In an effort to assure that parents are made aware of serious incidents that may have occurred in the child care home or center they use, the legislature amended 1973 PA 116, the Child Care Organizations Act, last June. The changes to the law require child care providers to take specific actions when they are the subject of a “high risk” investigation. A “high risk” investigation is one involving allegations of: (a) abuse or neglect as the suspected cause of a child’s death, (b) suspected sexual abuse or sexual exploitation, or (c) abuse or neglect resulting in severe physical injury requiring medical treatment or hospitalization.

When your licensing consultant informs you that a “high risk” investigation is being conducted, you must do the following:

- Verbally notify parents of children who were in care at the site and at the time the alleged incident occurred. This verbal notification must occur within 24 hours of being informed of the high risk special investigation.
- Provide written notification to parents that a high risk investigation is being conducted within one business day after the verbal notification. Written notification may be by mail, fax, or email. Keep copies of the written notification you provide to each parent as verification that you have complied with the requirements of the law.
- If the individual being investigated is still present at the child care facility, you must provide both oral and written notification to parents of children who have or will come into contact with the individual being investigated. When you notify parents, you cannot:
  - Disclose the nature of the allegation or any details of the alleged incident.
  - Identify the child(ren) involved.
  - Disclose the name of the complainant, if known to you.

Once your licensing consultant completes the investigation, you will receive a special investigation report and a letter of findings. You may share a copy of the letter of findings with all parents. However, the special investigation report is considered a children’s protective services report, and as such, has restrictions on its dissemination.

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When an allegation that a child care facility is not following the licensing rules or 1973 Public Act 116, a special investigation is initiated. If the allegations are not rule or act related, then there is no basis for a special investigation and it is dismissed.

Once a special investigation is initiated, the consultant may first contact the complainant for additional information. However, in some cases this is not possible because the complainant is not known. Others who may have knowledge about the allegations, such as caregivers, parents and neighbors, may also be contacted. If the allegations involve specific children, they may be interviewed as a group while at the facility or individually, with parental permission. Sometimes parents refuse to allow their children to be interviewed. In those cases, the parent is asked to interview the child regarding the specific allegations and report back to the consultant.

An on-site inspection is conducted at the child care facility in most situations, and the licensee/registrant is interviewed regarding the allegations. The facility may be inspected and records, policies and procedures reviewed. In some situations, such as the abuse or neglect of a child or the death of a child, law enforcement must be contacted. Licensing and law enforcement may then conduct a joint investigation.

The consultant has 60 days to investigate the allegations and complete the special investigation report (SIR). All reports are reviewed and signed by an area manager and mailed out to the licensee/registrant. If there are no rule or act violations, the special investigation is closed, and the report does not go on the department’s website. If violations are cited, the licensee/registrant must develop and submit a written corrective action plan addressing each violation. The status of the license/registration may remain the same, or it may be modified to a provisional status (group homes and centers only). When disciplinary action is recommended, a corrective action plan is not obtained. Certain SIRs, where violations are cited, are available for review on the department’s website.

Once an acceptable corrective action plan has been submitted, increased supervision of the facility may be recommended. This involves unannounced on-site inspections to assure compliance with the corrective action plan. Most often this occurs for violations of capacity, ratio, supervision, record keeping or when multiple violations are cited. The licensee/registrant is generally notified of this recommendation at the time of the on-site inspection; it is also noted in the SIR. Once the increased supervision is completed, a confirming letter is sent which summarizes the findings of those inspections.

Continued on page 5
Special investigations are probably the least favorite part of a licensing consultant’s job. However, these investigations take precedent over all other routine work. Consultants often have feelings of disbelief that a provider would put children’s needs or their safety at risk, especially if this individual has had a positive profile prior to this occurrence.

The consultant begins by initiating the investigation, gathering information, contacting all parties involved, and inspecting the facility. The consultant may talk to the provider, children in care, caregivers or staff, and parents. Based upon the facts, the consultant determines if a rule violation has occurred and what needs to be done in order to rectify the situation. In some cases, additional violations may be cited based on the on-site inspection. When the outcome brings added protection to children or improvements to the facility, the results can be very rewarding.

When conducting a special investigation, the consultant must:
- Keep an open mind and withhold judgment until all information has been received.
- Maintain a professional and supportive role during the investigative process.
- Acknowledge the provider’s feelings of anxiety, anger, and defensiveness.
- Acknowledge the parent’s feelings of anger, hostility, and resistance, as some may be reluctant to share information.
- Assess what else may be going on, such as communication issues with parents and/or employees, personal problems, burnout, or custody issues.

Allegations made by anonymous or second-party sources limit the consultant’s ability to do a thorough investigation because the anonymous reporting person cannot be interviewed. Without firsthand information, citing a rule violation may be very difficult. Many times the allegations may be true, but a violation may not be substantiated, or proven, due to a lack of evidence.

While no one wants to be part of a special investigation, looking at it from a different perspective can be helpful. The purpose of child care regulation is to protect vulnerable children who are in care. Special investigations can be an opportunity for a consultant to provide technical assistance and consultation to the provider or program to improve the quality of care.

In conclusion, licensing consultants ensure that children are cared for appropriately in an environment that is safe and nurtures each child emotionally, socially, physically, and intellectually. Working together as partners with parents and child care providers enables consultants to ensure that this occurs.
A special investigation is initiated when there are allegations that suggest a violation of a child care licensing rule or 1973 PA 116. The consultant has 60 days to complete the investigation and the special investigation report (SIR). In the SIR, the consultant makes a recommendation regarding the status of the license or certificate of registration.

The recommendations for disciplinary action are denial of issuance, revocation, refusal to renew and summary suspension. A recommendation for a provisional license on a group child care home or a child care center can also result in disciplinary action. This occurs when the licensee submits an acceptable corrective action plan but does not agree to accept the provisional license, or simply does not agree with the action being recommended. In these situations, the licensee has a right to an administrative hearing.

A denial of issuance is recommended on a pending application when an investigation is completed, and the department determines a license/registration should not be issued. This denial could be due to a lack of good moral character as a result of criminal convictions on the applicant, suitability of the applicant or a household member who was placed on Michigan’s central registry for child abuse or neglect, or because the license/registration was previously revoked.

Revocation and refusal to renew actions are recommended on an active license/registration. These recommendations occur when there are serious violations or a high number of violations with some that were previously cited (repeat violations). If the investigation occurs within a short time of the license/registration expiration date and the renewal application has been received, then the recommendation becomes a refusal to renew.

The area manager and the division director review and approve special investigation reports with recommendations for disciplinary action. Once the report is approved, it is mailed to the applicant/licensee/registrant, and the case is transferred to the Disciplinary Action Unit (DAU). It is assigned to an analyst who gathers and reviews all documents related to the case and drafts a Notice of Intent document. This document outlines the intended licensing action, the facts of the case, the specific violations that support the action and the licensee/registrant’s rights and responsibilities.

Attached to the Notice of Intent is a Notice of Compliance Conference that has specific time frames and instructions that must be followed if the licensee/registrant objects to the department’s intended action. If no response is received from the licensee/registrant within the specified time frame, the refusal to renew/revocation action is processed. If the licensee/registrant contacts the analyst within the required time frame, he or she may confirm attendance at the compliance conference or request the matter be set for a hearing.

The analyst conducts the compliance conference with the consultant and the area manager also in attendance. If an attorney has been retained, that individual may attend the compliance conference with the licensee/registrant. If no resolution is reached, the matter is referred to the Bureau of Hearings. The Bureau of Hearings sets a hearing date and provides written notification to all parties involved.

A summary suspension is recommended when the department believes children are at imminent risk for harm or a situation has already occurred and further harm is possible. This is an emergency
action that temporarily closes the facility for child care, pending the outcome of a hearing. This action is reserved for the most serious of situations and must have the approval of Child Care Licensing Division Director and the Bureau of Children and Adult Licensing (BCAL) Director.

When the recommendation for a summary suspension is made, the special investigation is approved in the same manner. However, final approval for this action is given by the BCAL Director. The consultant personally serves the licensee/registrant with a copy of the special investigation report and the Notice of Intent document. The Notice of Intent directs the facility to cease operating by a specified time, usually within that same day or the next day. In this process there is no compliance conference as the matter goes directly to a hearing within a few weeks time.

The DAU analyst represents the department in the hearing if the licensee/registrant has no legal representation. Otherwise, the Attorney General’s Office represents the department. An administrative law judge conducts the hearing, and both sides call witnesses and present documents for review by the judge. Upon completion of the hearing, the administrative law judge makes a recommendation regarding the intended action to the Department of Human Services (DHS) Director. That recommendation is reviewed and a final order is issued by the DHS Director.

If the final order finds for the department, then the intended action is implemented and child care must cease. If the final order finds for the licensee/registrant, the license/registration remains active and there is no further action by the department.

Special Investigations, from page 2

Having a complaint filed against your facility is never a pleasant experience. The best defense is for you and your staff to know the licensing rules and comply with them at all times. Know all the paperwork that is required, organize it well and have it readily available when the consultant arrives. Have a support system of other licensees/registrants that you can turn to with questions or problems.

And most importantly, enjoy what you are doing. Children are our most precious gift and they deserve the best care that you can provide.

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**Did you know that at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare):**

You can sign up to be part of a child care listserv to get child care licensing updates and news sent directly to you via email. Click on “Sign up for . . . Electronic Notification” under “Contact Us.”

You can complete an online questionnaire to let us know how your most recent licensing inspection went. Click on “Licensing Inspection Questionnaire” under “Contact Us.”

You have a direct link to the most recent food recalls. Click on “Food Recall webpage” under “Information for Providers.”
MANDATED REPORTS OF CHILD ABUSE AND NEGLECT
Catherine Edgar, Licensing Consultant
Genesee County
Adapted from Judy Miller’s article Fall 2005 and from the DHS Mandated Reporter’s Resource Guide

Per the Michigan Child Protection Law, 1975 PA 238, all regulated child care providers are mandated reporters. This means that all licensed and registered child care providers are required by law to report any suspected child abuse or neglect to the Department of Human Services (DHS). The report must be made directly to DHS and there are civil and criminal penalties for a mandated reporter’s failure to make a report. Likewise, there is civil and criminal immunity for someone making a report in good faith.

Who Are Mandated Reporters?
Mandated reporters are an essential part of the child protection system because their expertise and direct contact with children enables them to identify suspected child abuse or neglect. Complaints made by mandated reporters are confirmed at nearly double the rate of those from non-mandatory reporters. A full list of mandated reporters is available in the Child Protection Law, which can be found by going to www.michigan.gov/dhs. Click on Protective Services under “Quick Links” on the right and then click on Child Protection Law under the “Protective Services Quick Links” to the right.

Reporting Obligations of Mandated Reporters
Mandated reporters must make an immediate verbal report to DHS upon suspecting child abuse or neglect, followed by a written report within 72 hours. The verbal report can be completed by calling toll free (800) 942-4357 or by calling the local county children’s protective services intake phone number. DHS encourages the use of the “Report of Actual Child Abuse or Neglect” (DHS-3200) when making the written report. This form is available by going to www.michigan.gov/dhs-forms and going to the “Children’s Protective Services” section. It is also available in the “Forms” section of www.michigan.gov/michildcare.

The mandated reporter should not investigate the matter. The Child Protection Law is intended to make reporting simple, and places responsibility for determining appropriate action with Children’s Protective Services (CPS). CPS is a division of DHS. The authority and actions of CPS are based on requirements in the Child Protection Law. If a mandated reporter is dissatisfied with the response by the county/local office, he or she may contact the local DSH office director. If that is not successful, he or she may call the Mandated Reporter Hotline at (877) 277-2585.

What should the oral report include?
The information needs to be provided by the individual who actually observed the injuries or had contact with the child regarding the complaint. Reporting this information to your agency administrator does not fulfill the mandated requirement to report directly to DHS. Contact the DHS county office where the child currently resides and indicate your wishes to make a CPS complaint. It is a good idea to have the child information card handy when making the complaint as the intake worker will want information such as the child’s address, date of birth, and names of parents and other family members. They will also need your statement regarding the child’s disclosure, the context of the disclosure and a history of the child’s behavior.

Definitions of Child Abuse and Neglect

Physical Abuse
Physical abuse is a non-accidental injury to a child by a person responsible for the child’s health and welfare. Physical abuse may include, but is not limited to, burning, beating, kicking, and punching. It is usually the easiest to identify of all of the types of abuse and neglect because of the physical evidence of bruises, burns, broken bones or other unexplained injuries. However, internal injuries may not be readily apparent.

Neglect
Neglect is the most frequently reported and confirmed form of child abuse. Child neglect means harm or threatened harm to a child’s health or welfare by
the caretaker through failure to provide adequate shelter, food, clothing, or medical care. Additionally, a caretaker placing a child at risk or failing to protect a child from known risk or potential risk of harm is considered to be neglect. The caretaker must eliminate, or intervene to eliminate, the risk to a child when that person is able to do so.

**Sexual Abuse**
Sexual abuse means engaging in sexual contact with a child as described in the Penal Code.

**Child Maltreatment**
Child maltreatment is defined as the treatment of a child that involves cruelty or suffering that a reasonable person would recognize as excessive. Possible examples of maltreatment are:

- A parent who utilizes locking the child in a closet as a means of punishment.
- A parent who forces their child to eat dog food out of a dog bowl during dinner as a method of punishment and/or humiliation.
- A parent who is found to be teaching their child how to be an accessory in their criminal activities, such as shoplifting.

**Confidentiality**
Strict confidentiality laws govern CPS investigations. Release of any information contained in a CPS investigation is done in accordance with the Child Protection Law. Mandated reporters should know that the identity of the reporting person is kept confidential by all staff and can be disclosed only with the consent of the person, by judicial process, or to those listed in Section 5 of the Child Protection Law (MCL 722.625). However, the alleged perpetrator may infer from the information in the report who made the referral.

Determining when to report situations of suspected child abuse or neglect is difficult for mandated reporters. For a list of indicators of child abuse and neglect, please refer to the Mandated Reporter Resource Guide, which can be found by going to [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare) and clicking on “Resources” underneath “Information for Providers”. The Mandated Reporter Resource Guide can be found under the heading titled “Child Abuse and Neglect.” In the Mandated Reporter Resource Guide, there is a copy of the Report of Actual or Suspected Child Abuse or Neglect (DHS-3200) with instructions on how to fill it out. When in doubt, contact your local CPS office for consultation. Additional information on reporting can be found at [www.michigan.gov/mandatedreporter](http://www.michigan.gov/mandatedreporter).

**Director’s Corner**, from page 1
Therefore, you may not share the special investigation report with parents. The letter of findings will be posted on the BCAL website, [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).

The law also has penalties associated with it. Failure to notify parents may result in a suspension of your child care license or registration. Persons who intentionally make a false report that results in a high risk investigation may be criminally charged.
Child care complaints can happen to the best of providers, but there are ways to reduce the likelihood of them occurring.

Follow the rules:
- Read the licensing rules and statutes on a regular basis and make sure the requirements are understood.
- Review the rule book’s technical assistance manual located on the child care licensing website at www.michigan.gov/michildcare. This manual contains detailed explanations of the rules and further information on how to maintain compliance. It also includes suggestions on how to excel above the rule requirements.
- Carefully read all materials sent by the department. Information addressing new rules, rule changes, clarifications on existing rules, or changes to 1973 PA 116 are sent by mail.
- Register to receive immediate updates on programs, activities, and initiatives through the Child Care Home listserv for home providers or the Child Care Center listserv for centers. Sign-up for electronic notifications on the licensing Web site under the section “Contact us.”
- If in doubt on a requirement, contact your consultant.

Communicate with parents:
- Have clearly outlined policies. Licensing rules require that centers develop an information packet to be distributed to parents upon their child’s enrollment. This packet must include the criteria for admission and withdrawal, schedule of operation, fee policy, discipline policy, nutrition and food service program, program philosophy, typical daily schedule, and health care plan. Explain these in detail so parents understand what is expected of them and know how the policies will be enforced.
- Home providers are required to have a written discipline policy that is distributed to parents. The other policies listed above are not required, but are encouraged.
- Enforce the policies. If the rule is bent for one parent, then others may pressure for the same treatment.
- Have daily communication with each parent. Share both positive and negative information. When addressing concerns, be tactful and conscious about the parent’s and child’s privacy.
- Handle parental concerns immediately. Don’t wait until it’s too late. Parents should feel comfortable addressing concerns and feel their problems are taken seriously. Be open to criticism and consider a possible compromise. Try to see things from their perspective, but remember to stick to the policies.
- Have a parent information board that highlights important news and announcements. Encourage parents to check the board on a daily basis.
- Call parents immediately when accidents, incidents, or injuries occur (no matter how minor) or when changes in their child are noticed. This gives the parent the option to pick-up their child if desired. Follow-up the call with written notification upon the parent’s arrival.
- Know your resources. There are many resources or trainings available to assist with caring for children with behavior issues.
- Know your personal/program strengths and limitations to assure a good fit for all.

Employ qualified staff:
- When hiring staff, make sure they are qualified and call references. Obtain all required paperwork before they begin working.
- Train staff thoroughly. Training on the licensing rules and regulations as well as proper child handling should occur on a regular basis. Part of the training should include hands on experience with the children under the supervision of another staff member/caregiver.
- Ensure staff understand all of the facility’s policies. Have policies in place for a variety of situations and review them on a regular basis. Not doing so could require the staff to decide on their own how to handle a situation and they may make the wrong decision.

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WHAT IS A CORRECTIVE ACTION PLAN?
Jacquelin Sharkey, Area Manager
Macomb/Oakland Counties

Once a child care licensing consultant completes an inspection of a facility, an exit interview is completed and then a corrective action plan (CAP) often needs to be written.

A corrective action plan is a written document prepared, signed, and dated by the licensee/licensee designee/registrant which addresses:

- How compliance with cited rule violations will be achieved. This statement will explain the procedure that will be used to correct the rule violation.
- Who is directly responsible for implementing the corrective action for each violation. This may be the licensee, the licensee designee, the registrant, another staff member, janitorial staff, or any other person(s) that will correct or assist in correcting the rule violation.
- Specific time frames for each violation as to when the correction will be completed or implemented. The time frame will depend on the correction that needs to be made. Some corrections need to be made immediately and others may require a few weeks to be accomplished. No matter when the correction will be made, the licensee or registrant is always responsible for appropriate care and supervision of the children in a safe environment at all times.
- How continuing compliance will be maintained once compliance is achieved. The correction of a rule violation should be implemented in a way that keeps the facility from being in noncompliance with the rule in the future.

When a CAP is written and given to the licensing consultant on-site, it is approved or disapproved at that time. If the CAP is approved then the inspection is complete and a report is written and sent to the licensee/registrant. If the CAP is not approved, the consultant will assist the licensee/registrant in developing a plan that is acceptable.

If a CAP is not completed on-site, a report will be sent to the licensee/licensee designee/registrant indicating that one will need to be written and submitted to the department within 15 days. If the CAP is not acceptable, a written notice will be mailed to the licensee/registrant with the reasons that the CAP has not been accepted. A revised CAP will then need to be submitted for review and approval. This process continues until a CAP has been accepted by the department. Once the CAP has been accepted, the licensee/registrant will be informed in writing that it has been accepted.

A corrective action plan gives the licensee, licensee designee or registrant an opportunity to show that the rule cited is understood and that they are willing to come into compliance with that rule in a reasonable amount of time. It also lays out the plan for maintaining compliance with the rule in the future. ✤
A child care home provider and center staff must report to the Bureau of Children and Adult Licensing (BCAL) any serious accident, injury, illness or medical condition occurring while a child is in care when it results in emergency medical treatment at a health facility, hospitalization, or death. Examples of serious accidents or injuries to a child that must be reported include, but are not limited to:

- Fractures and broken bones.
- Cuts requiring stitches.
- Serious burns.
- Serious or multiple animal bites.
- Head injuries.

Licensing rules require all child care homes and centers to make a verbal report to the licensing consultant within 24 hours of the incident. A telephone call or leaving a voice message meets the intent of this rule. For very serious incidents, including the death of a child, it is highly recommended that the incident be reported directly to a licensing staff. This verbal report assists the department in determining if a special investigation is warranted based on the circumstances of the incident. Any fire resulting in injury or damage to the facility, even during non-child care hours, must also be reported to the department within 24 hours.

A written report is to be submitted to the licensing consultant within 72 hours of the incident. The Incident, Accident, Illness, Death or Fire Report (BCAL-4603) form, available at www.michigan.gov/michildcare, must be used to document the circumstances of the incident, including actions taken by the caregiving staff. Make sure the caregiver fills out both pages of the incident report. The caregiver needs to describe in detail what happened, who was involved, witnesses, date and time of the incident, who was notified, what actions were taken, diagnosis of injury or illness, or the extent of any fire damage.

Keep your licensing consultant informed about anything that you feel is important. It is critical that we work as a team to assure the welfare and safety of the children in care. Work diligently every day to prevent incidents by:

- Supervising the children at all times.
- Maintaining required caregiver to child ratios.
- Using age-appropriate equipment.
- Completing ongoing safety inspections of the facility and outdoor play area.

Complaints, from page 8

- Have the staff keep a log of all injuries, accidents, and other notable observations. Note when children arrive at child care with injuries.
- NEVER leave a child unsupervised.

Have good community relations:

- Strive to have good relationships with the neighbors and others within the community. Ensure the staff, parents, and children are respectful of the neighbors and keep noise levels under control.
- View the facility through the eyes of a consumer or community member. What do they see?
- Many people hold child care providers behavior to a higher standard even when they are not providing care. Consider this when interacting after hours.

Although a complaint can be made about any facility at any time, following the above guidelines should reduce the possibility of one happening to you.
UPCOMING PROFESSIONAL DEVELOPMENT SEMINARS, CLASSES AND OTHER TRAINING OPPORTUNITIES

Michigan After School Collaborative Summer Summit
May 29, 2009
Lansing, MI
517-241-4290
http://www.misaca.org
stoela@michigan.gov

Michigan Healthy Mothers, Healthy Babies Conference
June 4-5, 2009
Holland, MI
http://www.hmhbmi.org

MiAEYC Infant-Toddler Conference
September 2009
Location and Dates TBA
www.MIAEYC.org
888-666-2392

Annual Michigan Parenting Awareness Conference
October 9, 2009
Marquette, MI
November 9, 2009
Lansing, MI
Prevention Network
800-968-4968

2009 Early On® Annual Conference
November 5-6, 2009
East Lansing, MI
http://eotta.ccresa.org
866-334-5437

AFTERSCHOOL TRAINING TOOLKIT

This web site has a number of research-based practices, sample lessons, video examples, and resources to support academic enrichment in afterschool.

www.sedl.org/afterschool/toolkits/

ONGOING PROFESSIONAL DEVELOPMENT CLASSES
(Call organization for classes, dates, and times.)


Child Care Expulsion Prevention (CCEP), Social and Emotional Training Series, 248-739-1414 or email mackrain@aol.com

T.E.A.C.H. (Teacher Education And Compensation Helps), www.mi4c.org/teach, 866-MITEACH or 866-648-3224

CONSUMER PRODUCT SAFETY COMMISSION
INFANT/CHILD PRODUCT RECALLS (not including toys)

These recalls have been added since November, 2008:

- The Land of Nod Recalls to Repair Cottage Bunk Beds Due to Fall Hazard.
- Playland International Recalls Swing Sets Due to Fall Hazard.
- Dorel Juvenile Group Recalls Safety 1st Stair Gates Due to Fall Hazard.
- Discount School Supply Recalls Jesus Fish Beads Due to Violation of Lead Paint.
- Fisher-Price Recalls Simplicity’s Rainforest™ Portable Play Yards Due to Fall and Entrapment Hazards.
- Stork Craft Recalls More Than 500,000 Cribs; Mattress Support Bracket Failures Create Risk of Entrapment and Suffocation.
- Top Goods Trading Recalls Flashing Pacifiers Due to Choking and Strangulation Hazard.
- Jardine Expands Recall of Cribs Sold by Babies“R”Us; Cribs Pose Entrapment and Strangulation Hazards.
- Munire Recalls “Newport” Cribs and Matching Furniture Due to Violation of Lead Paint Standard.
- Evenflo Recalls Majestic™ High Chairs Due to Fall and Choking Hazards.
- Regal Lager Recall to Replace Phil & Teds Strollers Due to Fall Hazard.
- Infant Death Prompts Recall to Repair 985,000 Delta Enterprise Drop Side Cribs; Missing Safety Pegs Can Cause Entrapment and Suffocation Hazards.

Details on these product recalls may be obtained on the Consumer Product Safety Commission’s web site: www.cpsc.gov