Exterior exits shall be marked or denoted by an approved exit sign. All exit signs shall be distinctive in color and shall provide contrast with decorations, interior finish, or other signs. Each exit sign shall have the word "exit" in plain, legible letters not less than 6 inches high on a background of contrasting color with strokes not less than ¾-inch wide.**

Rationale: Facilitates the evacuation of the center in the event of fire or other emergency.

Technical Assistance: Exit signs must be placed above or in a highly visible location next to each exterior door that is designated for exiting. Exterior doors that are not used for exiting are not required to have an exit sign providing there are enough designated exits.

An exit sign may be purchased or home-made as long as the sign meets the rule specifications.

Consultation: Lighted exit signs are recommended.

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**R 400.8525 (14)** **Exits.**

**(14) When nighttime care is provided, the center shall have exits** *with proper termination and within 30 inches of* **grade or exits properly ramped to grade.**

Technical Assistance: Levels that are properly ramped to grade with approved barrier free ramps at all required exits will be considered to have exits directly to grade and may be occupied for nighttime care. An approved barrier free ramp must not exceed a 1:12 slope and must have adequate handrails and wheel guards on any open sides.

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**R 400.8525 (15)** **Exits.**

*(15) When nighttime care is provided, exit signs shall be illuminated and emergency lighting provided at exits.*

Rationale: Facilitates evacuation from the center at night in the event of fire or other emergency.

| | |
|---|---|
| Technical Assistance | This rule applies to all licensed centers providing nighttime care. |

**Note:** Except as otherwise noted, technical assistance to meet this rule may be obtained by contacting the Bureau of Community Health Systems, Environmental Health and Safety Section, Child Care and Camps Unit at BCHS-CCCCampFireInsp@michigan.gov or 517-285-0128.

**R 400.8530 (1)-(3) Hazard Areas.**

**(1) Hazard areas shall be separated from the parts of the building used as a center in the following manner:**

**(a) In centers licensed before June 4, 1980, areas used for the storage of combustibles and other hazard areas will continue to be approved if they are enclosed with a minimum ¾-hour fire resistive construction and doorways to the areas are protected with a minimum 1¾-inch** *flush* **solid core wood or** *20-minute labeled fire-rated* **doors equipped with approved self-closing devices and positive latching hardware.**

**(b) In centers licensed between June 4, 1980 and July 1, 2000, the following shall apply:**

**(i) Where the area used for the storage of combustibles exceeds 100 square feet, by construction having a minimum 1-hour fire resistance rating, openings in the separation shall be protected with a** *minimum of 1-hour or* **"B" labeled fire door and frame assembly, including an approved self-closing device and positive latching hardware.**

**(ii) Where the area used for the storage of combustibles does not exceed 100 square feet, by construction having a minimum ¾-hour fire resistance rating, all door openings shall be protected by minimum 1¾-inch** *flush* **solid core wood doors or** *20-minute labeled fire-rated doors* **hung in substantial frames and equipped with approved self-closing devices and positive latching hardware.**

**(c) In centers licensed after July 1, 2000, all of the following shall apply:**

**(i) Where the area used for the storage of combustibles exceeds 100 square feet, by construction having a minimum 1-hour fire resistance rating, openings in the separation shall be protected with a** *minimum of 1-hour or* **"B" labeled fire door and frame assembly, including an approved self-closing device and positive latching hardware.**

**(ii) Where the area used for the storage of combustibles does not exceed 100 square feet, by construction having a minimum 1-hour fire resistance rating. All door openings shall be protected by minimum 1¾-**

**inch** *flush* **solid core wood doors** *or 20-minute labeled fire-rated doors* **in substantial frames and equipped with approved self-closing devices and positive latching hardware.**

**(2) Where a kitchen with commercial cooking equipment exposes a required means of egress or** *child* **use area, it shall be separated from the remainder of the building with minimum 1-hour fire resistive construction including** *a minimum of 1-hour or* **"B" labeled fire door and frame assemblies in all common openings. Kitchens having commercial cooking equipment protected by an approved automatic kitchen hood suppression system are exempt from this requirement.**

**(3)** *The use of* **an incinerator** *is prohibited***.**

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**R 400.8530 (4)** **Hazard Areas.**

**(4) Heating shall be by a central heating plant or an approved permanently installed electrical heating system. If heating is provided by a central heating plant and located on the same floor that is used for child occupancy, it shall be installed in an enclosure providing not less than a 1-hour fire-resistive separation, including a** *minimum of 1-hour* **or "B" labeled fire door and frame assembly equipped with an approved self-closing device and positive latching hardware in any interior door opening. Door openings for heat plant enclosures not located on the same floor that is used for child occupancy may have 1¾-inch** *flush* **solid wood core doors** *or 20-minute labeled fire-rated doors* **having positive latching hardware and an approved self-closing device. Air for proper combustion***, a minimum of 1 square inch per 4,000 BTUs input,* **shall be provided directly from the outside through a permanently opened louver or** *metal* **duct.**

Rationale

Properly enclosing heating equipment in a heating plant room reduces the risk that fire from heating equipment would spread throughout the building. Without a sufficient source of combustion, heating units that burn fuel with a flame will be inefficient and can produce more toxic by-products. The storage of combustible items in a heating plant room increases the risk of fire.

Technical Assistance

**Note:** A 1¾-inch flush solid wood core door is not required in door openings for heat plant enclosures not located on the same floor that is used for child occupancy. The doors may be a 1¾-inch flush solid core wood door or a 20-minute labeled fire-rated door.

Doors to heating plant rooms must not be propped open or have the self-closing device removed or disabled. The door must swing shut and close completely on its own.

Combustible materials include any item that will readily ignite when subjected to flame. Most materials are combustible. Non-combustible materials include, but are not limited to, masonry items, all-metal items, or glass items.

Examples of **prohibited combustible items** include, but are not limited to:

- Cardboard boxes.
- Plastic containers.
- Wooden items.
- Paper products.
- Lawn mowers or snow blowers.
- Christmas decorations.
- Clothing.

Examples of **permitted items** include, but are not limited to:

- Light bulbs.
- A refrigerator.
- Snow salt.
- Tools.
- Equipment or materials necessary for the maintenance of the heating equipment.

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**R 400.8530 (5)-(7) Hazard Areas.**

**(5) In centers** *licensed before December 7, 2006*, **a properly installed heating plant located in a basement which is not used for child occupancy does not require additional protection where there is a qualified fire separation and with at least a 1¾-inch** *flush* **solid core wood doors** *or 20-minute labeled fire-rated doors* **hung in a substantial frame and equipped with an approved self-closing device and positive latching hardware in all stairway openings.**

**(6) Any fuel-fired water heater or other similar equipment shall be located according to subrule (4) or (5) of this rule, as applicable.**

**(7) Where electric heating is used, it shall be underwriters' laboratories, inc. listed, permanent, fixed-type electrical heating such as recognized panel or baseboard fixed-type. Electric heating which complies with this requirement may be installed in any location.**

**R 400.8530 (8)** **Hazard Areas.**

**(8) Auxiliary heating units, such as portable combustion or electrical types, are prohibited.**

Technical Assistance

This rule applies to all areas of the center, including offices and storage areas.

Examples of auxiliary heating units include:
- Kerosene heaters.
- Oil-filled heaters.
- Electric heaters.
- Ceramic heaters.
- Wood burning stoves.
- Fire places.

**R 400.8530 (9)-(10)** **Hazard Areas.**

**(9) The center shall not store flammable materials, including fuels, pressurized cans, cleaning fluids and supplies, polishes, and matches, in heat plant enclosures. These items may be stored outside of child use areas in metal cabinets or storage facilities accessible only to authorized personnel.**

**(10) The center shall not store combustible materials within the central heating plant or fuel-fired water heater rooms or in basements containing fuel-fired heating equipment, without a proper fire separation.**

Rationale

Assures for the safety of children and adults. Flammable and combustible materials can intensify fires.

**R 400.8530 (11)** **Hazard Areas.**

**(11) The center shall not permit** *flammable gases, gasoline, or* **gasoline-powered equipment in the part of a building which is used as a center or in other parts of the building from which there is a door, window, or other opening into the center, unless that part of the building is separated from the remainder of the building by minimum 2-hour fire resistive construction.**

Technical Assistance

Examples of gasoline-powered equipment include, but are not limited to:
- Lawn mowers, riding or push.

- Snow blowers.
- Tractors.
- Weed-wackers or trimmers.
- Leaf blowers.

Examples of flammable gases, include but are not limited to:

- Propane and propane cylinders.
- Butane.
- Acetylene.
- Ammonia.

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**R 400.8530 (12)-(13)**

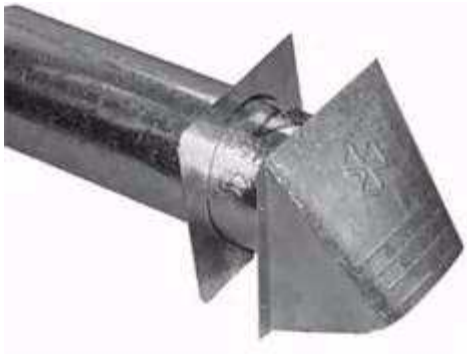
**Hazard Areas.**

**(12) If commercial-type laundry equipment is installed, then the equipment shall be enclosed to provide a 1-hour resistance to fire, including a** *minimum of 1-hour or* **"B" labeled fire door and frame assembly in an interior door opening which would expose the center.**

*(13) Dryer vents shall be metal and vented completely to the exterior.*

Technical Assistance

Acceptable metal dryer vent:



Acceptable flexible metal (aluminum) dryer vent:

Unacceptable foil dryer vent and unacceptable plastic vent cover:

**R 400.8530 (14)-(16)**

**Hazard Areas.**

**(14) Fire dampers shall not be required in ¾-hour and 1-hour fire-resistive enclosures.**

*(15) All appliances and equipment in the center shall be installed and maintained in accordance with their manufacturer's specifications.*

*(16) Centers shall be kept free of all conditions that constitute fire safety hazards.*

**Note:** Except as otherwise noted, technical assistance to meet this rule may be obtained by contacting the Bureau of Community Health Systems, Environmental Health and Safety Section, Child Care and Camps Unit at BCHS-CCCCampFireInsp@michigan.gov or 517-285-0128.

**R 400.8535 (1)** **Fire alarm.**

**(1) In any building used as a center, an approved fire alarm,** *either electrical or manual,* **shall be established.**

Rationale

Notifies occupants of the building of a fire emergency.

Technical Assistance

The noise the signal makes must be separate and distinct from other sounds in the building and must be heard throughout the facility.

In centers with less than 61 children or using less than five rooms (excluding toilet rooms, storage rooms or other areas which are strictly staff-occupied areas but including any approved child use rooms, including gymnasiums, cafeterias, libraries, computer labs, etc. even if they are not used on a daily basis.), the fire alarm may be a manual device such as a manual bell or whistle. The manual device must be loud enough to be heard throughout the entire area used as the center.

This manual device must be kept where it is readily visible and accessible at all times. The device must be used to sound actual alarms or alarm drills only. It must not be used for any other purpose.

**R 400.8535 (2)** **Fire alarm.**

**(2) In centers of more than 4 child-occupied rooms, excluding bathrooms, or in centers licensed for more than 60 children, an approved fire alarm system shall be installed** *and maintained in compliance with NFPA-72***.**

Technical Assistance

Any approved child use rooms, including gymnasiums, cafeterias, libraries, computer labs, etc. all count as a room occupied by children for the purpose of this rule, even if they are not used on a daily basis.

**Note:** If two or more child care centers are occupying one area of building and the total capacity is more than 60 children or more than 4 child-occupied rooms are being used, a fire alarm system is required.

An approved fire alarm system is an electrical closed circuit, self-supervised local system for sounding an alarm. The system is composed of the following:

- Central panel.
- Manual pull stations near all outside exits.

- Audible signal devices.
- Remote trouble annunciator, where warranted.

The fire alarm device needs to be an electrical device with manual pull stations near every required exit from the building. The system must be closed-circuit and self-supervised and must have a means of indicating trouble in the system.

**Note:** If a center was required by this subrule to have a fire alarm system and then reduces its capacity or number of rooms used, the center must continue to use the fire alarm system. This requirement also applies when there is a change in licensee.

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**R 400.8535 (3)** **Fire alarm.**

**(3) In new construction, conversions, remodeling, or new licensed centers, the trouble signal for required fire alarm systems shall be located in an area normally occupied by** *child care* **staff.**

**Note:** Except as otherwise noted, technical assistance to meet this rule may be obtained by contacting the Bureau of Community Health Systems, Environmental Health and Safety Section, Child Care and Camps Unit at BCHS-CCCCampFireInsp@michigan.gov or 517-285-0128.

**R 400.8540 (1)** **Smoke detectors; carbon monoxide detectors.**

**(1)** *After July 1, 2000,* **newly constructed centers, additions, and conversions shall** *at a minimum* **be equipped with approved single station smoke detectors covering all use areas and their means of egress.** *These smoke detectors shall be located and spaced according to NFPA-72.*

Technical Assistance

This rule applies to any proposed conversion of an existing building to a newly licensed child care center.

The minimum detection required is single-station, battery-operated smoke detectors distributed such that adequate protection of all program use areas and the required means of egress is provided.

Consultation

If using battery powered detectors, centers should use ones that will alert the occupants when battery power is low or when a battery is missing.

**R 400.8540 (2)** **Smoke detectors; carbon monoxide detectors.**

**(2)** *Centers with any fuel-fired heating systems shall have a* **carbon monoxide detector,** *listed* **by a** *nationally* **recognized testing laboratory, on all levels approved for child care** *and in each use area covered by a different furnace zone***.**

Rationale

Carbon monoxide is a colorless, odorless, poisonous gas formed when carbon-containing fuel is not burned completely and can cause death by asphyxiation.

Carbon monoxide may be created from any of the following:

- A clogged chimney.
- A corroded or disconnected water heater vent pipe.
- Gas or wood burning fireplaces.
- A cracked or loose furnace exchange.
- An improperly installed kitchen range or vent.

Consultation

If using battery powered detectors, centers should use ones that will alert the occupants when battery power is low or when a battery is missing.

**R 400.8540 (3)** **Smoke detectors; carbon monoxide detectors.**

**(3) Centers shall properly install and maintain all detectors in operable condition in accordance with manufacturer's recommendations.**

**Note:** Except as otherwise noted, technical assistance to meet this rule may be obtained by contacting the Bureau of Community Health Systems, Environmental Health and Safety Section, Child Care and Camps Unit at BCHS-CCCCampFireInsp@michigan.gov or 517-285-0128.

**R 400.8545 (1)-(2)** **Fire extinguishers.**

**(1) Multipurpose fire extinguishers, having ratings of not less than 2A-10BC, shall be installed in or adjacent to the kitchen or cooking area and in or adjacent to the door of the heating plant room.**

**(2) The requirement of having additional multipurpose fire extinguishers with ratings of not less than 2A-10BC shall be determined by** *the department or a department-approved qualified fire inspector* **and shall be based on the capacity of the center and on other conditions in the facility.**

Technical Assistance

The rating/classification is located on the exterior of the fire extinguisher:

**R 400.8545 (3)** **Fire extinguishers.**

**(3) Fire extinguishers shall be properly mounted, inspected, and maintained in accordance with NFPA-10. The fire extinguisher shall bear a tag indicating the last date of inspection or service and the initials of the person who performed the inspection or service.**

Rationale

If flames are present in the means of egress, a fire extinguisher can be used to facilitate exiting. Small fires may be safely extinguished with a functional fire extinguisher.

Technical Assistance

National Fire Protection Association standards require the following:

**Inspections**
Inspections must be done when the fire extinguisher is initially placed into service and then approximately every 30 days. This inspection may be performed by center staff. All of the following must be checked:

- Extinguisher is located in a designated place.
- Extinguisher is accessible and visible with no obstructions.
- Pressure gauge reading or indicator is in the operable range or position.
- Extinguisher is free from obvious physical damage, corrosion, leakage.
- Nozzle is not clogged.
- Tamper strap is intact.

The date of the inspection and initials of the person who performed the inspection must be recorded on a tag or label attached to the extinguisher or recorded and maintained in a way that provides for a permanent record.

**Maintenance**
Maintenance of fire extinguishers must occur annually and be performed by trained persons who have access to the appropriate servicing manuals, tools, parts, recharge materials, etc. Maintenance includes repair, recharging or replacement as needed. Persons performing annual maintenance must attach a tag or label to the extinguisher denoting who performed the maintenance and the month and year it occurred.

**Note:** There are two types of fire extinguishers - disposable and rechargeable. If the fire extinguisher pressure gauge on a disposable extinguisher shows that the charge is in the red zone, it must be replaced. When a rechargeable fire extinguisher shows a pressure gauge reading in the red, it must be recharged by a fire extinguisher

service. Rechargeable fire extinguishers have a projected service life of about 25–35 years.

Refer to R 400.8158(1)(d) if the fire extinguisher is used.

Consultation

Fire extinguishers should be wall mounted with the top of the extinguisher not more than five feet from the floor and the bottom no less than four inches from the floor.

While rechargeable fire extinguishers have a projected service life of about 25–35 years, note that an extinguisher that was the best available 30 years ago may not be acceptable for modern fire protection needs.

**Note:** Except as otherwise noted, technical assistance to meet this rule may be obtained by contacting the Bureau of Community Health Systems, Environmental Health and Safety Section, Child Care and Camps Unit at BCHS-CCCCampFireInsp@michigan.gov or 517-285-0128.

**R 400.8550 (1)-(3)** **Electrical service.**

**(1) The electrical service shall be maintained in a safe condition.**

**(2) For new construction and additions, electrical systems and service shall be inspected and approved by the electrical inspecting authority having jurisdiction. A copy of the certificate of approval shall be maintained at the center at all times.**

**(3) When warranted, conversions of existing buildings and existing rooms to child care use, as well as existing licensed centers, may require an electrical inspection.**

**R 400.8550 (4)** **Electrical service.**

**(4) Extension cords, listed by a nationally recognized laboratory, and used in accordance with all manufacturer's recommendations, may be used on a temporary basis, and for short periods of time.**

Rationale

Electrical malfunction in an extension cord can cause fire. There is a risk of electric shock if a metal object is poked into the extension cord socket. Extension cords can be a trip hazard.

Technical Assistance

A temporary basis means use for a limited time for a specific occasion, such as to center a projector for a presentation or to position a television and DVD player to watch a movie.

Consultation

The use of extension cords at any time is discouraged. If extension cords are used on a temporary basis, they should not be placed through doorways, under carpeting or across water-source areas.

**R 400.8550 (5)** **Electrical service.**

**(5) All electrical outlets in child use areas for children who are not yet school-age shall be made inaccessible to children.**

Rationale

Preventing children from placing fingers or sticking objects into exposed electrical outlets will prevent electrical shock, electrical burns and potential fires.

Technical Assistance

Methods that make outlets inaccessible to children include, but are not limited to the following:

- Spring-loaded outlet covers that replace the outlet face and stay in place when the receptacle is not in use.
- Cap-type cover that screws into the outlet.
- Plastic inserts may be used if they:
  - Are tight fitting.
  - Cannot be removed by children.
  - Are replaced after use of the outlet.
- Hospital grade outlets with internal plastic protector.

Consultation

Various effective and inexpensive outlet safety devices can be found in home hardware or baby stores.

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**R 400.8550 (6)** **Electrical service.**

**(6) All electrical outlets in approved child care space located within 6 feet of a sink or other water source shall be protected by a ground-fault circuit interrupter (GFCI).**

Rationale

Eliminates shock hazards. A slight shock may be fatal to a child.

Technical Assistance

This rule applies to new and existing centers.

Generally, ground-fault circuit interrupters (GFCI) can be identified by the test buttons. However, in some electrical systems, the GFCI is located in the circuit box or there may be an independent outlet controlling nearby outlets.

Consultation

It is recommended that all outlets with a GFCI be tested once every three months using the test button located on the device.

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**R 400.8550 (7)** **Electrical service.**

*(7) Power strips shall be equipped with surge protectors and shall not be longer than 6 feet or be connected to another power strip.*

**R 400.8555 (1)** **Open flame devices; candles.**

**(1) All open-flame devices, candles,** *and incense* **are prohibited, except for religious celebrations.**

Rationale

Assures for the safety and well-being of children.

Technical Assistance

Open-flame devices include, but are not limited to, candles (tea lights, votives, etc.), matches, lighters, kerosene lanterns, and sterno cans.

The use of religious celebration candles and incense requires direct adult supervision.

**Note:** Except as otherwise noted, technical assistance to meet this rule may be obtained by contacting the Bureau of Community Health Systems, Environmental Health and Safety Section, Child Care and Camps Unit at BCHS-CCCCampFireInsp@michigan.gov or 517-285-0128.

**R 400.8560 (1)-(2)** **Multiple occupancy.**

**(1) Multiple occupancy of a building may qualify for licensure if the entire building does not present a life safety hazard. A center currently licensed in such a building may continue as long as such occupancies do not change in character.**

**(2) A building, part of which is used for hazardous operations or for occupancy that is unpredictable, such as taverns, garages, repair shops, and industrial operations, shall not be permitted for center use. However, an exception may be made for a vocational education center approved by the department** *of licensing and regulatory affairs***.**

Rationale Assures for the safety of children and adults.

**R 400.8565** **Fire safety; exemptions for public and nonpublic school buildings.**

**(1) The rules with respect to fire prevention and fire safety shall not apply to a center established and operated by an intermediate school board, the board of a local school district, or by the board or governing body of a state-approved nonpublic school,** *or by* **a person or entity with whom a school contracts for services, if the center is located in a school building that is approved by the state fire marshal or other similar authority.**

Rationale

The Child Care Organizations Act (1973 PA 116) exempts centers established and operated by public and private schools from the fire safety rules, if the center is located in a school building that has been approved by the state fire marshal or the Bureau of Fire Services (BFS).

It is reasonable to allow child care children to be cared for in a school building that has been approved as safe for school children.

Technical Assistance

To be considered a school under the School Code (1976 PA 451, MCL 380.1561), the building must be used for instruction of children in kindergarten or higher.

If a center is located in a building currently operating as a school that has been approved by the state fire marshal or similar authority, PA 116 and this rule exempts the center from the fire safety rules. This exemption applies to the following:

- Centers established and operated by public or private schools.
- A person or entity with whom the school contracts for child care services.
- A person or entity who leases space to provide child care services.

**Note:** Portable buildings located on the same property with a school building used for instruction of children in kindergarten or higher are considered a school for purposes of this rule and are exempt from fire safety rules if children in the grade of kindergarten or higher are using the portable building.

For all programs located in public or private school buildings operating as schools, regardless of the sponsor or age groups served, the applicant/licensee must provide one of the following:

1. A copy of previous approval from BFS or the state fire marshal.

2. A statement from the school district superintendent using the Certification of School Building Compliance with Fire Safety Provisions (BCAL-5043) form indicating all of the following:

- The building has been approved for school use based on the 1973 school fire safety codes.
- The building has been continuously used as a public or non-public school since the fire safety approval was issued.
- Any changes to the building since the school's original fire safety approval have been reviewed and approved by the state fire marshal or BFS.

3. A fire safety inspection.
   **Note:** If a fire safety inspection is obtained, the center is required to correct any violations noted in the inspection report.

Legal Base for Fire Safety Inspection Requirements

Based on the following, the department does not require additional fire safety inspections when child care centers are located in school buildings used for the instruction of children in kindergarten or higher.

When a school building is being used exclusively for children under kindergarten, it no longer falls under the fire safety rule exemption allowed by MCL 380.1561. A fire inspection from a Qualified Fire Inspector is required.

**Revised School Code (1976 PA 451)**

*MCL 380.1561 Compulsory attendance at public school; enrollment dates; exceptions.*

Sec. 1561. (2) A child becoming 6 years of age before December 1 shall be enrolled on the first school day of the school year in which the child's sixth birthday occurs, and a child becoming 6 years of age on or after December 1 shall be enrolled on the first school day of the school year following the school year in which the child's sixth birthday occurs.

**Child Care Organizations Act (1973 PA 116)**

*MCL 722.112 Rules; ad hoc committee; review.*

Section 2 (4) The rules promulgated under this act shall be restricted to the following:

(e) The appropriateness, safety, cleanliness, and general adequacy of the premises, including maintenance of adequate fire prevention and health standards to provide for the physical comfort, care, and well being of the children received. However, the rules with respect to fire prevention and fire safety shall not apply to a child care center established and operated by an intermediate school board, the board of a local school district, or by the board or governing body of a state approved nonpublic school, if the child care center is located in a school building that is approved by the state fire marshal or other similar authority as provided in section 3 of Act No. 306 of the Public Acts of

1937, being section 388.853 of the Michigan Compiled Laws, for school purposes and is in compliance with the school fire safety rules, R 29.1 to R 29.298 of the Michigan administrative code, as determined by the state fire marshal or a fire inspector certified pursuant to section 2b of the fire prevention code, Act No. 207 of the Public Acts of 1941, being section 29.2b of the Michigan Compiled Laws.

**Child Care Center Administrative Rules**

*R 400.8565 Fire safety; exemptions for public and nonpublic school buildings.*

The rules with respect to fire prevention and fire safety shall not apply to a child care center established and operated by an intermediate school board, the board of a local school district, the board or governing body of a state-approved nonpublic school, or by a person or entity with whom a school contracts for services, if the child care center is located in a school building that is approved by the state fire marshal or other similar authority.

*R 400.8101 Definitions.*

(o) “School” means a building or part of a building which is owned or leased by, or under the control of, a public or private school or school system for the purpose of instruction as required by 1976 PA 451, MCL 380.1561 which is occupied by 6 or more students, and which is used 4 or more hours per day or more than 12 hours per week.

The definition of a “school-age” child in the rules is intended to clarify what administrative rules specifically apply to children of this age (ratio, program, records) and not to whether or not a building is in compliance with applicable statutes and administrative rules.

**R 400.8701 Definitions.**

**As used in this part:**

**(a) "Child passenger restraint device" means a device that is used to restrain a child weighing less than 65 pounds that meets the requirements of federal motor vehicle safety standard no. 213, child seating systems, 49 C.F.R. §571, revised 10-1-2002, and is hereby adopted by reference. Copies of the adopted matter may be obtained at no cost from the United States department of transportation at www.nhtsa.dot.gov/cars/rules.**

**(b) "Manufacturer's rated seating capacity" means the number of places or spaces provided by the manufacturer of a vehicle for the driver and passengers to sit while the vehicle is in motion.**

**(c) "Motor vehicle" means a self-propelled device in which persons are or may be transported upon a highway, which is built on an automobile or truck chassis, which is specifically designed by the manufacturer to transport passengers, or specially modified to transport handicapped passengers, and which meets the safety equipment requirements of the Michigan vehicle code, 1949 PA 300, MCL 257.683 to 257.714b.**

*(d) "Multifunction school activity bus" means a vehicle rated for 11 or more passengers, including the driver, built after September 2, 2003 to school bus specifications defined in the federal motor vehicle safety standards. A multifunction school activity bus cannot be used for transporting children directly between home, school bus stops, and school.*

Multifunction school activity buses comply with all minimum safety specifications as a school bus, except color, identification, and alternating flashing lights, as defined in 1990 PA 187, MCL 257.1801 to 257.1877.

**Note:** There was no vehicle designation multifunction school activity bus prior to September 3, 2003.

**(e) "Safety belt" means an automobile lap belt or lap-shoulder belt combination designed to restrain and protect a passenger or driver of a vehicle from injury.**

*(f) "School transportation" means transportation by a public, non-public, or private school.*

**(g) "Transportation" means the conveyance of children by means of a motor vehicle to or from a center and to and from all activities planned for children by or through the center.**

**(h) "Volunteer motor vehicle" means a motor vehicle not owned by, leased by, or registered to the center, or principle or employee of the center.**

**R 400.8710 (1)** **Transportation.**

**(1) If transportation other than public transportation or school transportation is provided, contracted, or sponsored by the center, all rules in this part apply.**

Rationale

Assures for the safety and well-being of children.

Technical Assistance

"School transportation" means transportation by a public, non-public, or private school.

Centers that use center owned vehicles, vehicles of staff or volunteers or other private transportation to transport children are required to follow all of the rules in Part 4. Transportation (R 400.8701 - 400.8770).

**Note:** If a center uses a school bus but is not part of a public, private or non-public school, all transportation rules apply.

Consultation

For a general summary of the transportation requirements outlined in rules 400.8701 - 400.8770, go to the Transportation Requirements for Child Care Centers at a Glance flowchart.

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**R 400.8710 (2)** **Transportation.**

**(2) If public transportation or school transportation is used, then only R 400.8760, 400.8770, and 400.8149 apply.**

Rationale

Assures that children are properly supervised while being transported and are not confined in a vehicle for long periods of time.

Assures that parents give permission for their children to be transported.

Technical Assistance

"School transportation" means transportation by a public, non-public, or private school.

**Note:** If a center uses a school bus but is not part of a public, private or non-public school, all transportation rules apply.

Consultation

For a general summary of the transportation requirements outlined in rules 400.8701 - 400.8770, go to the Transportation Requirements for Child Care Centers at a Glance flowchart.

**R 400.8710 (3)** **Transportation.**

**(3) If a parent makes a private arrangement for the transportation of his or her child, not including arrangements made with the center, the rules in this part do not apply.**

Rationale

Allows parents to make their own transportation arrangements.

Technical Assistance

Parents may choose to arrange transportation for their child with other parents, friends or public transportation services. When this occurs, the center is not responsible for ensuring the transportation rules are being followed.

Consultation

For a general summary of the transportation requirements outlined in rules 400.8701 - 400.8770, go to the Transportation Requirements for Child Care Centers at a Glance flowchart.

**R 400.8720 (1)** **All motor vehicles.**

**(1) All motor vehicles shall be in safe operating condition.**

Rationale: Assures for the safety and well-being of children and staff.

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**R 400.8720 (2)** **All motor vehicles.**

**(2)** *All* **motor vehicles,** *except multifunction school activity buses and school buses inspected by the department of state police as indicated in subrule (3) of this rule,* **shall be inspected annually by a licensed mechanic. A copy of the inspection shall be on file in the center. Volunteer vehicles are not required to be inspected**

Rationale: Assures and documents that the vehicle is in safe, operating condition.

Technical Assistance: The inspection report must identify any defects with the vehicle.

Consultation: Centers are encouraged to maintain a record of repairs and routine maintenance with the vehicle inspection report.

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**R 400.8720 (3)** **All motor vehicles.**

*(3) Centers that use multifunction school activity buses and school buses to transport children to and from school shall do all of the following:*

*(a) Contact the department of state police to determine if an annual inspection by the department of state police is required under section 39 of the pupil transportation act, 1990 PA 187, MCL 257.1839.*

*(b) If directed by the department of state police, obtain an annual inspection by the department of state police.* **A copy of the inspection shall be kept on file at the center.**

Rationale: Assures that all vehicles are safe and in good operating condition.

Technical Assistance: "Multifunction school activity bus" means a vehicle rated for 11 or more passengers, including the driver, built after September 2, 2003 to school bus specifications defined in the federal motor vehicle safety standards.

If the center uses multifunction school activity buses (MFSABs) and school buses to transport children to and from school, the center must contact Sgt. McLaughlin of the Michigan State Police (MSP) at (517) 241-0572 regarding a vehicle inspection. Sgt. McLaughlin will schedule

an MSP inspection or advise the center to obtain an inspection with a mechanic. If directed to obtain an inspection with a mechanic, see sub-rule (1) of this rule.

The center must maintain written documentation of annual vehicle inspections.

Consultation

Centers are encouraged to maintain a record of repairs and routine maintenance with the vehicle inspection.

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**R 400.8720 (4)** **All motor vehicles.**

**(4) A statement verifying that** *all* **motor vehicles**, *including volunteer vehicles,* **are in compliance with Michigan vehicle code safety equipment requirements,** *as defined in 1940 PA 300, MCL 257.683 to 257.714b,* **shall be kept on file at the center.**

Rationale

Assures that all vehicles used to transport children are safe and in good operating condition.

Technical Assistance

A statement verifying that all **motor vehicles**, including volunteer vehicles, are in compliance with the Michigan Vehicle Code safety equipment requirements, MCL 257.683 - 257.714b, must be on file at the center. This can be a self-certifying statement. The Michigan Vehicle Code requires the following equipment be present and in good operating condition in passenger and commercial vehicles at all times. **Note:** The following list serves as a guide for child care centers. If a self-certifying statement is used, it is your responsibility to know and understand the requirements of the act. Go to the Michigan legislative website (www.legisature.mi.gov) to find the most recent and accurate requirements regarding vehicle equipment.

| **Vehicle Equipment Requirements (MCL 257.683 - 257.714b)** |
|---|
| **All Motor Vehicles** |
| **Taillights:** Must be equipped with at least one red rear taillight that is visible from 500 feet. If equipped with two taillights, both must be maintained in good working condition at all times. |
| **Stop Lights:** Must be equipped with two rear, red or amber stop lights. Stop lights must be visible for 100 feet, day or night. Stop lights must be Illuminated upon application of service brake. |
| **Registration Light:** Must have a white light that illuminates the rear registration plate so it is clearly visible from 50 feet. |
| **Turn signals:** Must have red or amber turn signals on the rear and amber turn signals on the front that are visible for 100 feet, day or night. |
| **Horn:** Must be audible for 200 feet with no whistle or harsh sound. |

| Vehicle Equipment Requirements (MCL 257.683 - 257.714b) |
|---|
| **All Motor Vehicles** (cont.) |
| **Exhaust:** Muffler noise must not exceed levels outlined in MCL 257.707c. |
| **Windshield:** Must be made of safety glass of sufficient size to the protect driver and all occupants. |
| **Glass (Including Windshield):** No signs, posters, non-transparent materials, window applications, reflective or non-reflective films on the windshield or on the driver and front passenger glass. Rear and side windows to rear of the driver cannot be composed of, covered by or treated with a material that creates a total solar reflectance of 35 percent or more, including gold or silver reflective film. Wherever glass is used, it must be safety glass. |
| **Windshield Wipers:** Must be driver-controlled. |
| **Suspension:** Must not be modified to defeat safe operation of vehicle. |
| **Passenger Vehicles** |
| **Suspension:** Must not be modified to defeat safe operation of vehicle. |
| **Headlights:** Must be equipped with two or more white headlights. There must be at least one on each side. Headlights must be a minimum 24 inches and a maximum of 54 inches from ground. Headlights must have an adjustable upper and lower beam–upper beam to reveal persons at 350 feet and lower beam to reveal persons at 100 feet. Must have a beam indicator that is visible to the driver and showing when upper beams are on. No more than four lamps, including auxiliary lights, may be lit at the same time. |
| **Auxiliary Lights:** May be equipped with not more than two fog lamps, mounted not less than 12 inches or higher than 30 inches. May be equipped with not more than two spot lamps. Every lighted spot lamp must be aimed and used upon approaching another vehicle so no part of the beam will be directed into the eyes of the approaching driver. No more than a total of four lamps, including headlamps, may be lit at one time. Auxiliary lights must have a white or amber beam. |
| **Brakes:** Must be adequate to stop and hold vehicle. There must be two means of applying brakes to at least two wheels. Brakes must be capable of stopping the vehicle as required in MCL 257.705. The parking brake must be adequate to hold the vehicle. |
| **Mirrors:** Must be equipped with a properly adjusted outside rear view mirror on driver's side. An outside rear view mirror on each side is required if the view through the rear window is obscured. |
| **Tires:** Tires must have at least 2/32 of an inch tread. No part of belting material, tire cords or ply may be exposed. No evidence of cord or tread separation may be present. Must not be a restricted-from-highway-use type. |
| **Safety Belts:** Required for the driver and one front seat passenger after January 1, 1965. Safety belts must conform to federal rules and regulations. |
| **Bumpers:** Required on passenger vehicles. Bumpers must be no more than 22 inches from ground. |

| Vehicle Equipment Requirements (MCL 257.683 - 257.714b) |
|---|
| **Commercial Vehicles** |
| **Headlights:** Must be equipped with two or more white headlights. There must be at least one on each side. Headlights must be a minimum of 24 inches and a maximum of 54 inches from ground. Headlights must have an adjustable upper and lower beam–upper beam to reveal persons at 350 feet and lower beam to reveal persons at 100 feet. Must have a beam indicator that is visible to the driver and showing when upper beams are on. |
| **Reflectors:** Every bus or truck must be equipped with two red reflectors on the rear, one on each side. Trucks or buses 80 inches or more in width are required to have two reflectors on each side, one amber reflector at or near the front and one red reflector at or near the rear. Reflector height is a minimum of 15 inches and a maximum of 60 inches. |
| **Additional Lights on a Truck or Bus 80 Inches or More in Width:** Must be equipped with two amber clearance lamps on the front, one on each side, and two red clearance lamps at the rear, one at each side, and two side marker lamps, one amber lamp at or near the front and one red lamp at or near the rear. Three identification lamps must be mounted on the vertical centerline of the vehicle/cab as outlined in MCL 257.688(1)(b)(v). |
| **Brakes:** Must be adequate to stop and hold vehicle. There must be two means of applying brakes to at least two wheels. Brakes must be capable of stopping the vehicle as required in MCL 257.705. The parking brake must be adequate to hold the vehicle. Every bus and school bus must be equipped with brakes operating on all wheels. |
| **Mirrors:** Must be equipped with a properly adjusted outside rear view mirror on driver's side. An outside rear view mirror on each side is required if the view through the rear window is obscured. Every commercial vehicle of one-half ton capacity or more must be equipped with two properly adjusted mirrors, one on each side. |
| **Ties:** Tires must have at least 2/32 of an inch tread or 4/32 of an inch on front tires if the vehicle is 10,000 pounds or more. No part of belting material, tire cords or ply may be exposed. No evidence of cord or tread separation may be present. Must not be a restricted-from-highway-use type. |
| **Safety Belts:** If equipped, must conform to federal rules and regulations and must be worn by the driver. |
| **Bumpers:** Not required for a vehicle with a GVWR of 10,001 pounds or more or a vehicle designed to carry 16 or more passengers including the driver. If 10,000 pounds or less, bumper heights in 257.710c(2) are required. |

Consultation These items should be routinely checked to ensure the vehicle is in good operating condition.

**R 400.8720 (5)** **All motor vehicles.**

**(5) The use of passenger vans with a rated seating capacity of 11 or more, including volunteer vehicles, is prohibited.**

Rationale

From 1993 through 2002, fatalities to children in school buses averaged just over five per year. In that same time frame, fatalities to children in 15-passenger vans averaged 57 per year.

The National Transportation Safety Board recommends the use of vehicles built to school bus or multifunction school activity bus standards. These vehicles meet safety standards mandating compartmentalized seating, improved emergency exits, stronger roof structures and fuel systems, and better body joint strength.

Effective October 1, 2002, the Pupil Transportation Act (1990 PA 187) prohibited the purchase or lease of 11-15 passenger vans for pupil transportation.

Technical Assistance

Effective December 8, 2010, any use of passenger vans with a rated seating capacity of 11 or more was prohibited.

**Note:** Removing one or more bench seats, or a row of seats, does not change the manufacturer rated seating capacity of a vehicle. It is still illegal to transport children to and from school in 11-15 passenger vans, regardless of removed seats.

**R 400.8720 (6)** **All motor vehicles.**

**(6) Multifunction school activity buses used for transporting children** *to and from school* **shall comply with all minimum safety specifications, except color, identification, and alternating flashing lights, as defined in 1990 PA 187, MCL 257.18***01 to 257.1877***.**

Technical Assistance

"Multifunction school activity bus" means a vehicle rated for 11 or more passengers, including the driver, built after September 2, 2003 to school bus specifications defined in the federal motor vehicle safety standards.

**Note:** A multifunction school activity bus cannot be used for transporting children directly between home, school bus stops, and school because it does not have the safety equipment that is found on a school bus. A multifunction school activity bus can be used to transport children from the center to school or from school to the center.

An approved MFSAB meets the following criteria:

- Seats eleven passengers or more, including the driver.
- Built to school bus specifications defined in the Federal Motor Vehicle Safety Standards.
- Does not have overhead yellow/red flasher and stop arm.
- Does not have to be yellow and black.
- Certified by the manufacturer as a MFSAB.
  **Note:** A certification label will be affixed to the vehicle by the manufacturer. The label can usually be found on any of the following:
  - The hinge pillar.
  - The door-latch post.
  - The door edge that meets the door-latch post next to the driver's seating position.
  - The left side of the instrument panel.
  - The inward-facing surface of the door next to the driver's seating position.

Consultation

Information regarding vehicle safety can be found on the National Highway Traffic Safety Administration website at www.nhtsa.gov.

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**R 400.8720 (6)**

**All motor vehicles.**

**(6) Motor vehicle seats used by children, staff, and volunteers shall not face sideways.**

Rationale

Federal law prohibits side-facing seats in vehicles, except in public transit vehicles.

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**R 400.8720 (7)**

**All motor vehicles.**

**(7) A truck shall not be used to transport children, except in the cab.**

Rationale

Michigan law prohibits passengers from riding in the bed of a truck. Passengers in the bed of a truck can be thrown out and severely injured or killed.

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**R 400.8720 (8)**

**All motor vehicles.**

**(8) There shall be no loose or heavy objects in the passenger compartment of any motor vehicle.**

Rationale

Loose or heavy objects may cause injury to passengers while a vehicle is in motion.

| | |
|---|---|
| Technical Assistance | Unnecessary objects must not be stored in a vehicle. Objects that need to be transported must be safely secured and/or stored in the trunk or cargo area. |

**R 400.8730 (1)-(3) Safety equipment in motor vehicles.**

**(1)** *All motor vehicles used to transport children* **shall carry all of the following safety equipment:**

**(a) Three bidirectional emergency reflective triangles properly cased and securely stored in the motor vehicle.**

**(b) A first aid kit shall be securely stored in an accessible location in the driver compartment.**

**(2)** *Any* **motor vehicle with a manufacturer's rated seating capacity of more than 10 occupants** *used to transport children* **shall carry both of the following** *additional* **safety equipment:**

**(a) Not less than 3 15-minute fusees** *(flares)* **or an approved battery operated substitute properly cased and securely stored in the driver's compartment.**

**(c) Fire extinguisher of dry chemical type rated not less than 2A-10BC mounted in an accessible place in the driver's compartment.** *The fire extinguisher shall be inspected and maintained in accordance with NFPA-10. The fire extinguisher shall bear a tag indicating the last date of inspection or service and the initials of the person who performed the inspection or service.*

**(3) Volunteer motor vehicles are exempt from subrule (1)(a) of this rule.**

Rationale

Assures that emergency equipment is available should the vehicle break down or another type of emergency occurs in which first aid supplies are needed.

Technical Assistance

"First aid kit" means a kit containing, at a minimum, all of the following: sterile gauze pads (assorted sizes), a roll of gauze, adhesive bandages (assorted sizes), adhesive cloth tape, an elastic bandage, tweezers, and scissors. A "first aid kit" is prohibited from containing any non-prescription or prescription medications as defined under R 400.8152.

See R 400.8545(3) for the National Fire Protection Association standards for inspecting and maintaining fire extinguishers.

**R 400.8740 (1)** **Manufacturer's rated seating capacity; restraint devices; safety belts.**

**(1) Each child transported shall be seated according to the manufacturer's rated seating capacity and properly restrained by a passenger restraint device as required by** *sections 710d and 710e of* **1949 PA 300, MCL 257.710d(1) and 257.710e(3) and (4).**

*(2) Passenger restraint devices, as required by subrule (1) of this rule, are not required for children transported on a school bus or a multifunction school activity bus.*

Rationale

Child safety restraint systems (CSRS) are effective in reducing injury and death when properly used.

In Michigan, 21% of infants are incorrectly turned forward-facing in their car seat before age one. Children incorrectly restrained in seat belts instead of a car seat or booster seat are 3.5 times more likely to suffer serious injury. More than 90% of four- to eight-year-old children who were seriously injured in auto accidents were not restrained in a booster seat.

Technical Assistance

A CSRS is any device, except a passenger lap seat belt or lap/shoulder seat belt, designed for use in a motor vehicle to restrain, seat or position a child who weighs less than 65 pounds.

The Michigan Vehicle Code (1949 PA 300) requires children under age eight and less than four feet nine inches in height to be properly secured in a CSRS unless they are transported on a school bus, a multi-function school activity bus or any vehicle designed to carry 16 or more passengers, including the driver.

**Note:** Head Start Program Performance Standards require use of height- and weight- appropriate CSRSs when transporting Head Start children, including those children transported on a school bus.

**Consultation**

See the table at the end of this section for information specific to the age of the child and the type of car seat. Usage tips for all car seats:

- Every car seat has an expiration date. Do not use an expired seat.
- Never buy a used car seat if you do not know its full history.
- Never use a car seat that has been in a crash.
- Children should not wear bulky clothing under harness straps.
- Do not use products that did not come with the car seat (in or with the seat).
- Add-on toys can injure a child in a crash.

Current state law on safety belt and CSRS requirements (MCL 257.710d and 257.710e) can be found at www.michiganlegislature.org.

Additional information can be found on the Michigan State Police website at www.michigan.gov/msp >Specialized Divisions >Office of Highway Safety Planning >Occupant Protection and Impaired Driving Programs.

Additional resources include:
- Michigan State Police website - www.michigan.gov/msp.
- National Highway Traffic Safety Administration website - www.nhtsa.gov.
- National Highway Traffic Safety Administration- Proper Use of Child Safety Restraint Systems in School Buses.

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**R 400.8740 (2)** **Manufacturer's rated seating capacity; restraint devices; safety belts.**

**(2) Each restraint device shall be properly anchored to the vehicle seat and used according to the manufacturer's specifications. Allowing 2 or more children to share a seat belt or restraint device is prohibited.**

Rationale

Safety restraints are effective in reducing injury and death when properly used.

Technical Assistance

Incompatibility problems between the design of a CSRS, vehicle seat and the seat belt system can be life threatening and can be avoided by:
- Reading the vehicle owner’s manual and CSRS instructions carefully.
- Testing the CSRS for a snug fit in the vehicle.

Consultation

CSRS installation can be checked by a certified CSRS technician at an approved check station in the community. To locate a certified CSRS technician, go to www.nhtsa.gov.

Booster seats should be used with both a lap and shoulder belt, not with a lap belt only. A child can break their back or neck as their body folds if there is no shoulder belt present.

Resources include:
- Michigan State Police - www.michigan.gov/msp.
- National Highway Traffic Safety Administration - www.nhtsa.gov.

**R 400.8740 (3)-(4)** **Manufacturer's rated seating capacity; restraint devices; safety belts.**

**(3) The driver of a motor vehicle and all adult passengers shall be seated according to the manufacturer's rated seating capacity and properly restrained by safety belts when the motor vehicle is in motion.**

**(4) All safety belts and restraint devices used while transporting children and adults shall be in good working condition.**

Rationale Safety belts are effective in reducing injury and death.

**General CSRS Information Chart** See the table below for information specific to the age of the child and the type of car seat.

| General CSRS Information | | |
|---|---|---|
| **AGE/WEIGHT** | **SEAT TYPE & POSITION** | **USAGE TIPS** |
| **INFANTS**<br>Birth to at least age 1 and less than 20 pounds | Rear-facing infant or rear-facing convertible seat | • Always secure seats to the vehicle by safety belts or the LATCH system.<br>• Never use in a front seat where an air bag is present.<br>• Tightly install child seat in rear seat, facing the rear. The car seat should not move more than one inch from side to side or front to back. Grab the car seat at the seat belt or LATCH path to test for tightness.<br>• Child seat should recline at approximately a 45 degree angle. This is important to keep the baby's airway open.<br>• Harness straps/slots at or below shoulder level (usually the lower set of slots for most convertible seats).<br>• Harness straps snug on child; harness clip at armpit level. |
| **INFANTS**<br>Less than age 1 and 20-35 pounds | Rear-facing convertible (one recommended for heavier infants) | |
| **TODDLER/ PRESCHOOLER**<br>Ages 1 to 4 and at least 20 and up to approximately 40 pounds | Forward-facing convertible seat or forward-facing only seat or high back booster with harness | • Always secure seats to the vehicle by safety belts or the LATCH system.<br>• Tightly install child seat in rear seat, facing forward. The car seat should not move more than one inch from side to side or front to back. Grab the car seat at the seat belt or LATCH path to test for tightness.<br>• Harness straps/slots at or above child's shoulders (usually top set of slots for most convertible seats).<br>• Harness straps snug on child; harness clip at armpit level.<br>• The American Academy of Pediatrics recommends that children remain rear-facing until age 2. |

| General CSRS Information | | |
|---|---|---|
| **AGE/WEIGHT** | **SEAT TYPE & POSITION** | **USAGE TIPS** |
| **YOUNG CHILDREN**<br>Ages 4 to at least 8 - unless they are 4’9” (57”) tall<br>• If a child is age or older, but under 4’9” tall, a booster seat is not needed.<br>• If a child is between age 4 and 8, but over 4’9” tall, a booster seat is not needed. | Belt-positioning booster (no back) or high back belt-positioning booster | • Never use with lap-only belts. Always use with lap and shoulder belt.<br>• Shoulder belt should rest snugly across chest and on shoulder. Never place a shoulder belt under the arm or behind the back.<br>• Lap belt should rest low, across the lap/upper thigh area—not across the stomach. |
| Lower Anchor and Tethers for Children (LATCH) is a system that makes CSRS installation easier without using seat belts. LATCH is required on most CSRSs and vehicles manufactured after 9/1/02. LATCH is not required for booster seats. Attachments on a LATCH equipped CSRS fasten to anchors in a LATCH-equipped vehicle. If a vehicle isn’t LATCH equipped, use the seat belt, and if available, a top tether. The top tether must not be used on rear-facing seats. | | |

**R 400.8750 (1)** **Motor vehicle operator.**

**(1) The driver of any motor vehicle transporting children shall comply with all of the following:**
**(a) Be at least 18 years of age.**
**(b) Possess a valid operator or chauffeur's license with the appropriate endorsement as required by 1949 PA 300, MCL 257.301** *to 257.329***.**
**(c) Have a personal driving record with not more than 6 active points as determined by the secretary of state.**
**(d) Have proof of valid automobile insurance and registration.**
**(e) Be familiar with the contents of the first aid kit.**
**(f) Be familiar with the operation of the fire extinguisher, if a fire extinguisher is required.**

Rationale

Transporting children is a significant responsibility. Centers must assure that anyone who transports children is a licensed, responsible driver and able to respond appropriately to emergency situations.

Technical Assistance

A center must keep on file the following documentation:

- A copy of a valid operator license showing the appropriate endorsement, if applicable, for all staff who transport children.
- A copy of a current driving record provided by the Secretary of State for each driver.
- Proof of current automobile insurance for all vehicles. A copy must be kept in the vehicle.

**Types of Licenses and Endorsements -** Go to the Michigan Secretary of State website (www.michigan.gov/sos > Driver License and State ID) for the most recent and accurate information regarding what types of licenses or endorsements may be needed.

**Operator License**
For persons who are not required to provide transportation but who provide occasional transportation in a car or van.

**Chauffeur's License**
For persons who regularly transport children in a car, van or a vehicle designed to carry less than 16 people, including the driver.

**Commercial Driver's License (CDL)**

For persons who provide transportation in a school-bus or any vehicle, including a multi-function school activity bus, that is designed to carry 16 or more people, including the driver.

**Note:** Federal Motor Carrier Safety Administration (FMCSA) regulations require drivers who are renewing, correcting or applying for an original CDL must self-certify which type of commercial motor vehicle

operation they will perform: non-excepted interstate driver, excepted interstate driver, non-excepted intrastate driver, excepted intrastate driver.

**Commercial Driver's License (CDL) with "P" Passenger Endorsement**
For vehicles designed to carry 16 or more passengers, including the driver.

**Commercial Driver's License (CDL) with a "S" School Bus Endorsement**
For commercial motor vehicles used to transport pre-primary, primary or secondary school students from home to school, school to home or to and from school-sponsored events.

Consultation

Information about the different types of licenses and endorsements and procedures for getting driving records can be found by contacting the Secretary of State or on the Secretary of State website at www.michigan.gov/sos.

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**R 400.8750 (2)**

**Motor vehicle operator.**

**(2) All of the following documents shall be on file in the center:**
**(a) A copy of each driver's driving record, except for drivers of volunteer motor vehicles, obtained from the secretary of state at least once a year.**
**(b) A self-certifying statement that all volunteer drivers comply with subrule (1) of this rule.-**
**(c) A copy of a valid driver's license.**

Rationale

Transporting children is a significant responsibility. Centers must assure that anyone who transports children is a licensed, responsible driver.

Technical Assistance

Procedures for obtaining a driving record can be found by contacting the Secretary of State or by visiting their website at www.michigan.gov/sos.

**Third-Party Vendors**

There are third-party agencies (e.g., AISS Sterling, Inc.) that help licensees obtain background checks for staff, including driving records. Driving records obtained through third-party vendors are acceptable as long as the records are obtained directly from the Secretary of State.

**R 400.8750 (3)** **Motor vehicle operator.**

**(3) Drivers shall be provided with a copy of the child information card or comparable substitute for each child being transported in their motor vehicles.**

Rationale

Assures drivers:

- Know the identity of the children they are transporting.
- Know how to reach their parents/guardians if needed
- Can seek emergency medical treatment for children in case of an injury or illness.

Consultation

When children are transported on a regular basis, centers may wish to keep a copy of the child information cards, or facsimile, in the vehicle at all times. It is also suggested that a picture of each child be attached to their child information card to assist in identification if needed in the event of an accident or emergency.

**R 400.8760 (1)** *Staff/volunteer***-to-child ratio and supervision in transit.**

**(1) The ratio of** *staff/volunteers* **to children in transit***, including children related to the staff member/volunteer, licensee, or driver,* **shall be based on the following provisions:**

**(a) For infants and toddlers, there shall be 1** *staff member/volunteer* **for 4 children. The driver** *shall not count in the staff/volunteer to child ratio***.**

**(b) For** *preschoolers under 3 years of age***, there shall be 1** *staff member/volunteer* **for 8 children. The driver** *shall not count in the staff/volunteer to child ratio***.**

**(c) For 3-year-olds, there shall be 1** *staff member/volunteer* **for 10 children. The driver** *may count in the staff/volunteer to child ratio***.**

**(d) For 4-year-olds, there shall be 1** *staff member/volunteer* **for 12 children. The driver** *may count in the staff/volunteer to child ratio***.**

**(e) For school-agers, there shall be 1** *staff member/volunteer* **for 18 children. The driver** *may count in the staff/volunteer to child ratio***. This requirement does not apply when school-age children are transported to and from school on school transportation or are using public transportation.**

**(f) An additional** *staff member/volunteer* **is not required if only 1 child under 36 months of age is transported.**

Rationale

Adequate supervision prevents harm. A staff person or volunteer, not including the driver, is needed to be able to respond to the needs of infants and toddlers while traveling.

Technical Assistance

If children that don't attend the center are being transported on a school bus to or from school with children in the care of the center, only the children in care are counted in the ratio.

**Example:** There are 10 four-year olds enrolled at the center and 20 school-age children not affiliated with the center being transported on a school bus to school. No staff members/volunteers in addition to the driver are needed.

**Note:** If there are issues with supervision, R 400.8125(1) regarding appropriate care and supervision would be cited not the ratio rule.

**R 400.8760 (2)** *Staff/volunteer*-**to-child ratio and supervision in transit.**

**(2)** *To count in the staff member/volunteer to child ratios,* **staff members or volunteers shall be all of the following:**
**(a) At least 16 years of age.**
**(b) Seated with the children.**
**(c) Responsible for the supervision of the children.**

Rationale: Assures that children being transported are adequately supervised.

Technical Assistance: Staff members or volunteers under age 18 may be used to meet the caregiver to child ratio **only** during the transportation of children.

**Note:** Once children arrive at their destination, whether at the center or field trip, only staff members or volunteers who meet the definition of caregiver can be counted in caregiver to child ratios.

**R 400.8760 (3)** *Staff/volunteer*-**to-child ratio and supervision in transit.**

**(3) When children are entering or leaving the motor vehicle, the following safety precautions shall be taken:**
**(a) The accompanying staff member, volunteer, or driver shall assure that the children are received by a staff member, parent, or other person as designated by the parent.**
**(b) Children shall enter and leave the motor vehicle from the curbside unless the vehicle is in a protected parking area or driveway.**

Rationale: Injuries and fatalities have occurred during the loading and unloading process, especially in situations where vans or school buses are used to transport children.

Consultation: Center staff should examine the parking area and determine the safest way to drop off and pick up children. Plans for loading and unloading should be discussed with the children, families, caregivers, and drivers.

**R 400.8760 (4)** *Staff/volunteer*-**to-child ratio and supervision in transit.**

**(4) Children shall not be left unattended in a motor vehicle.**

Rationale: Assures for the safety and well-being of children.

Consultation: Centers are encouraged to develop procedures for checking vehicles to ensure all children have left the vehicle.

Centers may want to equip vehicles with a Child Reminder System (CRS). The CRS requires the driver to walk to the back of the bus to turn it off to act as a safeguard as the driver is able to see if there are any children left on the bus before the bus is vacated.

**R 400.8760 (5)** *Staff/volunteer*-**to-child ratio and supervision in transit.**

**(5) When children under school-age are entering or leaving the motor vehicle, the children shall be carried or helped into and out of a motor vehicle.**

Rationale Assures for the safety of children. Young children may have difficulty climbing into and out of vehicles without assistance, which could lead to injury.

Consultation Centers may wish to have additional staff present at the time of loading and unloading children from vehicles.

**R 400.8770** **Time limitation on child transit.**

**(1) For children under school-age, transportation routes shall be planned so that a child is not in the motor vehicle longer than 1 continuous hour.**

Rationale

It is unreasonable to expect young children to remain confined and seated in a vehicle for a period exceeding one hour.

Technical Assistance

This time restriction includes transportation for any reason, including field trips.

A 1992 administrative hearing affirmed that the “continuous” terminology in the rule was intended to clarify that the one hour limitation applied to a one-way trip, e.g. from home to school or from school to home. It is expected that centers plan their transportation to assure that children under school-age are not in motor vehicles for more than one continuous hour. Rest breaks during commutes exceeding one hour will not be permitted as a way to comply with this rule.

Consultation

The time period may need to be lessened for infants or children with special needs.

**R 400.8801 Definitions.**

**(1) As used in this part:**

**(a) "Lifeguard" means a person who meets the following criteria:**
**(i) Possesses an appropriate and current life guard training and certification by Red Cross, YWCA, YMCA, or equivalent in 1 of the following:**
**(A) Basic lifeguard for pool only.**
**(B) Full life guarding for pool and all other water activities.**
**(ii) Is dressed suitably to act in an emergency.**
**(iii) Is providing constant supervision.**

**(b) "Public swimming pool" means an artificial body of water used collectively by a number of individuals primarily for the purpose of swimming, wading, recreation, or instruction and includes related equipment, structures, areas, and enclosures intended for the use of individuals using or operating the swimming pool such as equipment, dressing, locker, shower, and toilet rooms. Public swimming pools include those which are for parks, schools, motels, camps, resorts, apartments, clubs, hotels, mobile home parks, subdivisions, and the like. A pool or portable pool located on the same premises with a 1-, 2-, 3-, or 4-family dwelling and for the benefit of the occupants and their guests, a natural bathing area such as a stream, lake, river, or man-made lake, an exhibitor's swimming pool built as a model at the site of the seller and in which swimming by the public is not permitted, or a pool serving not more than 4 motel units is not a public swimming pool.**

**R 400.8810 (1)** **Swimming caregiver-to-child ratio.**

**(1) Written parental permission regarding their child's participation in swimming activities shall be kept on file at the center.**

Rationale

Assures that parents give approval for their children to be involved in swimming activities.

Technical Assistance

Swimming activities include any activity where a child enters the water such as swimming, wading, tubing, water skiing and any activities at a water park.

The use of sprinklers is not considered a swimming activity.

Activities where children are on watercraft are not considered swimming activities for the purpose of these rules. Examples include boats, canoes, kayaks, and paddle boats. Fishing from a dock, shore or boat is not considered a swimming activity. Should a center allow children to engage in these types of activities, it is expected that compliance with all pertinent center rules be met, such as supervision, ratio and safe premises.

Consultation

It is recommended that centers ask parents to indicate on the swimming permission form, whether the child is a swimmer or a nonswimmer.

Regardless of the parent's statement, the center should assess each child's swimming ability.

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**R 400.8810 (2)** **Swimming caregiver-to-child ratio.**

**(2) A lifeguard shall be on duty at all swimming activities and shall not be included in the caregiver-to-child ratio.**

Rationale

A lifeguard has other duties that would preclude involvement in supervision during water activities.

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**R 400.8810 (3)** **Swimming caregiver-to-child ratio.**

**(3) For children under 3 years of age, there shall be an in-the-water ratio of 1 caregiver to 1 child.**

Rationale

Children under the age of three are at a high risk of drowning. Adequate staffing and supervision can minimize this risk.

Consultation

Drowning can happen quickly and silently. Splashing may not occur to alert someone that the child is in trouble. Most children drown within a few feet of safety. It is highly recommended that the caregiver remain in close proximity to the child.

**R 400.8810 (4)-(5)** **Swimming caregiver-to-child ratio.**

**(4) For all nonswimmers 3 years of age and older, there shall be an in-the-water ratio of 1 caregiver to 4 children when the water level is at the child's chest height or lower. When the water level is above the child's chest height, there shall be an in-the-water ratio of 1 caregiver to 1 child.**

**(5) For swimmers 3 years of age** *and older*, **there shall be an in-the-water ratio of caregivers to children as required by R** *400.8182***(3).**

Rationale

Children who can swim need less supervision than nonswimmers.

Technical Assistance

For the purpose of this rule, for a child to be considered a **swimmer**, the child must be able to do both of the following without the use of a flotation device:

- Keep afloat for five minutes by any means possible.
- Swim the length of the pool using any stroke (minimum of 25 yards).
- Children unable to do both of the above without the use of a flotation device are considered **nonswimmers**.

**R 400.8820 (1)** **Swimming activity supervision.**

**(1) All caregiving staff counted in the caregiver-to-child ratio shall be both of the following:**
**(a) Actively engaged in providing direct care, supervision, and guidance.**
**(b) Physically able to assist children quickly.**

Rationale

Close continuous supervision is one essential factor in reducing the number of children's drownings and water-related injuries.

- Drowning is the second leading cause of accidental deaths of children age five and under.
- Irreversible brain damage can occur in three to five minutes.
- A child can drown in as little as two inches of water.
- Twenty-five percent of all drowning victims have had swimming lessons.

Technical Assistance

Swimming activities are defined as activities where children are allowed to enter the water.

The use of sprinklers is not considered a swimming activity.

During swimming activities, the center is responsible and accountable for:

- Assuring appropriate supervision of children who are engaged in non-swimming activities away from the immediate swimming activity area.
- Assuring that all children engaged in swimming activities can be easily observed.
- Assuring that telephone usage and other distractions are limited to emergencies.

Consultation

The following guidelines are recommended:

- Develop an emergency plan for responding to a drowning incident.
- Limit the number of children in the water at any one time based on the ages of children, number of nonswimmers and special needs of individual children.
- Assure that children are familiar with the rules for behavior in and around the swimming activity area.
- Know the water depths and/or strength of currents when in natural water settings.
- At the swimming area, designate specific boundaries, both inside the water and on the shore or pool deck for the child care children that is separate from the public.
- Designate a caregiver whose only responsibility is to observe the overall child care swimming area.

- Establish a system for staff to account for all children, both in and out of the water, verifying their location every five to 10 minutes during a swimming activity.
- Institute a buddy system for the children.
- Develop an identification system so center children can be easily identified, such as wearing colored rubber bracelets. Note: Wearing t-shirts in the water for identification purposes is not advisable. Wet clothing can weigh a child down.
- Assure that all caregivers are aware of these issues when they are responsible for supervising children during swimming activities.

**R 400.8830 (1)** **Instructional swim.**

**(1) Instructional swim shall be conducted under the supervision of a qualified water safety instructor (WSI), in an organization such as the YMCA or YWCA, and where instructional swim is part of the organized program.**

Rationale

Assures qualified personnel provide swimming instruction.

Technical Assistance

In addition to the YWCA and YMCA, other organizations may offer instructional swimming. These include, but are not limited to:

- Governmental units.
- School districts.
- Fitness centers.
- Swimming clubs.

The center must obtain verification that the instructor has the proper certification.

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**R 400.8830 (2)** **Instructional swim.**

**(2) The ratio of caregivers to children under R** *400.8182(3)* **shall be maintained. The instructor shall not be included in the ratio.**

Rationale

The duties of the swimming instructor preclude his or her involvement in providing supervision during instructional swimming.

Technical Assistance

Caregivers may or may not be in the water with the children during instructional swimming.

The swimming instructor's primary function is to teach children to swim. Therefore, an additional person is required to function as a life guard as required in R 400.8810(2).

**R 400.8840 (1)** **Swimming activity area.**

**(1) All swimming areas shall be maintained in a clean and safe condition.**

Rationale: Assures that children are safe while engaging in water activities.

Consultation: It is best practice to check for or inquire about the following before each swimming activity:

- A non-slip surface in wet areas. The non-slip surface should be in good repair and free of tears or breaks.
- Equipment and chemicals used for water maintenance. They should be inaccessible to children.
- Glass, trash, animal excrement, and other foreign or hazardous material.
- Hazards on beaches, shores and docks.

Staff should be familiar with water depths, drop offs and strength of currents.

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**R 400.8840 (2)** **Swimming activity area.**

**(2) A public pool used for swimming shall be inspected by the** *local* **health** *department* **and issued a** *license by the department of environmental quality***.**

Rationale: Assures a pool is safe for swimming activities.

Technical Assistance: Swimming pools are inspected annually with the operation permit expiring on December 31 of each year. This permit must be made available upon request.

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**R 400.8840 (3)** **Swimming activity area.**

**(3) The water** *at a public or private beach shall not be used if* **deemed unsafe by the** *local* **health** *department***.**

Rationale: Assures the safety and health of children and staff.

Technical Assistance: Centers must look for a posted sign indicating the water is unsafe for swimming.

Consultation: Centers may contact the local health department to determine if the water at a specific swimming area is safe.

**R 400.8840 (4)** **Swimming activity area.**

**(4) A working telephone shall be accessible on the premises.**

Rationale: Assures the center staff can call for emergency assistance if needed.

Technical Assistance: If a working land-line phone is not available, a charged, working cell phone in service range may be used.

**R 400.8840 (5)** **Swimming activity area.**

**(5) All of the following safety equipment shall be readily accessible:**
**(a) First aid kit.**
**(b) Rescue pole or throwing rope and ring buoy.**
**(c) Signaling device.**

Rationale: Lifesaving equipment is essential to assure the safety of children.

Technical Assistance: "First aid kit" means a kit containing, at a minimum, all of the following: sterile gauze pads (assorted sizes), a roll of gauze, adhesive bandages (assorted sizes), adhesive cloth tape, an elastic bandage, tweezers, and scissors. A "first aid kit" is prohibited from containing any non-prescription or prescription medications as defined under R 400.8152.

Examples of appropriate signaling devices include a whistle or horn.

Consultation: Prior to arrival, the center staff should contact the swimming activity area personnel to assure that these items are readily accessible.

A rescue pole or throwing rope with ring buoy should be:
- Long enough to reach the center of the pool from the edge of the pool.
- Kept in good repair.
- Stored safely and conveniently for immediate use.

**R 400.8840 (6)** **Swimming activity area.**

**(6) The use of hot tubs and private wading pools is prohibited.**

Rationale: The water in hot tubs is extremely hot. Infants and toddlers are particularly susceptible to overheating.

Private wading pools do not allow for adequate control of sanitation and safety and can promote the transmission of infectious disease.