Michigan Child Care Matters

Appropriate Care and Supervision Issue 99

From the Division Director

Appropriate care and supervision. When you think about it, "appropriate care and supervision" is the job description of all caregivers, lead caregivers and program directors. As a caregiver, you have the responsibility to provide appropriate care and supervision to the children that attend your home or center. Almost every administrative rule we have can be viewed as relating to appropriate care and supervision.

This is one of the reasons licensing consultants must focus on rule compliance. One rule in and of itself may not seem to be all that important. But not following rules is a slippery slope that can lead to serious and unintended consequences:

- A parent asks you to help out by taking several children you do not normally care for on a day that you are already at capacity. By doing so you exceed your capacity and you may also be out of ratio.
- Two caregivers become engaged in a discussion about a current event or a recent movie while their group of toddlers is involved in small group activities. While their attention is no longer focused on the children, one child becomes upset with something and bites another child.
- A home provider has run out of milk. It's almost lunchtime and she needs to go to the store to buy more milk. Since she only has five children in care, she bundles them up and puts them in the car to go to the store. She doesn't have parental permission to transport one of the children, but the store is only a mile away. On the way there, she gets into an accident and one of the children is injured.

Our technical assistance for child care centers states that caregivers "…have the responsibility to meet the basic needs of each individual child and to assure for their safety and well-being." If at the end of each day, you can look back and see that you have done this, you are doing your job.

James S. Sinnamon
Child Care Licensing Division Director

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Keeping Children Safe on the Playground

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Washtenaw County

Outdoor play for children encourages movement and gross motor learning. The outdoor play area should be considered an outdoor classroom and an extension of the learning environment. Children learn by exploration, so outdoor spaces must be safe and yet challenging for children to test their abilities.

However, every year more than 200,000 children are seen in emergency rooms because of injuries on child care, school or park playgrounds. The most common injuries are typically fractures, contusions, abrasions, and lacerations. Worse, on average, 15 children die each year on the playground, typically from accidents like hangings, asphyxiations and head and neck injuries. Here are some suggestions for avoiding injuries:

- **Maintain your outdoor play area** - Make sure your outdoor play area is well maintained. Caregivers should regularly assess the outdoor play area. A written checklist can be used as a guide for inspections and to document any issues found. The checklist should have some standard items such as: (1) Is all the equipment in working order? (2) Does the playground surface meet standards? (3) Is the area free from hazards? Regular inspections are critical to prevent deterioration of equipment and the presence of hazardous materials within the outdoor play area.

- **Heading to and leaving the outdoor play area** - Make sure to count the children before leaving the home or classroom and prior to leaving the outdoor play area. Counting children and proper supervision ensures that no children are left behind. It is important for caregivers to complete head counts and check the outdoor play area prior to leaving for children who may be hiding in the play equipment.

- **Ratio and supervision** - Make sure you have proper child-to-adult ratio at all times. This includes planning for how to appropriately supervise all children when a child has to use the bathroom or if a caregiver has to tend to a minor injury. Also, have a plan for outdoor play. Position caregivers so the entire play area is being supervised at all times. Caregivers positioned in all areas of the outdoor play area can reduce injuries and will also keep adults from standing together and socializing. This also helps caregivers see the playground from different perspectives. Clear expectations for caregivers will ensure safety in and around the outdoor play area.

- **Equipment** – All equipment should be age-appropriate. If you have multiple age groups on playground equipment, caregivers should steer children toward age-appropriate equipment and avoid areas that could be a safety hazard. Children of different ages differ dramatically – not only in physical size and ability but also in their cognitive and social skills. Equipment that is sized for larger or older children poses challenges that younger or smaller children may not be able to meet. See Table 1 from the Consumer Product Safety Commission (CPSC) 2010 Edition of the Handbook for Public Playground Safety below for examples of age-appropriate equipment.

Examples of Age-appropriate Equipment		
Toddler 6 to 24 months	**Preschool 2 to 5 years**	**Grade School Ages 5 to 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 seesaws
Spiral sides less than 360 degrees	Rung ladders	Ladders - horizontal, rung and step
Spring rockers	Single file stepladders	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
		Track rides
		Vertical sliding poles
* See the CPSC’s 2010 Edition of the Handbook for Public Playground Safety for more information.		

All equipment from which a child may fall must have a safety surfacing beneath the equipment. This can be a thick layer of mulch, sand or synthetic shock-absorbing surfacing such as shredded rubber. Equipment used for climbing must not be placed over, or immediately next to, hard surfaces such as asphalt, concrete, dirt, or grass. All pieces of playground equipment must be surrounded by a shock-absorbing surface.

Outdoor play has many benefits for children. Let’s keep safety in the forefront of our minds as we strive to provide an environment in which our children thrive. ❖

Caring for Children with Special Needs

Katrice Sweet, Licensing Consultant
Ingham County

There may be a time when a family would like to enroll in your program a child who requires more of your attention than the other children. This child may have more energy, be more curious, be strong-willed, need several reminders, be aggressive, or may have specific developmental delays or impairments. You must decide if you are able to provide appropriate care for that child while maintaining appropriate care for the other children enrolled in your program. There are several things to consider before the initial enrollment process.

One important consideration is if you have the proper education to provide appropriate care for the needs of the child. Do you know enough about the child's delays or disabilities to provide an environment that both challenges and celebrates success? Are you able to provide an environment that is free from obstacles, allowing the child access to all areas of your facility? Do you have appropriate equipment and materials? Are you able to provide a private, quiet area so that a child has a space to calm down and relax when she becomes overstimulated or stressed? Are you able to provide a rich learning environment that will encourage a progression and mastery of appropriate skills?

After evaluating your program to determine whether or not you are able to accommodate a child with special needs or developmental delays, you must have constant ongoing communication with the child's family. It is important that you and the parents are on the same page when it comes to what types of experiences are important, what your expectations and their expectations are and how setbacks, inappropriate behaviors, etc. are going to be handled. A very important question to ask parents is whether or not the child may need one-on-one attention, and if so, who is going to provide the extra caregiver?

Child care providers often have many questions regarding whether or not they are required to care for children with special needs or developmental delays. Below are a few commonly asked questions regarding the Americans with Disabilities Act taken from the U.S. Department of Justice Civil Rights Division website:

Q: Does the Americans with Disabilities Act -- or "ADA" -- apply to child care centers?
A: Yes. Privately run child care centers -- like other public accommodations such as private schools, recreation centers, restaurants, hotels, movie theaters, and banks -- must comply with Title III of the ADA. Child care services provided by government agencies, such as Head Start, summer programs, and extended school day programs, must comply with Title II of the ADA. Both titles apply to a child care center's interactions with the children, parents, guardians, and potential customers that it serves.

Q: Which child care centers are covered by Title III?
A: Almost all child care providers, regardless of size or number of employees, must comply with Title III of the ADA. Even small, home-based child care that may not have to follow some state laws are covered by Title III. The exception is child care centers that are actually run by religious entities such as churches, mosques or synagogues. Activities controlled by religious organizations are not covered by Title III.

Q: What are the basic requirements of Title III?
A: The ADA requires that child care providers not discriminate against persons with disabilities on the basis of disability, that is, that they provide children and parents with disabilities with an equal opportunity to

participate in the child care programs and services. Specifically, child care facilities:

- Cannot exclude children with disabilities from their programs unless their presence would pose a direct threat to the health or safety of others or require a fundamental alteration of the program.
- Have to make reasonable modifications to their policies and practices to integrate children, parents and guardians with disabilities into their programs unless doing so would constitute a fundamental alteration.
- Must provide appropriate auxiliary aids and services needed for effective communication with children or adults with disabilities, when doing so would not constitute an undue burden.
- Must generally make their facilities accessible to persons with disabilities. Existing facilities are subject to the readily achievable standard for barrier removal, while newly constructed facilities and any altered portions of existing facilities must be fully accessible.

Q: How do I decide whether a child with a disability belongs in my program?
A: Child care programs cannot just assume that a child's disabilities are too severe for the child to be integrated successfully into the child care program. The program must make an individualized assessment about whether it can meet the particular needs of the child without fundamentally altering its program. In making this assessment, the caregiver must not react to unfounded preconceptions or stereotypes about what children with disabilities can or cannot do, or how much assistance they may require. Instead, the caregiver should talk to the parents or guardians and any other professionals (such as educators or health care professionals) who work with the child in other contexts. Providers are often surprised at how simple it is to include children with disabilities in their mainstream programs.

Child care programs that are accepting new children are not required to accept children who would pose a direct threat or whose presence or necessary care would fundamentally alter the nature of the child care program.

Q: Our center specializes in "group child care." Can we reject a child just because she needs individualized attention?
A: No. Most children will need individualized attention occasionally. If a child who needs one-to-one attention due to a disability can be integrated without fundamentally altering a child care program, the child cannot be excluded solely because the child needs one-to-one care.

For instance, if a child with Down Syndrome and significant cognitive delays applies for admission and needs one-to-one care to benefit from a child care program, and a personal assistant will be provided at no cost to the child care center (usually by the parents or through a government program), the child cannot be excluded from the program solely because of the need for one-to-one care. Any modifications necessary to integrate such a child must be made if they are reasonable and would not fundamentally alter the program. This is not to suggest that all children with Down Syndrome need one-to-one care or must be accompanied by a personal assistant in order to be successfully integrated into a mainstream child care program. As in other cases, an individualized assessment is required. But the ADA generally does not require programs to hire additional staff or provide constant one-to-one supervision of a particular child with a disability.

Q: What about children whose presence is dangerous to others? Do we have to take them too?
A: No. Children who pose a direct threat -- a substantial risk of serious harm to the health and safety of others -- do not have to be

Continued on the next page

admitted into a program. The determination that a child poses a direct threat may not be based on generalizations or stereotypes about the effects of a particular disability; it must be based on an individualized assessment that considers the particular activity and the actual abilities and disabilities of the individual.

Q: One of the children in my center hits and bites other children. His parents are now saying that I can't expel him because his bad behavior is due to a disability. What can I do?
A: The first thing the provider should do is try to work with the parents to see if there are reasonable ways of curbing the child's behavior. He may need extra naps or changes in his diet or medication. If reasonable efforts have been made and the child continues to bite and hit children or staff, he may be expelled from the program even if he has a disability. The ADA does not require providers to take any action that would pose a *direct threat* -- a substantial risk of serious harm -- to the health or safety of others. Centers should not make assumptions, however, about how a child with a disability is likely to behave based on his or her past experiences with other children with disabilities. Each situation must be considered individually.

Q: If an older child has delayed speech or developmental disabilities, can we place that child in the infant or toddler room?
A: Generally, no. Under most circumstances, children with disabilities must be placed in their age-appropriate classroom, unless the parents or guardians agree otherwise.

Q: We diaper young children, but we have a policy that we will not accept children more than 3 years of age who need diapering. Can we reject children older than 3 who need diapering because of a disability?
A: Generally, no. Programs that provide personal services such as diapering or toileting assistance for young children must reasonably modify their policies and provide diapering services for older children who need it due to a disability. Generally speaking, programs that diaper infants should diaper older children with disabilities when they would not have to leave other children unattended to do so.

Programs must also provide diapering services to young children with disabilities who may need it more often than others their age. Some children will need assistance in transferring to and from the toilet because of mobility or coordination problems. Programs should not consider this type of assistance to be a "personal service."

Q: We do not normally diaper children of any age who are not toilet trained. Do we still have to help older children who need diapering or toileting assistance due to a disability?
A: It depends. To determine when it is a reasonable modification to provide diapering for an older child who needs diapering because of a disability and a program does not normally provide diapering, the program should consider factors including, but not limited to, (1) whether other non-disabled children are young enough to need intermittent toileting assistance when, for instance, they have accidents; (2) whether providing toileting assistance or diapering on a regular basis would require a child care provider to leave other children unattended; and (3) whether the program would have to purchase diapering tables or other equipment.

If the program never provides toileting assistance to any child, however, then such a personal service would not be required for a child with a disability. Please keep in mind that even in these circumstances, the child could not be excluded from the program because he or she was not toilet trained if the center can make other arrangements, such as having a parent or personal assistant come and do the diapering.

Q: Can we exclude children with HIV or AIDS from our program to protect other children and employees?
A: No. Programs cannot exclude a child solely because he has HIV or AIDS. According to the vast weight of scientific authority, HIV/AIDS cannot be easily transmitted during the types of incidental contact that take place in child care programs. Children with HIV or AIDS generally can be safely integrated into all activities of a child care program. Universal precautions, such as wearing latex gloves, should be used whenever caregivers come into contact with children's blood or bodily fluids, such as when they are cleansing and bandaging playground wounds. This applies to the care of all children, whether or not they are known to have disabilities.

Q: How do I make my child care center's building, playground and parking lot accessible to people with disabilities?
A: Even if you do not have any disabled people in your program now, you have an ongoing obligation to remove barriers to access for people with disabilities. Existing privately-run child care programs must remove those architectural barriers that limit the participation of children with disabilities (or parents, guardians or prospective customers with disabilities) if removing the barriers is *readily achievable*, that is, if the barrier removal can be easily accomplished and can be carried out without much difficulty or expense. Installing offset hinges to widen a door opening, installing grab bars in toilet stalls, or rearranging tables, chairs and other furniture are all examples of barrier removal that might be undertaken to allow a child in a wheelchair to participate in a child care program. Programs run by government agencies must ensure that their programs are accessible unless making changes imposes an undue burden; these changes will sometimes include changes to the facilities.

Including a child with special needs in your program can be very rewarding for everyone involved. As the provider, you must know what each child's needs are and determine if you are capable of providing appropriate care for all the children attending your facility.

Q: I still have some general questions about the ADA. Where can I get more information?
A: The Department of Justice operates an ADA Information Line. Information Specialists are available to answer general and technical questions during business hours on the weekdays. The Information Line also provides 24-hour automated service for ordering ADA materials and an automated fax back system that delivers technical assistance materials to fax machines or modems.

800-514-0301 (voice)
800-514-0383 (TDD)

The ADA homepage, which is updated frequently, contains the Department of Justice's regulations and technical assistance materials, as well as press releases on ADA cases and other issues. Several settlement agreements with child care centers are also available on the homepage at: www.usdoj.gov/crt/ada/.

The Equal Employment Opportunity Commission offers technical assistance on the ADA provisions for employment which apply to businesses with 15 or more employees.

Employment Questions
800-669-4000 (voice)
800-669-6820 (TDD)

Employment Documents
800-669-3362 (voice)
800-800-3302 (TDD) ❖

Capacity and Ratio

Katrice Sweet, Licensing Consultant
Ingham County

Both child care homes and child care centers must follow specific caregiver-to-child ratio and capacity requirements, depending upon the age of the children present and the space available for use. This can be somewhat confusing for providers but it is important that you understand and follow the requirements based on your individual situation.

Capacity is the maximum number of children allowed at any given time. Child care homes have different capacities: six unrelated children for family homes and 12 unrelated children for group homes. Providers may not provide care for more unrelated children than the license capacity. If the home has a concurrent license (the provider is also a licensed foster parent), the capacity will be reduced depending upon the number of household children and the capacity of the foster care license.

In child care centers, each classroom approved for child care use is measured in order to determine the square footage of the room. The square footage is one factor used to determine the maximum number of children allowed in each room at any given time. For infants and toddlers, 50 square feet per child is required. Preschool and school-age children require 35 square feet per child. 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. Appropriate square footage 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. Typically, the original licensing study report or an addendum to the original licensing study report will indicate the square footage and the capacity of a particular classroom.

Caregiver-to-child ratio is the number of children for which each caregiver is responsible for providing appropriate care and supervision. In child care homes, each provider can care for up to six unrelated children and related children under the age of 7; however, only two of those six can be under the age of 18 months, and four of the six can be under 30 months. See the Home Ratio Chart.

In child care centers, the caregiver-to-child ratio is based on the age of the children in the classroom. When there are mixed age groups, the ratio is based on the youngest child in the classroom. This includes the playground. If all classrooms are playing in the same space on the playground, the ratio is based on the youngest child on the playground. See the Center Ratio Chart.

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 to occur with lower caregiver-to-child ratios. If you have any questions regarding caregiver-to-child ratios or room capacity, contact your licensing consultant. ❖

Center Ratio Chart	
Age	**Caregiver-to-Child Ratio**
Infants and Toddlers (Under 30 Months of Age)	1:4
Preschoolers (30 Months to 3 Years of Age)	1:8
Preschoolers (3-Year-Olds)	1:10
Preschoolers (4-Year-Olds until School-Age)	1:12
School-agers	1:18

Home Ratio Chart							
	Children Less Than 18 Months of Age		**Children 18 - 29 Months of Age**		**Children 30 Months of Age and Older**		**Total**
Number of Caregiving Staff: Each caregiver may supervise up to 6 children at any one time in any of the following combinations of age groups of children.	0	+	0	+	6	=	6
	0	+	1	+	5	=	6
	0	+	2	+	4	=	6
	0	+	3	+	3	=	6
	0	+	4	+	2	=	6
	1	+	0	+	5	=	6
	1	+	1	+	4	=	6
	1	+	2	+	3	=	6
	1	+	3	+	2	=	6
	2	+	0	+	4	=	6
	2	+	1	+	3	=	6
	2	+	2	+	2	=	6

Want to Receive Credit for Reading Michigan Child Care Matters?

Licensing has now developed tests based on the content of each issue of this newsletter. Each article will include a symbol (below) in the title of the article to identify the content as appropriate for center caregivers, home caregivers or all caregivers. The tests will be geared to those articles.

To receive one clock hour of annual training, you must read all of the home- or center-related articles in three different issues and pass the tests associated with those issues during that calendar year. Only one clock hour of your annual training requirements each year can be earned by reading issues of Michigan Child Care Matters.

When taking a test, you will need an access code. To obtain an access code, just email Colleen Nelson (NelsonC7@michigan.gov) with your name and license number.

Article is appropriate for **all** child care providers.

Article is appropriate for **center** child care providers.

Article is appropriate for **home** child care providers.

Multi-Level Home Care

Jacquelin Sharkey, Area Manager
Macomb County

Appropriate care and supervision must be maintained at all times when caring for children. What does that mean when you have multiple levels or floors in your home that are approved for child care? There are times when you may need to be on a different level than the children. This is not a problem if you have an assistant caregiver or a volunteer to help you supervise the children on each level. It is more difficult when you are the only caregiver. You may have the basement approved and you need to go to the main level to answer the door or prepare lunch. Do you need to take all of the children with you?

Effective monitoring of children must occur at all times. In the everyday life of a busy child care provider, there are two kinds of supervision of children: direct and indirect supervision.

Direct supervision means the caregiving staff is:

- In the same area as the children.
- Immediately available to them.
- Directly overseeing their activities.
- Interacting with them.

Indirect supervision means the caregiving staff is:

- Overseeing the children's activities from another area.
- Aware of the activities in which the children are involved.
- Providing regular, periodic direct supervision of children

Individual judgment, as to the use of appropriate direct and indirect supervision, depends on circumstances unique to each home and child. You must know where the children are and what they are doing at all times. When leaving the area where the children are located, you must assess the following to determine whether you need to take the children with you or not:

- Ages of the children. Younger children need more direct supervision than older children do.
- Number of children. The more children present, the more chances for issues to occur.
- Developmental needs, including any special needs, of each child.
- Health of the child, including common illnesses and chronic illnesses and conditions.
- Activities taking place, including water activities. Water activities require direct supervision at all times.
- Areas being used.

Keep in mind that the rules for sleeping infants state that caregivers must maintain supervision and monitor a sleeping infant's breathing, sleep position and bedding for possible signs of distress. It is recommended that infants always be on the same floor level as a caregiver or assistant caregiver.

In addition, if children of any age are in care between the hours of midnight and 6 a.m., at least one caregiver must be on the same floor level as the sleeping children.

When you provide care for other people's children, you have a responsibility to assure their safety and well-being. To achieve this, the most important thing you can do is to provide appropriate care and supervision of all children at all times. ❖

Everyone's Worst Nightmare: A Missing Child

Katrice Sweet, Licensing Consultant, Ingham County

Reprint from Issue 92

You are caring for the most precious commodity of all times, a child. This is a tremendous responsibility that cannot be taken lightly. You must assure that the children you care for are safe and accounted for at all times. Understanding the significance of your responsibility and having proper accountability procedures in place will prevent you from losing a child.

Before bringing children into your home or center, walk through your facility to determine if there are any potential hiding places. Check to see how easily doors can be opened allowing children to enter another area of the facility or the outdoors. You may want to put chimes or bells on doors that lead outside to alert you when a door opens. This will prevent a child from leaving without your knowledge.

Review your daily schedule and program before bringing children into your facility. Analyze how transitions, bathroom usage, meal preparation and service, transportation, staff shift changes, emergency evacuation, etc. will be managed. Create written policies and procedures for appropriate supervision of children during all hours of the day and all aspects of your program. If you have assistant caregivers, make sure they understand your expectations. Once children are in attendance, make sure your policies and procedures are effective for the group that is in care. There will be times when you will need to update and change them to complement the personalities of the children. It is important to reevaluate your programming as children enroll and existing children experience different milestones and developmental changes.

Another general safety measure to prevent losing a child is to stay within your licensed capacity and maintain required caregiver-to-child ratios at all times. Maintain accurate daily attendance by recording times immediately upon arrival. Your arrival/departure policy for parents could state that the parent must sign the child in and out and physically talk with the child's caregiver so that the caregiver is aware the child is now in his or her care or is now leaving care. Be sure that you and your assistant caregivers know which children you are accountable for at all times.

Count the number of children in your care often. There should never be a question as to how many children are present. Count children before, during and after transitions, especially if you are entering or leaving the facility or outdoor play area. If you have an outdoor play area that is not fenced, it is extremely important to count the children often while you are outside to ensure no one has wandered away.

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Teenagers as Assistant Caregivers

Maureen McNamara, Licensing Consultant
Shiawassee County

In a child care center, most teenagers do not serve as assistant caregivers, as the requirements are much different than in a child care home. In a center, a teenage assistant caregiver cannot be younger than 17 years old. A 17-year-old would qualify as an assistant caregiver in a child care center only if he or she has satisfactorily completed a program of at least one year of a vocational-occupational educational careers training program that has been approved by the Michigan Department of Education. These vocational type programs are most often offered through a vocational education program with the local high schools. The second way would be completing one year of apprenticeship in a recognized child care apprenticeship program sponsored by the U.S. Department of Labor. Documentation of training must be kept on file at the center.

Family and group child care homes may use teenage caregivers as assistants beginning at age 14. Any assistant caregiver in a child care family or group home ages 14-17 must always work under the supervision of an adult caregiver. This means a teenage assistant caregiver can never be left alone with children in care.

Parents must be notified when anyone 14-17 years of old is working as an assistant caregiver. This notification to the parents is documented on the Child in Care Receipt (BCAL-3900). The BCAL-3900 must be kept on file so it is available for review when a licensing consultant conducts an inspection.

Teenage assistant caregivers in family and group child care homes are required to obtain the same documentation as an adult assistant caregiver. These records must be kept on file so they are available for review when a licensing consultant conducts an inspection.

Prior to caring for children, they need to:

- Obtain a TB test verified any time prior to employment.
- Receive training in infant safe sleep practices and shaken baby syndrome.

The following records must be on file in the time frames outlined below:

- Within 90 days of hire, documentation of infant/child/adult CPR and first aid training and blood borne pathogen training.
- Physical evaluation within one year prior to employment.

Since they are under 18 years old, a self-certifying statement must be completed and signed by the teenage assistant caregiver. The individual home provider may create his or her own form confirming that the teenage caregiver:

- Has no convictions for child abuse or child neglect or any felonies involving harm or threatened harm to an individual.
- Has not been substantiated as a perpetrator of child abuse or neglect.

Additionally, every teenage assistant caregiver must sign a written statement that he or she:

- Knows abuse and neglect of children is unlawful.
- Is mandated by law to report child abuse and neglect.
- Has received a copy of the home provider's discipline policy.

Teenage assistant caregivers must also complete the five hours of training each year.

When choosing a teenager as an assistant caregiver, the family or group child care home

provider needs to assure that the teenager is mature, responsible and able to meet the needs of the children in care. It is beneficial to have the teenager shadow the adult caregiver for a few days prior to hiring him or her. This provides the teenager an opportunity to learn from the adult caregiver what the position would entail on a daily basis so he or she can decide if this position is a good match. It also allows the adult caregiver an opportunity to observe the teenage caregiver to see how he or she acts around and responds to the children and if he or she is reliable. It is important for the adult caregiver to evaluate whether the teenager has a basic understanding of the developmental needs of children, is able to make good decisions in the care of children, is able to distinguish between right and wrong, and is able to act rationally with children. The teenage caregiver must be willing to complete all tasks that would be required of him or her in an assistant caregiving position such as soothing a crying baby, changing a diaper, preparing food, sitting on the floor and interacting with children, redirecting children and reading children books.

When you hire teenagers as assistant caregivers, you are asking a lot from them. It is important that the adult caregiver be available to model appropriate caregiving and closely supervise the teenager in their care of children. You will be offering them an educational experience that could steer them on a career path of early childhood education and/or development. They may enjoy the experience enough that they become our future child care providers. ❖

Everyone's Worst Nightmare, from page 11

If you do field trips away from your facility, there are a number of things you can do to ensure a child is not lost. Below are a few tips:

- Do head counts frequently – every 10 to 15 minutes.
- Have children wear the same bright colored T-shirt and a name tag identifying the name of your child care facility.
- Have caregivers carry cell phones or walkie talkies so they can stay in constant contact with each other.
- Increase caregiver-to-staff ratios or request parent volunteers to assist on the field trip.
- Implement a buddy system.
- Have a meeting spot if a child gets separated from the group.

Ongoing supervision is essential! Always know where your children are and what they are doing. As a caregiver, you can never let your guard down, not even during naptime. Your attention must always be on the children. If your responsibility at the time is caring for and supervising children, there isn't time for socializing with your assistants, planning after hour activities or completing lesson plans. It seems to never fail, as soon as you feel comfortable in the role as a caregiver, confident in your ability to supervise children, you start to slack on constant supervision. That is precisely when, all of the sudden, you notice a child is missing. Or worse yet, you don't notice. Imagine the horrendous consequences that could follow. There is never an acceptable excuse for losing track of a child.

If you lose a child, immediately call 9-1-1. Do not spend time looking for the child first. ❖

Field Trips

Yolanda Sims, Area Manager
Kalamazoo County

When it comes to education, not all learning activities come from inside the child care facility. A big part of children's educational development is looking at the world around them and learning to apply it to lessons taught in the child care setting.

Field trips are an important and fun part of the learning process and a time when children's curiosity and interest can be stimulated. Field trips not only expand children's learning by providing them with hands-on experiences, they also increase children's knowledge and understanding of the world in which they live. Field trips allow children to explore and experience activities to which they may not otherwise be exposed. The places the children visit become extensions of their classroom learning environment. As a result, field trips require the same careful planning as you do for when you are at the facility in order to ensure appropriate care and supervision is provided at all times.

As a caregiver you can never let your guard down, especially during a field trip. Your attention must always be on the children. Providing appropriate care and supervision of children at all times includes:

- Knowing in what activities all children are engaged.
- Maintaining required caregiver-to-child ratios and group size.
- Knowing the whereabouts of each child at all times.
- Being close enough to the children to provide for their safety.

When children are taken on a field trip, special precautions are necessary. Children can become disoriented in strange places or crowds. This is a time when you are more likely to have a child become separated from the group or forgotten by the caregivers. Visiting a potential field trip site beforehand helps you become familiar with the site and aids in determining if the field trip is appropriate for your group of children.

Preparation of caregivers and children prior to taking a field trip can prevent lost children. Caregivers should talk to the children before the trip. Make sure they know who their assigned caregiver is during the trip and identify a meeting place in case they become separated from their group. Children should also know what to do if they do not see their assigned caregiver. To ensure the safety of every child during a field trip, it is important for caregivers to understand and implement proper field trip procedures. Here are a few suggestions:

- Caregivers should do head counts frequently, every 10 to 15 minutes.
- Devise a system for identifying children in your group.
- Have caregivers carry a cell phone to stay in contact with each other.
- Increase caregiver-to-child ratios.
- Implement a buddy system.
- Have a meeting spot if a child gets separated from the group.

"Keeping Track at All Times: Preventing Lost Children (BCAL Pub-687)" discusses supervision of children during a field trip. The publication reinforces that adequate supervision is required at all times and is vital to keep track of children. Each caregiver should be assigned to a specific group of children, and the caregiver must be aware of their children at all times. The caregivers must know their responsibilities and also know the established emergency procedures. Children should be

counted before leaving the facility, once at the designated site, periodically throughout the trip, when they are getting back into their assigned vehicle, and when they return to the facility.

A specified caregiver should have an accurate attendance checklist and a Child Information Record (BCAL-3731) or comparable facsimile for each child. Written parental permission is required prior to each field trip. It is recommended that when on field trips, a caregiver with valid CPR and first aid training be present.

As always it is the responsibility of the caregivers to keep track of children at all times. Proper planning, appropriate supervision and adequate caregiver-to-child ratio should be considered when planning for a field trip to help ensure the safety of the children. Licensing rules require centers and homes to always maintain appropriate ratio at all times, including when children and caregivers are away from the center and off the premises. Remember, when planned correctly, field trips can awaken a desire in a child to try new things. ❖

Tips for Cell Phone Use by Caregivers

1. Cell phones have an important place in our daily lives, however, in the workplace, your cell phone should be turned off or placed on vibrate. If cell phones are present, use only when appropriate and necessary and in compliance with the business owner's policy.
2. When with children, tune into their needs and tune out the cell phone. It can be viewed as a negative behavior and minimizes the modeling behaviors of respect and courtesy to children. When you are engaged with your cell phone, you are not providing appropriate care and supervision of children.
3. Most often you do not need to immediately answer a call or text message. Make your replies when you are on break and not directly responsible for the care of children.
4. Cell phone chatter is a distraction. Accidents can easily occur when a caregiver is engaged in his or her cell phone activity and not engaged with the children.
5. If it is necessary to talk on the cell phone, personal information you may share over the cell phone will be heard by many little ears. Be sure you keep your conversations short and use appropriate language.
6. Make sure you have a policy on cell phone use and make sure all staff follow it.

Appropriate Care and Supervision During Food Service

Catherine Edgar, Licensing Consultant
Genesee County

Meal service can be a busy time in both home and center child care settings. Some centers are able to have a staff member that just does food preparation. Other centers may have food brought in from an approved outside source. Many centers and certainly home child care providers do not always have this ability. A caregiver that is preparing a meal or snack for children is not always able to provide proper care and supervision at the same time. Even in programs in which the children may bring their own lunch, packages have to be opened and items may need to be heated up, taking caregivers away from providing proper care and supervision during this time. It is important that proper caregiver-to-child ratio is maintained during all aspects of food service.

Meal preparation is not the only time in food service in which both center and home providers must pay special attention to maintaining appropriate care and supervision. This is also important during meal serving and during cleanup after meals. Not only do proper caregiver-to-child ratios need to be maintained during each of these activities, but caregivers need to be aware of the whereabouts of each child and be close enough to children to provide for their safety during this time. Some questions to ask yourself during food service to assess whether or not appropriate care and supervision is being provided during this time are:

- Is proper caregiver-to-child ratio being maintained when a meal or snack is being prepared?
- Are children left sitting and waiting too long for a meal or snack to be served?
- Are caregivers able to sit down and eat with children in care or are they too busy with food service?
- Is cleaning up after food service detracting from the care and supervision of children?

In addition to asking these questions, you may wish to have an outside person come in and observe your center's or home's food service to see if improvements might be able to be made. Sometimes a fresh set of eyes on this normally chaotic time can help you make changes to the process in order for it to run more smoothly and to ensure that appropriate care and supervision are being provided at all times. Some best practices for maintaining proper supervision during food service are:

- Have children wash their hands just before eating and in small groups that can be easily supervised.
- Encourage caregivers to sit with children during meals and snacks.
- Make sure to have all necessary supplies, such as napkins for spills and extra utensils in case one gets dropped, within reach so a caregiver does not have to leave the room to retrieve items once food is served.
- Have a written policy for all staff outlining exactly who will do what during meals and snacks and how proper supervision of children will be maintained at these times
- Serve food family style instead of preparing each child's plate for them to save time.
- Consider having snacks that are ready to serve with minimal preparation involved.
- Whenever possible, prepare meals and snacks ahead of time.

Meal and snack time should be a positive experience for both children and caregivers. Properly supervising children during these times will reduce the amounts of incidents or accidents children have and the amount of stress that caregivers may experience. ❖

Supervision During Naptime

Kate DeKoning, Licensing Consultant
Muskegon County

Children need supervision when they are asleep just like they do when they are awake. A child may have a bad dream and need comforting, an infant may experience distress and need repositioning or a child may wake up and decide to explore a place that may not be child safe.

Children benefit from scheduled periods of rest. This rest may take the form of actual napping, a quiet time or a change of pace between activities. 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.

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

At a child care home, where there may only be one caregiver, children may be napping or resting in numerous rooms where the provider can't provide direct supervision for all of them. The rooms used for napping need to be approved child care use spaces and free of any hazardous equipment and materials. Just because a child is in a crib or pack-n-play doesn't mean hazards can be left in drawers or otherwise be accessible to a child who wakes up and finds the means to get out of the crib or pack-n-play and goes exploring. All sleeping children need to be visually checked on a regular basis to make sure they are not in distress.

If children are not sleeping on the same level as you (perhaps you have some napping in a basement playroom and/or others on an upper floor) take the following into consideration:

- Do older children know what to do in case of an emergency? Have you practiced fire drills from napping rooms?
- If there is an emergency, how will you help children on different levels and in different rooms exit the house?
- If a child is in a basement and you are on a different level, can he/she use the emergency exit without help?
- Can you hear all the children if one of them needs you?

If the answer to any of the above is no, you may need to reconsider your preparation for naptime supervision and where the children are sleeping. While a naptime fire drill is not required, it is important to have a plan to assure that during a naptime emergency, you can help all children safely exit the house.

For homes and centers, monitoring infant sleeping must be continual and must include visual observation of infants. Video or auditory monitors **do not** take the place of first hand observation. It is recommended that you check sleeping infants every 15 - 20 minutes by standing close enough to the infant to observe breathing patterns, sleep position and any signs of distress or discomfort. To do this, the lighting in the room should be sufficient to see the infant breathing.

Supervision is the primary means of keeping children safe. By planning supervision for naptime, you are assuring the safety of each child in your care. ❖

When to Call 911 and Notify Parents

Thanh Biehl, Licensing Consultant
Washtenaw County

Keeping children safe and healthy is a primary concern for child care providers. Unfortunately, there is a good chance that children will experience some scrapes and bruises, and may also become ill while attending child care. When this happens, many providers find themselves asking if they should call 911 or the child's parents.

When a child becomes seriously injured or sick, it is important to assess the child's health and situation to make the appropriate decision. First aid and emergency care may be necessary. If it is a potentially life-threatening situation, the provider should call 911 immediately. Parents should then be notified. (If the parents cannot be reached, contact the emergency person(s) listed on the Child Information Record (BCAL-3731).) Call 911 if the child:

- Is unconscious, semi-conscious or unusually confused.
- Has a blocked airway.
- Is not breathing.
- Is having difficulty breathing, has shortness of breath or is choking.
- Has no pulse.
- Is coughing up or vomiting blood.
- Has been poisoned.
- Has a severe allergic reaction.
- Has a seizure for the first time, a seizure that lasts more than 5 minutes or an atypical seizure.
- Has serious injuries to the head, neck or back.
- Has sudden, severe pain anywhere in the body.
- Has a life-threatening injury, such as severe eye injuries, amputations or other injuries that may leave the child permanently disabled unless he receives immediate care.

If any of the above conditions exist, or if you are not sure, it is best to call 911. In treating a serious illness or injury, it is always best to err on the side of caution and request medical assistance.

Licensing rules require providers to inform parents when the provider observes changes in the child's health, when a child experiences accidents, injuries or incidents, or when a child is too ill to remain in the group. Child care homes must notify parents promptly. Child care centers must develop and implement a plan for when and how parents will be notified. The plan must address how parents will be notified, such as:

- Written injury report they receive at pickup.
- 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 pickup if the child falls and skins her knee. The plan must address the timeframes for when parents will be notified and who will notify the parent.

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 spit 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 himself and is complaining about discomfort or is just cranky and crying more than usual for that child.
6. Any head or face injury – Notify the parents so the parent can determine what treatment they want for their child.

The licensing rules also require providers to make a verbal report to the department within 24 hours, and submit a written report within 72 hours, if a child received medical treatment or was hospitalized for an injury, accident or medical condition that occurred while the child was in care.

When a provider becomes aware that a child in care or staff has been diagnosed with a communicable disease, it is the responsibility of the provider to notify all parents of children in care. When informing parents of their child's exposure to a communicable disease, the name of the ill child must not be released.

Not all illnesses or injuries are alike. It is important to consider the types of emergencies or situations that may occur while children are in care and to develop a plan of action to handle those situations. ❖

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Consumer Product Safety Commission (CPSC) Infant/Child Product Recalls (not including toys)

These recalls have been added since November 2013:

- Strollers recalled by Britax due to partial fingertip amputation hazard.
- BebeLove recalls baby walkers due to fall and entrapment hazards.
- IKEA expands recall of junior beds that pose laceration hazard.
- Joovy recalls zoom car seat stroller adapter due to fall hazard.
- Wood Castle Furniture recalls bunk beds due to entrapment hazard.
- Landscape Structures recalls Oodle Swings due to injury hazard.
- Playtex recalls Hip Hammock infant carriers due to fall hazard.
- Solowave recalls home playground tube slides with port holes due to laceration hazard.
- Angelcare recalls to repair Movement and Sound Baby Monitors after two deaths due to strangulation hazard.
- Step2 Recalls ride-on wagon toys due to fall hazard; sold exclusively at Toys R Us.
- BreathableBaby recalls wearable blanket due to choking hazard.
- Target recalls children's sitting stools due to fall hazard.

Details on these product recalls may be obtained on the CPSC's website (www.cpsc.gov). Post this page in your facility to be in compliance with the Children's Product Safety Act (2000 PA 219).