PURPOSE OF THE TECHNICAL ASSISTANCE AND CONSULTATION MANUAL

The Bureau of Children and Adult Licensing 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 family and group child care homes.

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.

APRIL 1, 2015 UPDATE

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Revision date was updated on R 400.1916.

Rule 400.1916

Toddler beds can be used for children 12 to 24 months of age if they meet certain conditions.

Consultation was added on the proper sizing of wearable blankets, such as sleep sacks.

Maintenance Instructions

Table of Contents and rule 400.1916

Replace the entire section.

R400.1901 Definitions. [Revised 7/1/09]

R400.1902 Caregiver and child care home family. [Revised 3/1/11]

R400.1903 Caregiver responsibilities. [Revised 2/1/13]

R400.1904 Assistant caregivers. [Revised 10/1/11]

R400.1905 Training. [Revised 11/1/14]

R400.1906 Records of caregiving staff and child care home family; record maintenance. [Revised 2/1/13]

R400.1907 Children's records. [Revised 6/1/14]

R400.1908 Capacity. [Revised 7/1/09]

R400.1909 Concurrent licensing. [Revised 4/1/14]

R400.1910 Ratio of caregiving staff to children. [Revised 7/1/09]

R400.1911 Supervision. [Revised 10/1/11]

R400.1912 Infant supervision and sleeping. [Revised 7/1/09]

R400.1913 Discipline and child handling. [Revised 6/1/14]

R400.1914 Daily activity program. [Revised 4/1/14]

R400.1915 Indoor space; play equipment and materials. [Revised 4/1/14]

R400.1916 Bedding and sleeping equipment. [Revised 4/1/15]

R400.1917 Telephone. [Revised 7/1/09]

R400.1918 Medication; administrative procedures. [Revised 10/1/11]

R400.1919 Communicable disease. [Revised 6/4/10]

R400.1920 Outdoor play area and equipment. [Revised 11/1/10]

R400.1921 Water hazards and water activities. [Revised 3/1/11]

R400.1922 Nighttime care. [Revised 7/1/09]

R400.1923 Diapering and toilet learning. [Revised 6/4/10]

R400.1924 Hand washing. [Revised 11/1/10]

R400.1931 Food preparation and service. [Revised 8/1/12]

R400.1932 Home maintenance and safety. [Revised 12/1/12]

R400.1933	Water supply; sewage disposal; water temperature. [Revised 11/1/10]
R400.1934	Heating; ventilation; lighting. [Revised 11/1/10]
R400.1935	Firearms. [Revised 7/1/09]
R400.1936	Animals and pets. [Revised 7/1/09]
R400.1941	Heat-producing equipment. [Revised 9/1/14]
R400.1942	Electrical service; maintenance. [Revised 7/1/09]
R400.1943	Exit and escape requirements for each floor level used by children. [Revised 7/1/09]
R400.1944	Smoke detectors; fire extinguishers. [Revised 11/1/10]
R400.1945	Fire; tornado; serious accident and injury plans. [Revised 9/1/13]
R400.1951	Transportation. [Revised 12/1/12]
R400.1952	Parent permission and notification required; child information cards when off-premises. [Revised 7/1/09]
R400.1961	Parent notification of incidents, accidents, illness, or disease required; isolation; sanitation. [Revised 6/4/10]
R400.1962	Department notification of injury, accident, illness, death, or fire. [Revised 11/1/10]
R400.1963	Rule variance. [Revised 7/1/09]

R 400.1901 Definitions.

(1) As used in these rules

(a) "Act" means 1973 PA 116, MCL 722.111.

(b) "Adult" means a person 18 years of age and older.

(c) "Approved" means having been reviewed and accepted by a designated inspecting authority or an agency that has jurisdiction.

(d) "Assistant caregiver" means a person or family member who is under the supervision of the caregiver and who provides direct care, supervision, and protection to children in care.

(e) "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.

(f) "Caregiver" means the family child care home registrant or group child care home licensee who provides direct care, supervision, and protection of children in care.

(g) "Caregiving staff" means the caregiver and any assistant caregiver.

(h) "Child care home family" means all persons, including minors, living, on an ongoing or intermittent basis, in the family or group child care home.

(i) "Child passenger restraint device" means a device that is used to restrain a child weighing 50 pounds or less that meets the requirements of federal motor vehicle safety standard no. 213, child seating systems, 49 C.F.R. 571, which is hereby adopted by reference.

(j) "Child-use space" means the rooms and floor levels of the home approved by the department for child care.

(k) "Combustible" means materials that will ignite and burn when subjected to a fire or excessive heat.

(l) "Department" means the Department of Human Services that is the organizational unit of Michigan government responsible for the enforcement of these rules.

(m) "Field trip" means children and caregiving staff leaving the child care family or group home premises for an excursion, trip, or program activity.

(n) "Fire alarm" means a device that is used to alert all persons in the home of fire conditions. The device shall be heard in all parts of the home that are used by children.

(o) "Foster child" means a person who resides in a foster home, who was placed in the foster home by a placing agent, who is not living with a parent or legal guardian, who is less than 18 years of age or becomes 18 years of age while residing in the foster home and continues to reside in the foster home as a dependent adult, and who is not related to an adult member of the foster family by blood, adoption, or marriage.

(p) "Heat detector" means a single or multiple station alarm responsive to heat.

(q) "Household member" means any minor or adult that lives in or stays overnight in the home on an ongoing and recurrent basis.

(r) "Licensee" means an adult who lives in the licensed home and has been issued a license to operate a group child care home for up to 12 unrelated children.

(s) "Means of egress" means the exit route from any point in the home to the outside at ground level.

(t) "Minor" means a person less than 18 years of age.

(u) "Nonprescription medication" means any over-the-counter medication that may be orally ingested or applied to the skin, including, but not limited, to aspirin, acetaminophen, cold and flu medicines, mosquito repellants, antiseptics, ointments, powders, and diaper rash products.

(v) "Parent" means a child's natural or adoptive parent who is legally responsible for the child or means the child's legal guardian.

(w) "Premises" means the location of the child care home wherein the caregiver and family reside and includes the attached yard, garage, basement, and any other outbuildings.

(x) "Registrant" means an adult who lives in the registered home and has been issued a certificate of registration to operate a family child care home for up to 6 unrelated children.

(y) "Related" means a parent, grandparent, brother, sister, stepparent, stepsister, stepbrother, uncle, aunt, great aunt, great uncle, or step-grandparent related to the caregiver by marriage, blood, or adoption. Cousins include those related to the caregiver by mar-

riage, blood, or adoption within the second degree of consanguinity (up to and including second cousins).

(z) "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.

(aa) "Smoke detector" means a device that detects visible or invisible particles of combustion.

(ab) "Transportation" means the taking of children by means of a vehicle to or from a family or group child care home and to and from all other activities planned by or through the family or group child care home.

(ac) "Vehicle" means an automobile, truck, or van that transports persons upon a highway.

R 400.1902 (1)(a-d) **Caregiver and child care home family.**

(1) An applicant shall meet all of the following provisions:

(a) 18 years of age or older.

(b) Have a high school diploma, general educational development (GED) certificate, or equivalent. This subdivision applies only to applicants registered/licensed after the effective date of these rules.

(c) Reside in the child care home.

(d) Have proof of valid infant/child/adult cardiopulmonary resuscitation (CPR), blood-borne pathogen and first aid training.

Technical Assistance

To demonstrate compliance with subrule (b) of this rule, the applicant may sign a self-certifying statement on the application as verification of compliance. In some instances, the applicant may be asked to provide a copy of the high school diploma, GED certificate or equivalent. **Note:** If the registration/license was issued prior to January 2006, a high school diploma, GED or equivalent is not required.

To demonstrate compliance with subrule (c) of this rule, the applicant must be able to provide legal documentation of residence. Documentation may include a valid driver's license, Michigan identification card, voter's registration card, tax returns, etc.

To demonstrate compliance with subrule (d) of this rule, a receipt of payment for the CPR, first aid or blood-borne pathogen training is not acceptable verification of training attendance or participation. Copies of the cards or a statement on agency letterhead are acceptable verification of training. See R 400.1905 for more information on acceptable verification of training.

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) for the current list of approved organizations. CPR and first aid 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 in-person skills test must be administered by one of the approved organizations.

Note: R 400.1905(7) and the Child Care Organizations Act (1973 PA 116) requires CPR each year and first aid every three years.

Consultation

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.

R 400.1902 (1)(e) **Caregiver and child care home family.**

(1) An applicant shall meet all of the following provisions:

(e) Attend an orientation provided by the department.

Technical Assistance

All family and group home applicants that complete the child care home orientation training will receive six clock hours of training.

R 400.1902 (2) **Caregiver and child care home family.**

(2) An applicant or the caregiver shall be of responsible character and shall be suitable and able to meet the needs of children and provide for their care, supervision, and protection.

Rationale

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

Technical Assistance

The applicant/caregiver is assessed using the Good Moral Character Statute (Appendix A of the licensing rule book). For the purposes of this rule, responsible character means the ability to:
- Distinguish between right and wrong.
- Think and act rationally.
- Be accountable for one's own behavior.
- Be dependable, reliable and able to pay debts and meet business obligations.

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

Note: BCAL completes central registry clearances and criminal history checks on the caregiver.

Results of the Criminal History Clearance

Under the Child Care Organizations Act (116 PA 1973), the department must not issue an original registration/license or must initiate steps to revoke or refuse to renew the registration/license if the criminal history clearance reveals a conviction for the following offenses:

- A listed offense - defined by the Sex Offenders Registration Act (1994 PA 295).
- 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 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.

Listed Offenses

Listed Offenses (Defined in the Sex Offenders Registration Act, 1994 PA 295)

- MCL 750.145a - Accosting, enticing or soliciting child for immoral purpose.
- MCL 750.145b - Accosting, enticing or soliciting child for immoral purpose; prior conviction; penalty.
- MCL 750.145c - Definitions; child sexually abusive activity or material; penalties; possession of child sexually abusive material; expert testimony; defenses; acts of commercial film or photographic print processor; report to law enforcement agency by computer technician; applicability and uniformity of section; enactment or enforcement of ordinances, rules or regulations prohibited.
- MCL 750.158 - Crime against nature or sodomy; penalty.
- A second or subsequent violation of MCL 750.335a(2)(b) - Indecent exposure; violation; penalty.
- A third or subsequent violation of any combination of the following:
  - MCL 750.167(1)(f) - "Disorderly person" defined; subsequent violations by person convicted of refusing or neglecting to support family.
  - MCL 750.335a(2)(a) - Indecent exposure; violation; penalty.
  - A local ordinance of a municipality substantially corresponding to MCL 750.167(1)(f) or MCL 750.335a(2)(a).
- If the victim is under age 18:
  - MCL 750.338 - Gross indecency; between male persons.
  - MCL 750.338a - Gross indecency; female persons.
  - MCL 750.338b - Gross indecency; between male and female persons.
  - MCL 750.349 - Kidnapping; "restrain" defined; violation as felony; penalty; other violation arising from same transaction.

- MCL 750.448 - Soliciting, accosting or inviting to commit prostitution or immoral act; crime.
- MCL 750.350 - Leading, taking, carrying away, decoying, or enticing away child under 14; intent; violation as felony; penalty; adoptive or natural parent.
- MCL 750.455 - Pandering; felony.
- MCL 750.520b - Criminal sexual conduct in the first degree; felony; consecutive terms.
- MCL 750.520c - Criminal sexual conduct in the second degree; felony.
- MCL 750.520d - Criminal sexual conduct in the third degree; felony.
- MCL 750.520e - Criminal sexual conduct in the fourth degree; misdemeanor.
- MCL 750.520g - Assault with intent to commit criminal sexual conduct; felony.
- MCL 750.10a - An offense committed by a person who was, at the time of the offense, a sexually delinquent person.
- Any other violation of law of Michigan or local ordinance of a municipality that by its nature constitutes a sexual offense against an individual who is less than 18 years of age.
- An attempt or conspiracy to commit any of the offenses described above.
- An offense substantially similar to an offense described above under a law of the United States, any state, or any country or under tribal or military law.

Results of the Central Registry Clearance
If the applicant is listed on central registry, the department must not issue an original registration/license. If the central registry clearance reveals that an active registrant/licensee is listed on central registry, the department must initiate steps to revoke or refuse to renew the registration/license.

If the individual has his/her name expunged from the central registry, he/she can be registered/licensed. An expungement is requested by the individual named on central registry to the Department of Human Services office that placed the person on central registry.

R 400.1902 (3) **Caregiver and child care home family.**

(3) All persons, including minors, residing in the child care home shall be of good moral character and be suitable to assure the welfare of children.

Rationale

To assure:
- The safety and welfare of children.

- That all members of the child care home family model socially acceptable behavior.

Technical Assistance

Per R 400.1901(1)(e) definitions, a child care home family means “all persons, including minors, living, on an ongoing or intermittent basis, in the family or group child care home.”

Good moral character is assessed on the applicant/caregiver. Good moral character means the ability to:
- Distinguish between right and wrong.
- Think and act rationally.
- Be accountable for one's own behavior.

Suitability is assessed on all household members, including the applicant/caregiver. Suitable means that members of the child care home family:
- Do not have criminal history which could affect the safety or welfare of child care children.
- Are truthful to the department and the public.
- Do not present a risk to the child care children.
- Are not on central registry as a perpetrator of child abuse or neglect.

Note: BCAL completes central registry clearances and criminal history checks on all adult household members.

An adult household member cannot be present in the child care home if the criminal history check reveals a conviction for the following offenses:
- A listed offense - defined by the Sex Offenders Registration Act (1994 PA 295).
- 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 application.

When a caregiver becomes licensed as a children's foster home, all foster children placed in that home are considered part of the child care home family. The caregiver is responsible and accountable for assuring that the foster children will not present a risk to the child care children.

Note: BCAL completes central registry clearances and criminal history checks for adult assistant caregivers who are also household members. Refer to R 400.1906(1)(e-f) regarding required documentation of criminal history and central registry checks for all other assistant caregivers and assistant caregivers who reside in the household that are under age 18.

R 400.1903 (1)(a) **Caregiver responsibilities.**

(1) A caregiver shall be responsible for all of the following provisions:
(a) Be present in the home on a daily basis and provide direct care and supervision for the majority of time children are in care, except for any of the following circumstances:
(i) When the child care home is in operation, vacation or personal leave shall not exceed 20 days within a calendar year.
(ii) Medical treatment and subsequent recovery.

Rationale

Provides continuity of care, which allows children and caregiving staff to develop nurturing relationships.

Technical Assistance

"Majority" means at least 51% of the time children are in care daily. It is allowable for the caregiver to have a short periodic absence from the home.

Example 1: The child care home is open from 6 AM to 6 PM daily. Children are in care from 6 AM to 3 PM. The provider is gone from 7 AM to 10 AM. The provider is in compliance with the rule.

Example 2: The child care home is open from 6 AM to 6 PM and 10 children are in care the entire time and two children are in care from noon to 6 PM. The caregiver is gone from 12 to 4 PM. The caregiver is in compliance with this rule.

Example 3: The child care home is open from 6 AM to 10 PM. Children are in care from 6 AM to 2 PM and 4 PM to 9 PM. The caregiver is gone from 7 AM to 3 PM. The caregiver is not in compliance with this rule.

When there is more than one caregiver on the registration/license one of the following must occur:

- One of the caregivers must provide direct care and supervision at least 51% of the time children are in care daily.
- The caregivers on the registration/license must provide direct care and supervision and may split the time between them. The time between the caregivers must be at least 51% of the time children are in care daily.

The 20 days referenced above means the caregiver is absent the entire day or the majority of the day when the child care home is operating.

Note: If the home is closed for business, those closed days do not count against the total of 20. Days are only counted against the 20 days if the home is open and child care is provided.

A calendar year is defined as January 1 through December 31.

R 400.1903 (1)(b) **Caregiver responsibilities.**

(1) A caregiver shall be responsible for all of the following provisions:
(b) The exceptions in subrule (1)(a) of this rule do not include other part-time or full-time employment that occurs during the hours of operation of the child care home.

Rationale: Other employment, which occurs during child care hours of operation, directly impacts continuity of care.

Technical Assistance: Part-time and full-time employment is only allowed during child care hours of operation if the caregiver meets the requirements of subrule (1)(a) of this rule.

R 400.1903 (1)(c) **Caregiver responsibilities.**

(1) A caregiver shall be responsible for all of the following provisions:
(c) Provide an adult assistant caregiver with valid CPR and first aid to act as the caregiver when the caregiver is unable or unavailable to provide direct care.

Rationale: Assures for continuity of care.

Technical Assistance: Anyone providing care in any circumstance other then an emergency MUST meet this requirement and all other requirements of an assistant caregiver.

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. CPR and first aid 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 in-person skills test must be administered by one of the approved organizations.

Refer to R 400.1905(6) which defines valid.

A receipt of payment for the training is not acceptable verification of training attendance or participation. Copies of the cards or a statement on agency letterhead are acceptable verification of training. See R 400.1905 for more information on acceptable verification of training.

Consultation: 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.

R 400.1903 (1)(d) **Caregiver responsibilities.**

(1) A caregiver shall be responsible for all of the following provisions:
(d) Shall inform parents when an assistant caregiver is providing care in the absence of the caregiver.

Rationale

Parents have the right to know who is caring for their children in the absence of the caregiver.

Technical Assistance

Notification to parents must be provided for each absence and may be verbal, in writing or posted in the home in a location easily visible to parents.

Notification must include the name of the assistant caregiver providing the care.

R 400.1903 (1)(e) **Caregiver responsibilities.**

(1) A caregiver shall be responsible for all of the following provisions:
(e) Maintain a record of the dates of caregiver absences. These records shall be maintained for a minimum of 4 years.

Rationale

Maintaining these records provides the department with documentation of the caregiver's frequency and length of absences and information about who is caring for the children during these times.

R 400.1903 (1)(f) **Caregiver responsibilities.**

(1) A caregiver shall be responsible for all of the following provisions:
(f) Have a written and signed agreement with a responsible person who is 18 years of age or older to provide care and supervision for children during an emergency situation.

Rationale

The caregiver often works alone and is solely responsible for the health and safety of children in care. Another adult in close geographic proximity, available to respond to and assist in an emergency situation, helps to assure for the safety and well-being of children and caregiving staff.

Technical Assistance

The caregiver is responsible and accountable for:

- Assuring that an individual is available and in close proximity to the child care home.
- Assuring that the individual is willing and able to assist in an emergency.
- Assuring that the individual has been notified of this arrangement.
- Assuring the emergency person is familiar with the daily operation of the child care, including the location of children's records.
- Training the emergency person to handle emergency situations that may arise in the child care home.

Note: The responsible adult designated for emergencies must be used for emergencies only, not for routine medical or personal appointments, etc., unless the emergency person fulfills the requirements of an assistant caregiver. Refer to R 400.1904(1) for the requirements of an assistant caregiver.

R 400.1903 (1)(g)

Caregiver responsibilities.

(1) A caregiver shall be responsible for all of the following provisions:

(g) Post the current license or certificate of registration in a conspicuous place.

Rationale

Assures parents, staff and visitors that the home is registered/licensed by the department and provides the registration/license effective dates, the approved capacity and the current status of the certificate of registration or license.

Technical Assistance

A conspicuous place means a location where parents, assistant caregivers and others can easily see it.

R 400.1903 (1)(h) **Caregiver responsibilities.**

(1) A caregiver shall be responsible for all of the following provisions:
(h) Report to the department, within 7 working days, any changes in the household composition or when any new or existing member of the household has any of the following:
(i) Arrests or convictions.
(ii) Involvement in substantiated abuse or neglect of children.
(iii) Court-supervised parole or probation of the caregiver or any member of the household.
(iv) Been admitted to, or released from, a correctional facility, or hospital, institution, or facility for the treatment of an emotional, mental, or substance abuse problem.

Rationale

Assures that the department is always informed of all individuals who reside in the child care home.

Assures for the safety and welfare of children by monitoring the suitability of the child care home family.

Technical Assistance

All foster children placed in the home are considered part of the child care home family.

Any individual, who resides or stays in the home on an intermittent or short-term basis, is considered part of the child care home family. This includes college students that move back home during the summer months.

Subrule (h) of this rule requires the caregiver to report to the department within **seven** days of any changes in the household composition or when any new or existing member of the household has any of the occurrences listed in subrule (h)(i)-(iv).

The Child Care Organizations Act (1973 PA 116) requires that the caregiver (registrant/licensee) report to the department within **three** business days after he/she, an adult household member or an employee (assistant caregiver) has been arraigned for one or more crimes (listed below). 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 must be reported to the department within three days of the registrant/licensee, adult household member or an employee (assistant caregiver) being arraigned for:

- 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.

Consultation

The Notification of Changes in Status (BCAL-1485) form may be used to comply with this rule and the act.

R 400.1903 (1)(i) **Caregiver responsibilities.**

(1) A caregiver shall be responsible for all of the following provisions:
(i) Provide the department with a written statement verifying a person's personal fitness to care for, or to be associated with, children for any person who lives in a home or who cares for children and who has been treated on an inpatient or outpatient basis for an emotional, mental, or substance abuse problem during the last 2 years. Such statement shall be obtained from the medical or mental health professional who is directly involved in the treatment plan or the administrative director of the mental hospital or mental institution.

Rationale

Assures for the safety and welfare of children.

Assures for an individual's personal fitness and suitability to care for or be around child care children.

Technical Assistance

“Emotional or mental problem” generally refers to a substantial disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life.

This definition would not normally include individuals who are receiving counseling to help cope with death, divorce, job change, etc., or for help with child behavior management skills. If it is or becomes apparent that personal problems are impacting on the care and supervision of children, the department may request a written statement from a mental health professional verifying a person's fitness to care for or be associated with child care children.

This rule also pertains to foster care children living in child care homes. If the foster child is being treated or has been treated for an emotional or mental problem (described above) or a substance abuse problem during the past two years of placement, a mental health statement is needed from the professional treating the child. The statement must address the foster child's appropriateness to be with child care children.

R 400.1903 (1)(j) **Caregiver responsibilities.**

(1) A caregiver shall be responsible for all of the following provisions:
(j) Shall immediately report to children's protective services any suspected child abuse or neglect.

Rationale

Assures the health and safety of children.

Technical Assistance

Child care providers are mandated reporters. Under the Child Protection Law, child care providers 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. DHS 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.

When child abuse and/or neglect is suspected, caregivers need to **only** obtain enough information to make a report. If a child starts disclosing information regarding abuse and/or neglect, the caregiver must **only** ask 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. Caregivers 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 the local DHS office 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 to tell 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 your 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 400.1903 (2) **Caregiver responsibilities.**

(2) The caregiver shall assure that a child is released only to persons authorized by the parent.

Rationale

Assures for the safety and welfare of children.

Technical Assistance

The child information card that the enrolling parent completes and signs states who the parent authorizes to pick up the child.

Unless custody has been established by a court action, one parent may not limit the other from picking the child up from the child care home or receiving information about how the child's day went. The caregiver has no legal right to withhold a child from a parent unless there is a court order which limits one parent's right to the child.

Consultation

Suggestions for identification verification include:

- Viewing the person's pictured identification.
- Asking for the code word agreed to by the parent and the caregiver.

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.

R 400.1903 (3) **Caregiver responsibilities.**

(3) The caregiver shall permit parents of enrolled children to visit anytime during hours of operation.

Rationale

A parent's unrestricted access to the child care home during the hours of operation allows them to observe the care their child receives.

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 ongoing parental visitations by the non-custodial parent.

Consultation

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.

Breastfeeding

Permitting parents to visit the home during the hours of operation can also promote breastfeeding. Breastfeeding mothers are often daunted by the prospect of continuing to breastfeed as they return to work. A home provider can reduce a breastfeeding mother's anxiety by welcoming breastfeeding families and allowing the mother to come to the home during the hours of operation to breadfeed her child.

The American Academy of Pediatrics, 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. Evi-

dence suggests that breastfeeding is associated with enhanced cognitive development and may reduce the risk of childhood obesity.

Some ways to help a mother breastfeed successfully at the child care home are:

- If she wishes to breastfeed her infant at the child care home, 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 stepstool 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 child care, provide a:
  - Private area with an outlet. This area should not be in the bathroom.
  - Place to wash her hands.

R 400.1903 (4) **Caregiver responsibilities.**

(4) The caregiver shall cooperate with the department in connection with an inspection or investigation. Cooperation shall include, but not be limited to, both of the following:
(a) To enable the department to conduct a thorough investigation, provide access to the assistant caregivers, all records, and materials.
(b) Information provided to the department shall be accurate and truthful.

Rationale

Allows the department to:
- Monitor policies, reports and records required to determine the home's compliance with licensing regulations.
- Investigate complaints.

Technical Assistance

Cooperating with the department in connection with an inspection or investigation means the department representative must be admitted into the home, allowed access to records and caregivers, etc. upon request.

In the absence of the caregiver, an assistant caregiver must be appointed who is knowledgeable about the child care operation, knows where all records are located and understands his/her role regarding cooperating with the department.

R 400.1903 (5) **Caregiver responsibilities.**

(5) The caregiver shall assure that all assistant caregivers shall be of good moral character and be suitable to assure the welfare of children.

Rationale

To assure:

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

Technical Assistance

Good moral character of the assistant caregiver means the ability to:
- Distinguish between right and wrong.
- Think and act rationally.
- Be accountable for one's own behavior.
- Be dependable, reliable and able to pay debts and meet business obligations.

Suitable means the individual:
- Is truthful to the department and the public.
- Does not have a criminal history that could affect the safety or welfare of child care children.
- Is capable of making appropriate judgments.
- 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.

Per changes to the Child Care Organizations Act (116 PA 1973) effective 12/22/10, providers must perform a criminal history clearance on an individual using the Michigan State Police Internet Criminal History Access Tool (ICHAT) [www.michigan.gov/ichat] before making a final offer of employment to that individual. **Note:** The provider 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.

The provider 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).
- 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.

ICHAT clearances must be completed on all current employees (hired prior to 12/22/10) by 12/21/11. If the clearance reveals the employee has a conviction for the offenses listed above, the employee can no longer be present at the child care home.

The provider may require that the applicant or current employee pay for the ICHAT check.

Note: BCAL completes central registry clearances and criminal history checks for adult assistant caregivers who are also household members.

A provider must have on file a copy of the ICHAT screening results for each assistant caregiver (unless they reside in the home). Refer to R 400.1906(1)(e-f) regarding required documentation of criminal history and central registry checks for all other assistant caregivers and assistant caregivers who reside in the home that are under age 18.

Volunteers

Per Section 9 of the Child Care Organizations Act, if the child care home allows volunteers, providers must establish and maintain a policy regarding supervision of volunteers, including volunteers who are parents of a child in care.

Per the act, a volunteer must not have unsupervised contact with children in care if he or she has been convicted of the following:

- 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 appointment.

Acceptable methods of determining criminal convictions include the following:

- Having volunteers submit to a criminal history check through a law enforcement agency.
- Checking ICHAT.
- Having the volunteer complete and sign a statement as to whether he/she has been convicted of any crimes, other than minor traffic violations, and if so, provide information about the conviction.

A volunteer must provide documentation that he or she has not been listed on central registry case as the perpetrator of child abuse or child

neglect before having unsupervised contact with a child in care. To demonstrate compliance, the provider must either:

- Obtain a central registry clearance on the volunteer directly from DHS by completing the Central Registry Clearance Request (DHS-1929) form and submitting it to the local DHS office.
- Have the volunteer obtain a central registry clearance from the local DHS office in the county in which he/she resides.

If a volunteer, including a parent, is listed on central registry, has a criminal conviction of an offense listed above or chooses not to comply with the criminal history and central registry clearance requirements, a caregiver must supervise the volunteer when the volunteer is around children. This includes situations such as taking a child to the bathroom or driving children on field trips.

"Supervised" means a caregiver is watching, e.g., maintaining "line-of-sight" observation of the volunteer at all times.

Listed Offenses

Listed Offenses (Defined in the Sex Offenders Registration Act, 1994 PA 295)

- MCL 750.145a - Accosting, enticing or soliciting child for immoral purpose.
- MCL 750.145b - Accosting, enticing or soliciting child for immoral purpose; prior conviction; penalty.
- MCL 750.145c - Definitions; child sexually abusive activity or material; penalties; possession of child sexually abusive material; expert testimony; defenses; acts of commercial film or photographic print processor; report to law enforcement agency by computer technician; applicability and uniformity of section; enactment or enforcement of ordinances, rules or regulations prohibited.
- MCL 750.158 - Crime against nature or sodomy; penalty.
- A second or subsequent violation of MCL 750.335a(2)(b) - Indecent exposure; violation; penalty.
- A third or subsequent violation of any combination of the following:
  - MCL 750.167(1)(f) - "Disorderly person" defined; subsequent violations by person convicted of refusing or neglecting to support family.
  - MCL 750.335a(2)(a) - Indecent exposure; violation; penalty.
  - A local ordinance of a municipality substantially corresponding to MCL 750.167(1)(f) or MCL 750.335a(2)(a).
- If the victim is under age 18:
  - MCL 750.338 - Gross indecency; between male persons.
  - MCL 750.338a - Gross indecency; female persons.
  - MCL 750.338b - Gross indecency; between male and female persons.

  - MCL 750.349 - Kidnapping; “restrain” defined; violation as felony; penalty; other violation arising from same transaction.
  - MCL 750.448 - Soliciting, accosting or inviting to commit prostitution or immoral act; crime.
- MCL 750.350 - Leading, taking, carrying away, decoying, or enticing away child under 14; intent; violation as felony; penalty; adoptive or natural parent.
- MCL 750.455 - Pandering; felony.
- MCL 750.520b - Criminal sexual conduct in the first degree; felony; consecutive terms.
- MCL 750.520c - Criminal sexual conduct in the second degree; felony.
- MCL 750.520d - Criminal sexual conduct in the third degree; felony.
- MCL 750.520e - Criminal sexual conduct in the fourth degree; misdemeanor.
- MCL 750.520g - Assault with intent to commit criminal sexual conduct; felony.
- MCL 750.10a - An offense committed by a person who was, at the time of the offense, a sexually delinquent person.
- Any other violation of law of Michigan or local ordinance of a municipality that by its nature constitutes a sexual offense against an individual who is less than 18 years of age.
- An attempt or conspiracy to commit any of the offenses described above.
- An offense substantially similar to an offense described above under a law of the United States, any state, or any country or under tribal or military law.

Consultation

For more information on obtaining a central registry clearance, go to www.michigan.gov/canregistryclearance. The DHS-1929 form is also available on the child care licensing website at www.michigan.gov/michildcare.

If a potential employee or unsupervised volunteer has not been a resident of Michigan for the past two years, it is recommended that the provider ask him/her to provide a criminal history and children’s protective services clearance from the previous state of residence. The potential employee or unsupervised volunteer should be asked to provide a letter from the previous state of residence if that state will not conduct a criminal history or children’s protective services clearance.

If the potential employee or unsupervised volunteer cannot obtain a criminal history or children’s protective services clearance or a letter from the previous state, he/she should be asked to sign a statement that he/she does not have any criminal or children’s protective services history in the previous state.

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

- 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.

Additional screening tools available for assessing the suitability and good moral character of assistant caregivers and/or volunteers, in addition to the requirements of R 400.1906(1)(e-f), include:

- Checking references.
- Checking the Offender Tracking and Information System. Go to www.michigan.gov/otis.
- Checking the Public Sex Offender Registry. Go to www.mipsor.state.mi.us.

R 400.1903 (6)(a-f) **Caregiver responsibilities.**

(6) The caregiver shall have present at all times at least 1 person who can accurately comprehend all of the following information:
(a) In child care home rules, 1973 PA 116, MCL 722.111, and any additional licensing division communications.
(b) On child information cards.
(c) In written directions about the child's care.
(d) On food, cleaning, and chemical labels that can impact a child's well-being.
(e) On written medication directions for any given child.
(f) Needed to effectively implement emergency procedures.

Rationale: Assures for the safety and welfare of children.

Technical Assistance: To comply with this rule, the caregiver must assure that at least one person is on-site at all times who can read, comprehend and carry out the requirements of this rule.

R 400.1903 (7) **Caregiver responsibilities.**

(7) The caregiver shall authorize the department to conduct a criminal history and protective service background check to assess the good moral character and suitability of the child care home family.

Rationale

Permits the department to conduct criminal and CPS screening checks of all adults residing in the child care home.

Technical Assistance

To comply with this rule, the Licensing Record Clearance Request (BCAL-1326) must be submitted to the department:

- On all adult household members at original application.
- When a minor household member turns 18.
- When an adult moves into the home.

Refer to subrule (1)(h) of this rule regarding changes in the household composition and the process for reporting this information to the department.

R 400.1903 (8) **Caregiver responsibilities.**

(8) The caregiver shall do both of the following:
(a) Assure that smoking does not occur in the child care home and on the premises while children are in care.
(b) Conspicuously post on the premises a notice stating that smoking is prohibited on the premises during child care hours.

Rationale

Scientific evidence has linked respiratory health risks to secondhand smoke.

Infants and young children exposed to secondhand smoke are at risk of developing bronchitis, pneumonia and middle ear infections when common respiratory infections occur.

Secondhand smoke may also increase the risk of infant death.

Technical Assistance

“Premises” means the location of the child care home where the caregiver and family reside and includes the attached yard, garage, basement, and any other outbuildings.

A conspicuous place means a location where parents, staff and others can easily see it.

R 400.1903 (9) **Caregiver responsibilities.**

(9) The caregiver shall notify parents if smoking occurs in the child care home and on the premises when children are not in care.

Rationale

Allows parents to make informed decisions regarding their children's exposure to secondhand smoke.

Smoking at times when child care children are not using the space can trigger asthma, allergies and other health related problems when child care children do use the space.

Consultation

It is recommended that a caregiver notify the parents in writing if smoking occurs when the child care home is not in operation.

R 400.1904 (1)(a-b) **Assistant caregivers.**

(1) An assistant caregiver shall meet all of the following requirements:

(a) Be 14 years of age or older.

(b) An assistant caregiver under 18 years of age shall always work under the supervision of the caregiver or adult assistant caregiver at the site where care is being provided.

Technical Assistance

The Child In Care Statement/Receipt (BCAL-3900) is used to document that the parent understands that the caregiver may be using an assistant caregiver that is 14-17 years of age.

R 400.1904 (1)(c) **Assistant caregivers.**

(1) An assistant caregiver shall meet all of the following requirements:

(c) Have proof of valid infant/child/adult CPR, first aid, and blood-borne pathogen training within 90 days of hire.

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.

Assistant caregivers sometimes work alone and are solely responsible for the health and safety of child care children. This subrule assures that they have the necessary skills to manage any emergency while also caring for the remaining child care children.

Technical Assistance

Anyone providing care in any circumstance other than an emergency MUST meet this requirement and all other requirements of an assistant caregiver.

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. CPR and first aid 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 in-person skills test must be administered by one of the approved organizations.

A receipt of payment for CPR, first aid or blood-borne pathogen training is not acceptable verification of training attendance or participation. Copies of the cards or a statement on agency letterhead are acceptable verification of training. See R 400.1905 for more information on acceptable verification of training.

Consultation

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.

R 400.1904 (1)(d)

Assistant caregivers.

(1) An assistant caregiver shall meet all of the following requirements:

(d) Be of responsible character, suitable, and able to meet the needs of children and provide for their care, supervision, and protection.

Rationale

Assures for the safety and welfare of children. Assures that assistant caregivers exhibit mature, responsible behavior and have the ability to respond appropriately to children's needs.

Technical Assistance

Responsible character means the ability to:

- Distinguish between right and wrong.
- Think and act rationally.
- Be accountable for one's own behavior.
- Be dependable, reliable and able to pay debts or meet business obligations.

Suitable means the individual:

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

Per changes to the Child Care Organizations Act (116 PA 1973) effective 12/22/10, providers must perform a criminal history clearance on an individual using the Michigan State Police Internet Criminal History Access Tool (ICHAT) [www.michigan.gov/ichat] before making a final offer of employment to that individual. **Note:** The provider 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.

The provider 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).
- 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.

ICHAT clearances must be completed on all current employees (hired prior to 12/22/10) by 12/21/11. If the clearance reveals the employee has a conviction for the offenses listed above, the employee can no longer be present at the child care home.

The provider may require that the applicant or current employee pay for the ICHAT check.

Note: BCAL completes central registry clearances and criminal history checks for adult assistant caregivers who are also household members.

A provider must have on file a copy of the ICHAT screening results for each adult assistant caregiver (unless they reside in the home). Refer to R 400.1906(1)(e-f) regarding required documentation of criminal history checks for assistant caregivers who are under age 18 and assistant caregivers who do not reside in the home.

The caregiver is responsible and accountable for assuring the assistant caregiver is:
- Familiar with the daily operation of the child care home, including the location of children's records.
- Trained to handle emergency situations that may arise in the child care home.

Consultation

Additional screening tools available for assessing the suitability and responsible character of assistant caregivers, in addition to the requirements of R 400.1906(1)(e-f), include:
- Checking references.
- Checking the Offender Tracking Information System. Go to www.michigan.gov/otis.
- Checking the Public Sex Offender Registry. Go to www.mipsor.state.mi.us.

R 400.1904 (2) **Assistant caregivers.**

(2) An adult assistant caregiver, 18 years of age or older, may substitute for the caregiver in accordance with R 400.1903(1)(c).

R 400.1905 (1) **Training.**

(1) The caregiver shall complete not less than 10 clock hours of training each year related to child development, program planning, and administrative management for a child care business, not including CPR, first aid and blood-borne pathogen training.

Rationale

This rule:

- Improves the quality of care; caregivers with training are better able to prevent, recognize and correct health and safety problems and promote children's healthy development.
- Assures that caregivers are challenged, stimulated and have access to current knowledge.
- Assures the continued development of knowledge and needed skills through ongoing training.
- Assures the caregiver receives ongoing training related to the functions and responsibilities of their role as a caregiver.

Technical Assistance

Previously, licensing required that the hours be taken during the license/registration cycle. To simplify both assessing compliance by licensing and tracking hours for licensees/registrants, as of April 3, 2013, licensing began to assess compliance based on the calendar year.

Example 1: Your family home registration expires 10/01/2013. When you send in your renewal packet, you will send in documentation of your 10 annual training hours based on your registration cycle for 10/01/2010 to 9/30/2011 and 10/01/2011 to 09/30/2012. Your training hours for 2013 will not be evaluated at this time.

When your family home registration expires on 10/02/2016, you will be required to send in documentation of training hours from calendar years 2013, 2014, and 2015.

Example 2: Your group home license expires 5/01/2013. At your renewal inspection on 4/20/2013, you will provide documentation of your 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 you took in 2012 at your renewal inspection. You will not be cited if you did not take all 10 hours in 2012. (The training hours you took in 2013 will not be evaluated at this time.)

When your group home license expires 5/02/2015, you must provide documentation of 10 clock hours of training in 2013 and 10 clock hours of training in 2014 to comply with R 400.1905(1).

Training topics may include but are not limited to:

- Child development - language, social, emotional, physical, intellectual.
- Programming for various age groups - e.g., math, science, dramatic play, art.
- Managing children's behavior.
- Health and safety.
- Nutrition for young children.
- Caring for children with special needs.
- Workshops on games and toys.
- If the child care home was built prior to 1978, the caregiver may complete training that includes information about lead-based paint or lead-based paint hazards and lead-safe practices. (This training may be available from Michigan Department of Community Health, Childhood Lead Poisoning Prevention Program or your local health department.)

All family and group home applicants that complete the child care home orientation training will receive six clock hours of training.

All caregivers may receive one clock hour of training per year if they participate in the child care food program. This will require written documentation from the food program representative that at least three visits were conducted per year in order for credit to be given.

All caregivers may receive one clock hour of annual training for reading all of the home-related articles in **three** different issues of Michigan Child Care Matters and pass the tests associated with those issues during the calendar year. You must maintain your own documentation that you passed the tests by printing a copy of the test results page or the certificate for each test you pass for your records.

Refer to subrule (6) of this rule regarding acceptable verification of participation in training.

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 is equivalent to 10 hours of training.

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

Consultation

Refer to R 400.1905(5) for training resources.

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.

Note: Part 554 only applies to child care homes if the caregiver employs assistant caregivers.

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. A sample exposure control plan is available on the website. Contact MIOSHA at (517) 322-1809 with any additional questions about Part 554.

R 400.1905 (2) **Training.**

(2) Each assistant caregiver shall complete not less than 5 clock hours of training each year related to child development and caring for children, not including CPR, first aid, and blood-borne pathogen training.

Rationale

This rule:

- Improves the quality of care; assistant caregivers with training are better able to prevent, recognize and correct health and safety problems and promote children's healthy development.
- Assures that assistant caregivers are challenged, stimulated and have access to current knowledge.
- Assures the continued development of knowledge and needed skills through ongoing training.
- Assures assistant caregivers receive ongoing training related to the functions and responsibilities of their role.

Technical Assistance

Training topics may include but are not limited to:

- Child development - language, social, emotional, physical, intellectual.
- Programming for various age groups - e.g., math, science, dramatic play, and art.
- Managing children's behavior.
- Health and safety.
- Nutrition for young children.

- Caring for children with special needs.
- Workshops on games and toys.

All caregivers must maintain copies of each assistant caregiver's documentation that includes the date, time, number of hours, location, trainer/sponsor, and training topic. Assistant caregivers should also maintain this documentation of their participation in training. The Training Record (BCAL-4590) form must be used to summarize training received. The acceptable verification outlined below must be provided in addition to this form.

Note: Training records of assistant caregivers employed less than one year do not need to be submitted at renewal.

Acceptable verification 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.

Caregivers may provide training for their assistant caregivers. However, this training may not be counted towards the caregiver's own annual training requirements.

Note: 60 minutes = 1 clock hour of training. Training sessions must be a minimum of 30 minutes in duration to be counted as training hours.

Anyone providing care in any circumstance other than an emergency MUST meet this requirement and all other requirements of an assistant caregiver.

Consultation

Refer to R 400.1905(5) for training resources.

R 400.1905 (3)

Training.

(3) The caregiver shall assure that assistant caregivers have training that includes information regarding safe sleep practices (sudden infant death syndrome) and shaken baby syndrome prior to caring for children.

Rationale

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

Technical Assistance

Caregivers may provide training for their assistant caregivers. However, this training may not be counted towards the caregiver's own annual training requirements.

All caregivers must maintain copies of the documentation of this training on file in the child care home for review by the licensing consultant.

Consultation

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 400.1905(5) for additional training resources.

Anyone providing care in any circumstance other than an emergency MUST meet this requirement and all other requirements of an assistant caregiver.

R 400.1905 (4)

Training.

(4) Within 1 year of the effective date of these rules, current caregivers and assistant caregivers shall have completed blood-borne pathogen training.

Technical Assistance

Caregivers registered/licensed prior to June 3, 2009 and any assistant caregivers employed prior to June 3, 2009 must have completed blood-borne pathogen training by June 2, 2010.

R 400.1905 (5)

Training.

(5) Training hours may include participation in any of the following:

(a) Sessions offered by community groups, faith-based organizations, and child care home associations.
(b) Trainings, workshops, seminars, and conferences on early childhood, child development or child care administration offered by early childhood organizations.
(c) Workshops and courses offered by local or intermediate school districts, colleges, and universities.
(d) Online courses.

Rationale

Provides caregiving staff with a wide variety of training options.

Technical Assistance

Video, distance learning, correspondence, and online trainings must be facilitated and validated by a trainer/facilitator and include a feedback component.

Example 1: A group of six caregivers get together to watch a video on developmentally appropriate practices. A facilitator is selected from the group to lead a discussion following the video. Upon completion of the session, the caregiver that was selected to facilitate provides each person, with verification of completion of this training session. The facilitator does not receive training hours for facilitating the group. With

appropriate verification, BCAL will accept this training as meeting R 400.1904.

Example 2: A caregiver enrolls in a self-study course that provides worksheets to complete. The caregiver is not required to submit his/her work to the trainer. As part of the course, a certificate of completion is included with the worksheets. BCAL will not accept this training as meeting R 400.1904.

Example 3: A caregiver viewed a video series on child development. The caregiver recorded on the Training Record (BCAL-4590) that he/she spent four hours watching this video series. BCAL will not accept this training as meeting
R 400.1904.

Example 4: A caregiver takes an online training on positive methods of discipline. At the end of the online training, the caregiver must respond, in writing, to a series of questions related to how she can use positive methods of discipline with children in care. These responses are submitted online. A trainer reviews the responses and sends feedback to the caregiver. With appropriate verification, BCAL will accept this training as meeting R 400.1904.

Example 5: The use of educational curriculum, magazines and books, while a means to enhance a caregiver's personal growth and development, are not facilitated and validated by a trainer. BCAL will not accept these as meeting R 400.1904.

> ***Exception:*** Refer to subrule (1) of this rule for how reading issues of Michigan Child Care Matters may be counted.
>
> ***Exception:*** Caregivers that participate in the Association for Child Development (ACD) food program have the opportunity to take a monthly quiz in the ACD Potpourri publication. If the caregiver takes 12 consecutive quizzes and reviews the quizzes with their food program representative at the three annual visits, the caregiver can obtain two training hours. This will require written documentation from the food program representative that all 12 quizzes were taken and reviewed over three visits in order for credit to be given. The two hours credit is in addition to the one hour of training earned for the three annual monitoring visits (refer to subrule (1) of this rule).

Refer to subrule (6) of this rule regarding verification of training.

Consultation

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

- Department of Human Services, Bureau of Children and Adult 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.
- National Association for Family Child Care - www.nafcc.org.
- Michigan Health Department - www.michigan.gov/mdch.
- 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.
- Michigan Association for Infant Mental Health - www.mi-aimh.org.
- Tomorrow's Child - www.tomorrowschildmi.org.
- Department of Human Services - www.michigan.gov/safesleep.
- Local hospitals, health departments and libraries.

Subrules (1) and (2) of this rule do not limit the number of hours of training from any one type of training resource, although it is best practice for a caregiver to attend a number of different types of trainings each year.

R 400.1905 (6)

Training.

(6) Verification of participation in the required training, signed by the trainer or an authorized individual, shall be kept on file.

Rationale

Provides proof of meeting the annual training requirements of subrules (1) and (2) of this rule.

Technical Assistance

The caregiver is responsible for obtaining verification of attendance at training for themselves and any assistant caregivers. 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.
- A written statement or training log from the home provider documenting in-service training.

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

Verification of attendance must include the following information:

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

Caregivers must maintain copies of the verification of attendance on file at the home for review by the licensing consultant. Homes must use the Training Record (BCAL-4590) form to summarize training received. The acceptable verification outlined above must be provided in addition to these forms.

R 400.1905 (7) **Training.**

(7) Infant, child, and adult CPR and first aid training shall be maintained in the following manner:

(a) Each year for CPR.

(b) Every 36 months for first aid.

Rationale

To ensure the health and safety of children, it is essential that all caregiving staff maintain their skills by renewing their certifications.

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. CPR and first aid 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 in-person skills test must be administered by one of the approved organizations.

Subrule (7)(a) of this rule and 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.

Consultation

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.

R 400.1906 (1)(a-b) Records of caregiving staff and child care home family; record maintenance.

(1) The caregiver shall maintain a file for the caregiver and each assistant caregiver including all of the following:
(a) The name, address, and telephone number.
(b) A statement signed by a licensed physician or his or her designee and which attests to the individual's mental and physical health.
(i) For the caregiver, within 1 year before the issuance of the certificate of registration or initial license and at the time of subsequent renewals.
(ii) For the assistant caregivers, within 1 year prior to caring for children and at the time of subsequent renewals.

Rationale

Assures that caregiving staff are physically, mentally and emotionally able to provide appropriate care and supervision of children and to promote children's healthy development.

Technical Assistance

Physician evaluations are acceptable from the following:

- A licensed Doctor of Medicine (MD).
- A licensed Doctor of Osteopathic Medicine (DO).
- A designee, which includes a physician assistant, nurse practitioner or nurse.

When a designee signs the evaluation, a physician's signature or stamp is not required on the form. If there is a question as to the validity of the document, the licensing consultant will contact the physician's office to verify its authenticity.

Any adult providing care in any circumstance other than an emergency MUST meet this requirement and all other requirements of an assistant caregiver.

Consultation

The Licensing Medical Request (BCAL-3704) may be used to document medical information.

R 400.1906 (1)(c) **Records of caregiving staff and child care home family; record maintenance.**

(1) The caregiver shall maintain a file for the caregiver and each assistant caregiver including all of the following:
(c) Written evidence of freedom from communicable tuberculosis (TB):
(i) For the caregiver, before issuance of the certificate of registration or initial license.
(ii) For the assistant caregivers, prior to caring for children.

Rationale

Assures for the health and welfare of all caregiving staff, child care home family members, children, and parents.

According to the Michigan Department of Community Health, caregiving staff are not considered to be persons at a higher risk for exposure to or infection with TB, so serial testing is not recommended. Regular health care monitoring which includes a review of risk factors associated with TB will suffice.

Technical Assistance

For caregivers, the TB test can be from anytime prior to issuance of the initial certificate of registration or license. For assistant caregivers, the TB test can be from anytime prior to caring for children.

Documentation of a negative TB test must be verified by a health professional. Chest x-rays are acceptable in lieu of TB skin tests.

Doctors often advise pregnant women not to have a TB skin test or chest x-ray. In this case, the applicant/caregiver must submit a doctor's statement verifying this. The TB test will be required as soon as medically safe after delivery.

Anyone providing care in any circumstance other than an emergency MUST meet this requirement and all other requirements of an assistant care giver.

Consultation

According to the Michigan Department of Community Health, persons considered to be a higher risk for exposure to or infection with TB include:

- Close contact of a person known or suspected to have TB.
- Foreign born persons from areas where TB is common.
- Residents and employees of high risk congregant 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.

R 400.1906 (1)(d-g) **Records of caregiving staff and child care home family; record maintenance.**

(1) The caregiver shall maintain a file for each caregiver and assistant caregiver including all of the following:
(d) Training records, as defined in R 400.1905(5).
(e) A statement signed by each assistant caregiver that he or she has not been convicted of either of the following:
(i) Child abuse or child neglect.
(ii) A felony involving harm or threatened harm to an individual within the 10 years immediately preceding the date of hire.
(f) Documentation from the department of human services that the assistant caregiver has not been involved in substantiated child abuse or neglect.
(g) A written statement signed and dated by the assistant caregiver at the time of hiring indicating all of the following information:
(i) The individual is aware that abuse and neglect of children is unlawful.
(ii) The individual knows that he or she is mandated by law to report child abuse and neglect.
(iii) The individual has received a copy of the discipline policy.

Rationale

Assures the health and safety of children.

Technical Assistance

Child care providers are mandated reporters. Under the Child Protection Law, child care providers 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. DHS 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.

To demonstrate compliance with subrule (e) of this rule, the caregiver must have a copy of the Michigan State Police Internet Criminal History Access Tool results for each assistant caregiver per the Child Care Organizations Act (1973 PA 116).

To demonstrate compliance with subrule (f) of this rule, the caregiver must either:

- Obtain a central registry clearance on the employee directly from DHS by completing the Central Registry Clearance Request (DHS-1929) form and submitting it to the local DHS office.
- Have the employee obtain a central registry clearance from the local DHS office in the county in which he/she resides.

A self-certifying statement confirming compliance with subrules (e) and (f) of this rule is required for any assistant caregiver under the age of 18, including those who are household members.

Note: BCAL completes central registry clearances and criminal history checks for adult assistant caregivers who are also household members.

Anyone providing care in any circumstance other than an emergency MUST meet this requirement and all other requirements of an assistant caregiver.

Consultation

For more information on obtaining a central registry clearance, go to www.michigan.gov/canregistryclearance. The DHS-1929 form is also available on the child care licensing website at www.michigan.gov/michildcare.

To demonstrate compliance with subrule (g) of this rule, caregivers may have the assistant caregiver complete the Assistant Caregiver Certifications (BCAL-4595) form. The BCAL-4595 is available on the department's website (www.michigan.gov/michildcare).

Determining when to report situations of suspected child abuse/neglect can be difficult. When in doubt, contact the local DHS office 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 to tell 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 your 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 400.1906 (2)

Records of Caregiving staff and child care home family; record maintenance.

(2) Child care home family members 14 years of age or older shall have written evidence of freedom from communicable TB.

Rationale

Assures for the health and welfare of all caregiving staff, child care home family members, children, and parents.

According to the Michigan Department of Community Health, caregiving staff are not considered to be persons at a higher risk for exposure to or infection with TB so serial testing is not recommended. Regular health care monitoring which includes a review of risk factors associated with TB will suffice.

Technical Assistance

Per 400.1901(1)(h), a child care home family means "all persons, including minors, living on an ongoing or intermittent basis, in the family or group child care home."

Documentation of a negative TB test must be verified by a health professional. Chest x-rays are acceptable in lieu of TB skin tests.

Doctors often advise pregnant women not to have a TB skin test or chest x-ray. In this case, the applicant/caregiver must submit a doctor's statement verifying this. The TB test would be required as soon as medically safe after delivery.

R 400.1906 (3) **Records of caregiving staff and child care home family; record maintenance.**

(3) If immunizations, as recommended by the department of community health, have not been given or completed for all minors who live in the home, then the caregiver shall inform the parent of each child in care and all assistant caregivers.

R 400.1906 (4) **Records of caregiving staff and child care home family; record maintenance.**

(4) The records in this rule shall be retained for the duration of employment and a minimum of 4 years thereafter.

Rationale: The department may need past records when conducting a complaint investigation.

Past records may assist the caregiver in resolving licensing issues.

Consultation Caregivers are encouraged to store inactive files separately from active files.

R 400.1907 (1)(a) **Children's records.**

(1) Prior to initial attendance, the caregiver shall obtain the following documents:

(a) A completed child information card on a form provided by the department or a comparable substitute approved by the department.

Rationale

Assures the caregiving staff have contact and medical information for each child.

Technical Assistance

"Initial attendance" means the moment a child is left in the caregiver's care.

To demonstrate compliance with this subrule, the Child Information Record (BCAL-3731 or a comparable substitute) must be accurate and complete. 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. **Exception:** If unknown is listed in one field, subsequent, **related** fields can be left blank. For example, if the address of the child's father is listed as unknown, the city, state and zip code fields can be left blank.

Children may be released to individuals listed in the "Emergency Contact & Release of Child" section of the BCAL-3731 in emergency situations and at other times.

Note: A separate BCAL-3731 (or comparable substitute) must be completed for each child in care.

Consultation

This rule does not require the BCAL-3731 (or comparable substitute) to be notarized. However, caregivers should check with the local hospital(s) as some do require the card to be notarized prior to treating a child.

R 400.1907 (1)(b) **Children's records.**

(1) Prior to initial attendance, the caregiver shall obtain the following documents:

(b) A child in care statement/receipt using a form provided by the department and signed by the parent certifying the following:

(i) Receipt of a written discipline policy.

(ii) Condition of the child's health.

(iii) Receipt of a copy of the family and group child care home rules.

(iv) Agreement as to who will provide food for the child.

(v) Acknowledgement that the assistant caregiver is 14 to 17 years of age, if applicable.

(vi) Acknowledgement that firearms are on the premises, if applicable.

(vii) If the child care home was built prior to 1978, then the caregiver shall inform the parents of each child in care and all assistant caregivers of the potential presence of lead-based paint or lead dust hazards, unless the caregiver maintains documentation from a lead testing professional that the home is lead safe.

Technical Assistance

"Initial attendance" means the moment a child is left in the caregiver's care.

A Child in Care Statement/Receipt (BCAL-3900) must be used to document the information required by this subrule. A single BCAL-3900 may be used for all children in the same family.

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.

Providers must notify parents of the notebook and that it is available for review during regular business hours. This notification is listed on the BCAL-3900.

Assistant caregivers must be informed of the potential presence of lead-based paint or lead dust hazards if the child care home was built prior to 1978.

If licensing consultants receive documentation from a caregiver that the home is not lead safe, consultants are not to cite a violation with this sub-rule. If there is flaking or deteriorating paint on interior or exterior surfaces, see R 400.1932(6).

Consultation

The Assistant Caregiver Certifications (BCAL-4595) form may be used to document that information on lead-based paint was provided to assistant caregivers.

The Licensing Notebook Summary Sheet (BCAL-5052) may be used as the required summary sheet in the licensing notebook.

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

R 400.1907 (1)(c)

Children's records.

(1) Prior to initial attendance, the caregiver shall obtain the following documents:

(c) Documentation that immunizations and boosters, as recommended by the department of community health, are any of the following:

(i) Have been completed.

(ii) Are in progress.

(iii) Are not being administered due to religious, medical, or other reasons based on a waiver signed by the parent.

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 which they are exposed.

Technical Assistance

“Initial attendance” means the moment a child is left in the caregiver’s care.

A Child in Care Statement/Receipt (BCAL-3900) must be used to document the information required by this rule. A single BCAL-3900 may be used for all children in the same family.

Copies of a child’s immunizations records are not required.

Consultation

Information pertaining to required immunizations for Michigan child care/preschool attendance can be obtained from the Michigan Department of Community Health (DCH) website (www.michigan.gov/immunize). 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).

DCH has developed flu information materials for child care providers. It is recommended that the home post this information in an area for 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 five years of age. Caregivers are encouraged to share this chart with parents annually.

Required Immunizations for Michigan Child Care Center/Preschool Attendance
This table represents **the minimum required** immunizations for child care.

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 Conjugat	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 Those 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**
Rotavirus+			1 dose	1 dose	1 dose					
Influenza						Yearly				
Hepatitis A							2 doses			Additional doses for high risk groups.
Meningococcal										For high risk groups.

* 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.

Note: All doses of vaccines must be given with appropriate spacing between doses and at age appropriate ages to be considered valid.

R 400.1907 (1)(d) **Children's records.**

(1) Prior to initial attendance, the caregiver shall obtain the following documents:

(d) If a parent objects to emergency medical treatment on religious grounds, the parent shall provide a signed statement that he or she assumes responsibility for all emergency care.

Rationale: Respects a parent's religious beliefs.

Technical Assistance: “Initial attendance” means the moment a child is left in the caregiver’s care.

A Child in Care Statement/Receipt (BCAL-3900) must be used to document the information required by this rule. A single BCAL-3900 may be used for all children in the same family.

R 400.1907 (2) **Children's records.**

(2) Records in subrule (1) of this rule shall be reviewed and updated annually or when information changes.

Rationale: Assures that caregiving staff have current and accurate information.

Technical Assistance

The Child Information Record (BCAL-3731 or comparable substitute) and Child in Care Statement/Receipt (BCAL-3900) must be reviewed by the parent at least annually. Any changes needed must be made by having the parent do one of the following:

- Complete a new BCAL-3731 and/or BCAL-3900.
- Make the changes on the BCAL-3731 and/or BCAL-3900 and initialing and dating the changes.

If there are no updates when the parent completes the annual review of the forms, the parent can document the review by initialing and dating the forms.

When the provider learns of changes to the information on the BCAL-3731 or the BCAL-3900, the changes must be documented at that time as outlined above.

R 400.1907 (3)

Children's records.

(3) Dated daily attendance records of children in care shall be maintained and shall include the child's first and last name and the time of arrival and departure.

Rationale

Assures that the caregiving staff know which children are in care at any given time and assists in maintaining child and caregiver ratios.

The department may need attendance records when conducting a complaint investigation or to resolve a licensing issue.

Technical Assistance

A caregiver's attendance procedure may include having either caregivers or parents be responsible for entering arrival and departure times or a combination of both. It is the caregiver'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.

Refer to subrule (5) of this rule regarding attendance record retention.

All caregivers 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 per 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 home participates in the Child and Adult Care Food Program, the home may use the same form to document daily attendance and meal attendance for the food program.

R 400.1907 (4) **Children's records.**

(4) Children's records required by the department shall be accessible and stored in a location known to all assistant caregivers.

Rationale

Assures that children's information can be readily accessed in the absence of the caregiver.

Technical Assistance

Refer to subrule (1) of this rule and R 400.1918(7) for the children's records that are required by the department.

R 400.1907 (5) **Children's records.**

(5) The records in this rule shall be retained for a minimum of 4 years.

Rationale

The department may need past records when conducting a complaint investigation or to resolve a licensing issue.

Consultation

Homes are encouraged to store inactive files separately from active files.

R 400.1908 (1) **Capacity.**

(1) The family child care registrant shall assure that the actual number of unrelated children in care at any 1 time does not exceed the number of children for which the home is registered, not to exceed a total of 6.

Rationale

Assures that appropriate care and supervision can be provided to all children.

The Child Care Organizations Act (1973 PA 116, as amended) is the state law that defines a family child care home as a home that cares for at least one but fewer than seven unrelated children at any one time.

Technical Assistance

Capacity relates only to the number of unrelated children in care at any one time. Children related to the caregiver, any adult household members and assistant caregivers (**only** when the assistant caregiver is present) do not count against the registered capacity of the home.

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

Visiting children who are less than 7 years of age will be counted against the registered capacity unless accompanied by an adult.

Visiting children who are 7 years of age and older (friends of the caregiver's children, neighborhood children, etc.) are not counted against the registered capacity as long as all the following requirements are met:

- They do not require direct care and supervision.
- The children's parents or other responsible person are at home and immediately available should the children need to be sent home.
- They are not interfering in any way with the care and supervision of the child care children or taking away from adequate space and equipment.

“Related” is defined as a child related to the caregiver/adult household member/assistant caregiver that is a parent, grandparent, brother, sister, stepparent, stepsister, stepbrother, uncle, aunt, great aunt, great uncle, or step grandparent related by marriage, blood, or adoption. Cousins include those related to the caregiver/adult household member/assistant caregiver by marriage, blood, or adoption within the second degree of consanguinity (up to and including second cousins).

Consultation

To assure compliance with this subrule, the following best practices are recommended:

- Enrolling children carefully so there is no overlapping of schedules that exceed the capacity of the certificate of registration.

- Informing 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.
- Providing a written policy to parents regarding attendance and the necessity to follow the agreed upon schedule for drop-off and pick-up times.

R 400.1908 (2) **Capacity.**

(2) The group child care licensee shall assure that the actual number of unrelated children in care at any 1 time does not exceed the number of children for which the home is licensed, not to exceed a total of 12.

Rationale

Assures that appropriate care and supervision can be provided to all children

The Child Care Organizations Act (1973 PA 116, as amended) is the state law that defines a group child care home as a home that cares for more than six but fewer than 12 unrelated children at any one time.

Technical Assistance

Capacity relates only to the number of unrelated children in care at any one time. Children related to the caregiver, any adult household members and assistant caregivers (**only** when the assistant caregiver is present) do not count against the licensed capacity of the home.

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

Visiting children who are less than 7 years of age will be counted against the licensed capacity unless accompanied by an adult.

Visiting children who are 7 years of age and older (friends of the caregiver's children, neighborhood children, etc.) are not counted against the licensed capacity as long as all the following requirements are met:

- They do not require direct care and supervision.
- The children's parents or other responsible person are at home and immediately available should the children need to be sent home.
- They are not interfering in any way with the care and supervision of the child care children or taking away from adequate space and equipment.

“Related” is defined as a child related to the caregiver/adult household member/assistant caregiver that is a parent, grandparent, brother, sister, stepparent, stepsister, stepbrother, uncle, aunt, great aunt, great uncle, or step grandparent related by marriage, blood, or adoption. Cousins include those related to the caregiver/adult household mem-

ber/assistant caregiver by marriage, blood, or adoption within the second degree of consanguinity (up to and including second cousins).

Consultation

To assure compliance with this subrule, the following best practices are recommended:

- Enrolling children carefully so there is no overlapping of schedules that exceed the capacity of the certificate of registration.
- Informing 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.
- Providing a written policy to parents regarding attendance and the necessity to follow the agreed upon schedule for drop-off and pick-up times.

R 400.1908 (3) **Capacity.**

(3) This rule is not subject to the variance specified in R 400.1963.

R 400.1909 (1) **Concurrent licensing.**

(1) The caregiver who is concurrently licensed as a children's foster home provider shall so inform the parents of the children in care.

Consultation

Best practice is to provide this information to parents in writing and obtain parental signatures as receipt of this information.

R 400.1909 (2) **Concurrent licensing.**

(2) The caregiver who provides care for both child care and foster care children shall not care for more than 8 children, including all of the following:

(a) Children who are under 17 years of age and who are related to the caregiver by blood, marriage, adoption, or legal guardianship.
(b) The capacity of foster children identified on the foster care license.
(c) All other children who are cared for on a part-time or full-time basis.

Technical Assistance

A caregiver with a dual license must not care for more than 8 children at any one time.

Note: Due the modified settlement agreement in the *Children's Rights* lawsuit, the limit on the number of children the caregiver can provide care for is 6 instead of 8 unless there is written approval from the county DHS director. For more information, contact your certification worker for the foster home license.

The 8 children counted in the total capacity includes all of the following:

- Any children under the age of 17 residing in the home.
- Number of children shown on the foster care license.
- Number of child care children on the registration/license.

To determine the capacity of the family or group child care home if also licensed to provide foster care:

- Add the number of children shown on the foster care license.
- Add the number of children under 17 years of age residing in the home (e.g., guardianship or "fictive kin" placements, biological or adoptive children, etc.). Do **not** count the number of foster children placed in the home.
- Subtract that number from 8.
- The remainder is the child care registration/license capacity.

The capacity of the certificate of registration/license may need to be reduced.

Example 1: There are 2 biological children (under 17) of the caregiver residing in the home and the caregiver is licensed for 2 foster care children. A certificate of registration may be issued for a maximum of 4 children if the caregiver is in compliance with all other rule requirements.

Example 2: There are no children residing in the home and the caregiver is licensed for 1 foster care child. A license may be issued for a maximum of 7 children if the caregiver is in compliance with all other rule requirements.

R 400.1909 (3) **Concurrent licensing.**

(3) The caregiver shall notify the department when applying for a foster care license.

Rationale: Assures the department is aware of potential changes in the composition of the child care home.

Technical Assistance: For the purposes of this subrule, the department refers to the Child Care Licensing Division.

R 400.1910 (1) **Ratio of caregiving staff to children.**

(1) The ratio of caregiving staff to children present in the home at any 1 time shall be not less than 1 caregiving staff person to 6 children. The ratio shall include all unrelated children in care and any of the following children who are less than 7 years of age:

(a) Children of the caregiver.
(b) Children of the assistant caregiver.
(c) Children related to any member of the child care home family by blood, marriage, or adoption.

Rationale

Assures that appropriate care and supervision is provided to all children.

Although caregiving staff 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 caregiving staff to child ratios.

Technical Assistance

Ratio is determined by the number of children per caregiving staff.

The caregiver's own children or other children residing in the home under 7 years of age are not counted in the ratio if a spouse or other person is home and supervising these children. Foster care children are treated as the caregiver's own children. The caregiver's own children who are 7 years of age and older are not counted in the ratio.

Visiting children who are less than 7 years of age will be counted in the ratio unless accompanied by an adult.

Visiting children who are 7 years of age and older (friends of the caregiver's children, neighborhood children, etc.) are not counted in the ratio as long as all the following requirements are met:

- They do not require direct care and supervision.
- The children's parents or other responsible person are at home and immediately available should the children need to be sent home.
- They are not interfering in any way with the care and supervision of the child care children or taking away from adequate space and equipment.

Consultation

To assure compliance with this subrule, the following best practices are recommended:

- Enrolling children carefully so there is no overlapping of schedules that exceeds the ratio.
- Informing 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.

- Providing a written policy to parents regarding attendance and the necessity to follow the agreed upon schedule for drop-off and pick-up times.

R 400.1910 (2) **Ratio of caregiving staff to children.**

(2) For each caregiving staff person, not more than 4 children shall be under the age of 30 months, with not more than 2 of the 4 children under the age of 18 months.

Rationale

Low caregiving staff/child ratios are most critical for infants and toddlers.

Assures that appropriate care and supervision is provided to all children.

Although caregiving staff 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 caregiving staff to child ratios.

Technical Assistance

The caregiver's own children or other children residing in the home under 7 years of age are not included in the ratio if a spouse or other person is home and supervising these children. Foster care children are treated as the caregiver's own children.

Consultation

To assure compliance with this subrule, the following best practices are recommended:

- Know each child's birthday/age.
- Enroll children carefully to assure compliance.

Refer to Appendix B of the licensing rule book.

R 400.1911 (1) **Supervision.**

(1) The caregiver shall assure appropriate care and supervision of children at all times.

Rationale

Assures for the safety and well-being of children as supervision is basic to the prevention of harm. Also assures that children's basic needs are being met.

Technical Assistance

The caregiver is responsible and accountable for:
- Providing a program that meets the developmental needs of all children in care.
- Using reasonable judgment when caring for children.
- Being close enough to the children to provide for their safety.
- Assuring that lighting in the napping area is sufficient to observe the children at all times.
- Everything that goes on in the home, including those times when children are left in the care of an assistant caregiver.

Effective monitoring of children must occur at all times regardless of whether direct or indirect supervision is being used. Individual judgment, as to the use of appropriate direct and indirect supervision, depends on circumstances unique to each home and child.

A number of factors should be considered when determining the appropriate level of supervision, including but not limited to:
- Ages of children.
- Number of children.
- 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.
- Areas being used.
- Outdoor hazards.
- Field trips.

DIRECT SUPERVISION means the caregiving staff are:
- In the same area as the children (e.g., single room, adjoining rooms).
- Immediately available to them.
- Directly overseeing their activities.
- Interacting with them.

INDIRECT SUPERVISION means the caregiving staff are:
- 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.

School-age children may go down the block to a nearby playground, bike in the immediate neighborhood or wait at a bus stop with written parental permission specifying:

- Clear boundaries for the children's travels.
- Time frames for checking out and checking back in. Children, parents and the caregiver should have an understanding of the safety of the neighborhood.

Note: For the purposes of this rule, school-age is defined as any child attending kindergarten or a higher grade.

Visiting children of all ages (friends of the caregiver's children, neighborhood children, etc.) can present supervisory issues. The caregiving staff need to assure that:

- The visiting children do not require direct care and supervision.
- The parents of the visiting children are at home and immediately available should the children need to be sent home.
- The visiting children are not interfering in any way with the care and supervision of the child care children or taking away from adequate space and equipment.

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).
- Animals and Children: Friends or Foes (BCAL-Pub 685).
- Fussy Baby (BCAL-Pub 689).

R 400.1911 (2) **Supervision.**

(2) A caregiver or adult assistant caregiver shall be present in the home at all times when children are in care.

Rationale

Assures for the safety and well-being of children as supervision is basic to the prevention of harm. Also assures that children's basic needs are being met.

R 400.1911 (3) **Supervision.**

(3) Caregiving staff shall be up and awake at all times when children are in care except as provided in R 400.1922 (2) of these rules.

Rationale: Assures for the safety and well-being of children as supervision is basic to the prevention of harm. Also assures that children's basic needs are being met.

Technical Assistance: If there is an appropriate number of awake caregiving staff supervising the children, a caregiver may rest or sleep.

R 400.1911 (4) **Supervision.**

(4) Caregiving staff shall know the location of each child at all times.

Rationale: Assures for the safety and well-being of children as supervision is basic to the prevention of harm. Also assures children's basic needs are being met.

Technical Assistance: Refer to subrule (1) of this rule for the requirements regarding appropriate care and supervision.

Consultation: Keeping Track at All Times: Preventing Lost Children (BCAL-Pub 687) is available on the department's website (www.michigan.gov/michildcare).

R 400.1911 (5) **Supervision.**

(5) Caregiving staff shall never leave a child unattended or with a minor in a vehicle.

Rationale: Assures for the safety and protection of children.

R 400.1911 (6) **Supervision.**

(6) A caregiver or adult assistant caregiver shall at all times directly supervise children who are engaged in water activities or are near collections or bodies of water.

Rationale:

- According to the US Consumer Products Safety Commission, in 2005, of all children between one to four years of age who died,

almost 30% died from drowning. For every child who drowns, an additional four are hospitalized for near-drowning; and for every hospital admission, approximately four children are treated in hospital emergency rooms.

- An estimated 5,000 children ages 14 and under are hospitalized due to unintentional drowning-related incidents each year; 15 percent die in the hospital and as many as 20 percent suffer a severe, permanent neurological disability.
- An estimated 50 infants and toddlers drown each year in buckets containing liquid used for mopping floors and other household chores.
- Drowning is the second leading cause of accidental deaths of children ages five and under.
- Small children can drown within 30 seconds in as little as two inches of liquid.
- A child can drown in less time than it takes to answer the telephone. Irreversible brain damage can occur in three to five minutes.
- Most drownings happen in fresh water - often in home swimming pools.
- Most children drown within a few feet of safety.
- Twenty-five percent of all drowning victims have had swimming lessons.
- Close continuous supervision is one essential factor in reducing the number of children's drownings and water related injuries.

Technical Assistance

Water activities are defined as a play activity where children are allowed to enter the water under adult supervision by playing in swimming/wading pools in the backyard and other swimming areas at lakes or public beaches. It also includes any other activities where children are in or on the water.

During water activities the caregiving staff are responsible and accountable for all the following:

- Providing direct supervision at all times to children engaged in water activities or in the water activity area.
- Assuring appropriate supervision of children who are engaged in non-water activities away from the immediate water activity area.
- Assuring that all children engaged in water activities can be easily observed.
- Assuring that telephone usage and other distractions are limited to emergencies.
- Assuring the water activity is appropriate and checking the water activity area for general safety.
- Assuring that inflatable toys and rings are used for play purposes only and not as safety devices.

- Assuring the adult to child ratio is maintained for all children in care.
- Assuring a CPR-trained adult is supervising children in the water activity area.

Refer to R 400.1921 (1-11) regarding additional regulation for water hazards and water activities.

Consultation

To assure compliance with this subrule, the following best practices are recommended:

- Assure that children are familiar with the rules for behavior in and around the water activity area.
- Assure that only strong swimmers are permitted to use, with caution, diving boards and water slides.
- 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.
- Institute a buddy system for the children.

R 400.1912 (1-6) **Infant supervision and sleeping.**

(1) Infants, birth to 12 months of age, shall be placed on their backs for resting and sleeping.

(2) Infants unable to roll from their stomachs to their backs, and from their backs to their stomachs, when found facedown, shall be placed on their backs.

(3) If infants can easily turn over from their backs to their stomachs, then they shall be initially placed on their backs, but allowed to adopt whatever position they prefer for sleeping.

(4) For an infant who cannot rest or sleep on her/his back due to disability or illness, the caregiver shall have written instructions, signed by a physician, detailing an alternative safe sleep position and/or other special sleeping arrangements for the infant. The caregiver/assistant caregiver shall rest/sleep children in accordance with a physician's written instructions.

(5) Caregiving staff shall maintain supervision and monitor infants' breathing, sleep position, bedding, and possible signs of distress except as provided in R 400.1922.

(6) Video surveillance equipment and baby monitors shall not be used in place of subrule (5) of this rule.

Rationale

Assures for the safety and well-being of infants as placing infants to sleep on their backs instead of their stomachs has been associated with a dramatic decrease in infant deaths.

Technical Assistance

Monitoring must be continual and must include visual observation of infants, with caregiving staff standing close enough to the infant to observe breathing patterns, sleep position and any signs of distress or discomfort.

Consultation

It is recommended that the caregiver observe a sleeping infant frequently, every 15-20 minutes, to assure the infant is not in distress.

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 Human Services - www.michigan.gov/safesleep.

Refer to R 400.1916 for information on bedding and sleeping equipment.

R 400.1913 (1) **Discipline and child handling.**

(1) The caregiver shall develop and have on file a written policy regarding the discipline of children.

Rationale

Assures that parents and all caregiving staff are informed of the policies regarding the discipline of children.

Technical Assistance

Discipline involves helping a child gain control over his or her behavior, not just getting a child to “mind.”

The caregiver is responsible and accountable for:

- Describing in the written policy how caregiving staff will manage children's behavior by using positive methods of discipline and encouraging children to develop self-control.
- Assuring that the policy addresses the methods that are appropriate for children of different ages and levels of understanding.
- Assuring that the policy states that physical punishment and all other prohibited methods will not be used even if the parents give permission.

Per R 400.1907(1)(b)(i), parents must receive a copy of the written discipline policy. The Child in Care Statement/Receipt (BCAL-3900) is used to verify the parent's receipt of the discipline policy.

Per R 400.1906(1)(g)(iii), assistant caregivers must also receive a copy of the written discipline policy.

Consultation

Positive Discipline - Including the Proper Use of Time Out (BCAL-Pub 787) is available on the department's website (www.michigan.gov/michildcare).

R 400.1913 (2) **Discipline and child handling.**

(2) Developmentally appropriate positive methods of discipline, which 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.

Positive methods of discipline can reduce incidents of aggression.

Caregiving staff are more likely to avoid abusive practices if they are well-informed about effective, non-abusive methods for managing children's behaviors.

Technical Assistance

Discipline involves helping a child gain control over his or her behavior, not just getting a child to “mind”. Positive discipline methods will help

guide a child toward self-discipline and independence. Positive methods of discipline include:

- Redirecting the child from an unacceptable activity to a constructive one.
- Offering alternative solutions to the problem.
- Removing the child from the source of the conflict.
- Involving children in solving problems.
- Assuring there is a relationship between the behavior and the discipline.
- Tailoring a method of discipline to the individual child.

Time-Out

Time-out should only be used to stop aggressive behavior or to allow angry or upset children to calm down. 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

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

- Fussy Baby (BCAL-Pub 689).
- Positive Discipline - Including the Proper Use of Time Out (BCAL-Pub 787).

R 400.1913 (3) **Discipline and child handling.**

(3) The caregiving staff shall not do any of the following:

(a) Hit, spank, shake, bite, pinch, or inflict other forms of corporal punishment.

(b) Restrict a child's movement by binding or tying him or her.

(c) Inflict mental or emotional stress, such as humiliating, shaming, threatening a child, or using derogatory remarks.

(d) Deprive a child of meals, snacks, rest, or necessary toilet use.

(e) Confine 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 future criminal behavior.

Technical Assistance

Discipline is not punishment; discipline involves helping a child gain control over his or her own behavior. Positive discipline methods will help guide a child toward self-discipline and independence.

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 high chairs, etc. 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.

Note: The practices outlined in this subrule are strictly 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 400.1913 (4)

Discipline and child handling.

(4) Non-severe and developmentally appropriate discipline or restraint may be used when reasonably necessary to prevent a child from harming himself or herself, or to prevent a child from harming other persons or property, or to allow a child to gain control of himself or herself excluding those forms of punishment prohibited by subrule (3) of this rule.

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 future criminal behavior.

Technical Assistance

If it becomes necessary to restrain a child for his/her own or other's protection, holding the child as gently as possible is acceptable. Children shall 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 with hands or feet.
- Sitting on a child.
- Any physical restraint for the purpose of discipline or punishment, especially with ropes, scarves, belts, ties or straps.

R 400.1913 (5) **Discipline and child handling.**

(5) This rule is not subject to the variance specified in R 400.1963.

R 400.1914 (1) **Daily activity program.**

(1) Caregiving staff shall engage in positive interactions with children. For infants and toddlers, interactions may include, but not be limited to, the following:

(a) Nurturing contact such as talking to, smiling, holding, rocking, cuddling, and giving eye contact throughout the day and during daily routines such as feeding and diapering.

(b) Promptly responding to a child's cries and other signs of distress.

Rationale

A supportive, nurturing setting encourages the expression of feelings, allows for problem solving and builds a positive self-image. Children need:

- Affection, physical care, intellectual guidance, and emotional support from caregiving staff.
- A strong, secure sense of identity through positive experiences with caregiving staff and peers.
- An environment that encourages positive relationships.

The brain development of infants and toddlers is particularly sensitive to the quality and consistency of their relationships with others. Much of the stimulation for brain development comes from the responsive interactions of caregiving staff and children during daily routines. Responding quickly to cries or signs of distress fosters a child's sense of trust that caregiving staff will understand, respond to and meet the child's needs.

R 400.1914 (2) **Daily activity program.**

(2) The caregiver shall plan daily activities so that each child may do the following:

(a) Have opportunities to feel successful and feel good about himself or herself and develop independence.

(b) Develop and use language.

(c) Develop and use large and small muscles.

(d) Use materials and take part in activities which encourage creativity.

(e) Learn new ideas and skills.

(f) Participate in imaginative play.

(g) Rest or sleep, or both.

Rationale

Children are happier and respond better to consistency and routine.

Planned daily activities:

- Keep children engaged which reduces or eliminates chaos and behavioral issues.
- Foster children's growth and development.
- Assure that the program meets the cognitive, physical, emotional, and social needs of each child.

Play is an active form of learning and children learn best when actively engaged. 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.

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.

Consultation

Some warning signs that may indicate there are problems with the daily program include, but are not limited to:

- Children who are not purposefully involved tend to wander around, unable to select an activity.
- Children show little respect for equipment or materials.
- Children fight over equipment or materials.
- Children are bored with the equipment and may develop their own inappropriate activities.
- Children fight with and become more aggressive with each other.
- Caregiving staff become bored with the same routine and do not pick up on the children's interests.

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/.

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).

The standards in Early Childhood Standards of Quality for Infant and Toddler Programs address both early learning outcomes and quality program standards for settings serving infants and toddlers.

Early Childhood Standards of Quality for Prekindergarten is divided into two major sections – Quality Program Standards for Prekindergarten and Early Learning Expectations for Three- and Four-Year-Old Children. The quality program standards in this document are meant to define quality in all center-based classroom programs. Each early learning expectation is illustrated by several items indicating how children typically exhibit their progress toward meeting that expectation. While this document is geared toward center programs, information in this document, especially the early learning expectations, can be helpful to assess if a child's development is on-target and to plan appropriate activities for children.

R 400.1914 (3)(a) **Daily activity program.**

(3) All of the following developmentally appropriate opportunities shall be provided daily:

(a) A balance of active and quiet play, group, and individual activities.

Rationale

A planned but flexible program:

- Allows children to make decisions about their activities.
- Fosters independence.
- Encourages creative expression.
- Promotes physical, social and emotional development.

Play is an active form of learning and children learn best when actively engaged. 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.

Consultation

Working with Children Who Have Special Needs (BCAL-Pub 96) is available on the department's website (www.michigan.gov/michildcare).

R 400.1914 (3)(b) **Daily activity program.**

(3) All of the following developmentally appropriate opportunities shall be provided daily:

(b) Indoor and outdoor play, except during inclement or extreme weather, or unless otherwise ordered by a health care provider.

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 stay healthy.

When outdoors, children breathe fresh air, develop their large 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 caregiver 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.
- A child is properly supervised if he/she has a written order signed by a health care provider to remain inside.

Note: A violation should only be cited if there is indication of ongoing non-compliance rather than an observation of a single day.

Consultation

The following should be taken into account when deciding whether to take children outside:

- The temperature outdoors including wind chill factors and the heat index.
- Severe weather conditions (e.g., lightning, heavy rain or snow, tornado watches/warnings).
- Degree of sunshine and available shade.
- Appropriate clothing for conditions. Caregivers may choose to have extra clothing available for children who do not come with appropriate clothing for conditions.
- Ages of the children.
- 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 home's guidelines regarding the impact of weather conditions on outdoor play.

R 400.1914 (3)(c) **Daily activity program.**

(3) All of the following developmentally appropriate opportunities shall be provided daily:

(c) Early language and literacy experiences throughout the day accumulating for not less than 30 minutes.

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

Early language and literacy experiences include, but are not limited to:

- Looking at or reading books with children.
- Talking, singing and interacting with children.
- Experiences with music.
- Playing games.
- Writing activities.

- Show and tell.
- Circle time.
- Dramatic play activities.
- Felt board stories.
- Finger plays.

Note: This rule does not require that children be read to 30 minutes each day.

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 Home-Based Child Care Providers at: www.nifl.gov/publications/pdf/language_tipsheet.pdf.

R 400.1914 (3)(d)

Daily activity program.

(3) All of the following developmentally appropriate opportunities shall be provided daily:

(d) 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. 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 400.1914 (4) - (6) **Daily activity program.**

(4) Television, video tapes, movies, electronic devices, and computers shall be limited to not more than 2 hours per day and to programs designed for children's education and/or enjoyment. Other activities shall be available to children during television/ movie viewing.

(5) Programs/movies with violent or adult content, including soap operas, shall not be permitted in child-use space while children are in care.

(6) The use of television, video tapes, movies, electronic devices and computers by children in care shall be suitable to the age of the child in terms of content and length of use.

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 American Academy of Pediatrics (AAP) 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 APP goal of less than two hours a day for children over age two can be achieved.

The American Academy of Pediatrics 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.

In 1994, the National Association for the Education of Young Children (NAEYC) published a Position Statement on the impact of media on children. In part, it states that “there has been an increase in the amount and severity of violent acts observed by children through the media, including television, movies, computer games, and videotapes, and an increase in the manufacture and distribution of weapon-like toys and other products directly linked to violent programming. NAEYC believes the trend toward increased depiction of violence in the media jeopardizes the healthy development of significant numbers of our nation's children.” NAEYC further stated:

- Two thirds of all TV programming contains violence. Eighty-one percent of these programs do not carry a violence rating.
- Young children cannot distinguish between fantasy and reality and are especially influenced by what they see on TV. It causes children to see others as enemies, rather than as individuals with thoughts and feelings like themselves.
- Children under the age of seven are particularly vulnerable to violent behavior portrayed in the media.
- Media has a powerful influence over children's learning--it teaches them to stereotype or use violence to solve their problems.
- When children watch television, they are physically passive, yet mentally alert. Their minds are ripe for absorbing ideas, information and values.
- Violent TV programs do not teach good language skills and it limits children's imaginations.
- The most violent periods are between six AM and nine AM and two PM and five PM, which is the time of highest viewing by children.

TV violence may cause young children to:

- Become less sensitive to the pain and suffering of others.
- Become fearful of the world around them.
- Have more difficulty getting along with others.

Software that allows children to destroy without facing actual consequences may hinder them from learning personal responsibility.

Recent research supports young children’s age-appropriate use of technology (computers, cameras, etc.) to support and extend learning and development under the guidance of adults who understand how to use it appropriately. However, technology should never dominate the learning environment nor replace the opportunity for children to have direct experience with peers, adults and real materials.

The growing use of technology and computers in education and recreation has made repetitive stress injuries a problem for children. Repetitive stress injuries result when repeated movements damage tendons, bones and muscles. Excessive screen time and repetitive motions can also cause visual, fine motor and other physical problems.

Technical Assistance

Media are televisions, computers, electronic devices, etc. Electronic devices include, but are not limited to:

- Mobile phones.
- MP3 players.
- Video games, including handheld games.

Media can be a powerful teacher, so caregivers must make sure the lessons children learn are good ones.

The caregiver 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 time limited and monitored closely.

Televisions shows such as soap operas, talk shows, and other programming geared toward adults are inappropriate.

Rating systems for television, video tapes, movies, and 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

The following best practices are recommended:

- Have computers and TV in highly visible places.
- Turn off visual media at mealtimes and nap time.
- Watch media with your child care children 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.
- No television for children under the age of two years.
- No more than two hours of television per week for children over the age of two years.

In a study published in the August 7, 2007 Journal of Pediatrics, researchers at the University of Washington and Seattle Children's Hospital Research Institute found that for every hour per day spent

watching baby DVDs and video - which often feature disconnected images and scarce dialogue - infants understood an average of six to eight fewer words than infants who did not watch them. Baby DVDs and videos were found to have no effect on the vocabularies of children aged 17 to 24 months.

Frederick Zimmerman, lead author of the study and an associate professor of health services at the university, said of the paper: “There is no clear evidence of a benefit from baby DVDs and videos and there is some suggestion of harm. The more a child watches baby DVDs and videos, the bigger the effect. The amount of viewing does matter.”

R 400.1914 (7) **Daily activity program.**

(7) The caregiver shall, for children with special needs, work with the parents, medical personnel, and/or other relevant professionals to provide care in accordance with the child's identified needs and learning supports.

Rationale

Assures:

- Consistency and continuity in the care of children with special needs.
- That a child's special needs are being met and professional recommendations are followed.

Consultation

The following best practices are recommended in the care of special needs children:

- Research online and become familiar with the condition.
- Talk with others who have experience with the condition.
- Take classes or workshops.
- Obtain in writing all necessary information and instructions for the care of the child.

R 400.1915 (1) **Indoor space; play equipment and materials.**

(1) A child care home shall provide not less than 35 square feet per child of safe, usable, accessible indoor floor space, not including bathrooms and storage areas.

Rationale

Proper space for play equipment assures that children have safe and adequate space for daily activities and room to move. Sufficient space will reduce the risk of injury from simultaneous activities.

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.

Technical Assistance

Capacity is partly determined by the total square footage of all approved child care areas. Space requirements are assessed per child, regardless of the child's age or the amount of time spent in the child care home.

In order for a room, including a bedroom, to be counted towards capacity, it needs to be available and used on an ongoing basis throughout the hours of operation.

Excessive storage or clutter that diminishes the usable child care space may affect the capacity.

Note: Refer to R 400.1911(4) regarding supervision of children.

R 400.1915 (2) **Indoor space; play equipment and materials.**

(2) 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 caregiver is responsible and accountable for:

- Obtaining permission from the department **before** using space not previously approved and used by children, including the basement and second floor levels. Rooms will not be approved for napping only, unless they meet all safety requirements and are hazard free.
- Requesting an on-site inspection by the consultant for new space to be approved.

Note: Refer to R 400.1911(4) regarding supervision of children.

Consultation

The Request for Modification of the Terms of the License/Registration form is available on the department's website at www.michigan.gov/michildcare.

R 400.1915 (3)

Indoor space; play equipment and materials.

(3) A variety and number of easily accessible activity choices shall be available to the child, shall be safe and appropriate for a child at his or her stage of development, and shall be based on the licensed/registered number of children. All of the following apply to activity choices available:

(a) Materials may include, books, art supplies, blocks and accessories, large muscle equipment, manipulative toys, musical equipment, and dramatic play materials.

(b) All materials and equipment shall be kept clean and free of hazards.

(c) Toys and other play equipment soiled by secretion or excretion shall be cleaned with soap and water, rinsed and sanitized before being used by a child.

Rationale

- Provides challenging and interesting opportunities for children of all ages to learn.
- Provides an adequate amount of developmentally appropriate equipment by promoting a healthy, stimulating learning environment and reduces stress and anxiety for the children and caregiving staff.
- Children cannot safely or comfortably use furnishings that are not the appropriate size for their use.
- Equipment that is sized for older children poses challenges that younger, smaller children may not be able to meet.
- 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.
- Messy play is developmentally appropriate for all age groups, especially among very young children. Equipment, furnishings, toys, and play materials must be easily cleaned and sanitized in order to reduce transmission of diseases.

Technical Assistance

The number of toys, games and other indoor play equipment necessary is based on the number of children for which the home is being registered/licensed. The caregiver is responsible and accountable for assuring that:

- A sufficient number of toys, games and other play equipment are accessible to children without direct adult assistance.
- All shelves and containers are sturdy, stable and free of hazards.

- Broken equipment is repaired or replaced, including toys with missing pieces.
- All toys that children place in their mouths are cleaned and sanitized before being used by other children.
- All 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.

Examples of materials include:
- Art supplies: crayons, pencils, markers, paper, glue, scissors, paint, and brushes.
- Dramatic play: dress-up clothes, hats, shoes, jewelry, dolls, puppets, and housekeeping items.
- Manipulatives: puzzles, Legos, beads, rattles, squeeze toys, board games, card games, and blocks.
- Reading and books: book shelves, tapes/CDs, headphones and player with music, comfortable cushions, a table and chairs, and pillows.

Refer to subrule (4) of this rule regarding hazardous or recalled equipment as identified by the U.S. Consumer Product Safety Commission.

Examples of when toys and other play equipment may be soiled by secretion or excretion include, but are not limited to, when a child puts a toy in their mouth, when a child sneezes on a toy, when a child's diaper leaks while the child is playing on a piece of equipment, etc. When a toy or piece of equipment is soiled, it must be washed vigorously with soap and water, rinsed with clean water and sanitized prior to being used by another child.

Sanitizing means:

- Submerge, wipe or spray the item with a sanitizing solution.
- Let the item air dry for at least two minutes.

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 bleach per gallon of water). This solution must be made fresh daily.
- 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 toys and other items children may put in their mouths:

- Bleach used must have a EPA number indicating an approval for food sanitizing.
- Commercial sanitizers used must specify on the label to be safe for food contact surfaces.

Consultation

The following best practices are recommended regarding indoor equipment:

- Provide a minimum of three play spaces per child. This assures that if a child wants to change his/her play item or activity, there is another one available without having children switch or share toys.
  - A play space is a piece(s) of equipment that one child can use independently for about 15 minutes.
  - Activity areas (housekeeping, dramatic play, blocks, art) can vary from two to four play spaces, depending upon the amount of equipment, accessories and space available.
- Equipment may be purchased new or used or made.
- Place equipment on low, open shelves, in containers, on a table, or on the floor easily within a child's reach.
- Have available for infants and toddlers:
  - Duplicate toys to prevent conflicts between children.
  - Additional toys to replace toys that become soiled or contaminated throughout the day.

Bleach is recommended as a sanitizing product because it is safe, effective and inexpensive. Test strips to check the concentration of the bleach/water solution can be used and are available from most food service suppliers.

For cleaning up vomit (including spit-up) or feces, it is recommended that the 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 -**
  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.

Local health department sanitarians may maintain a list of approved commercial sanitizers.

Providers are encouraged to use separate spray bottles containing soapy water, rinse water and a sanitizing solution.

R 400.1915 (4) **Indoor space; play equipment and materials.**

(4) The caregiver shall not use any equipment, materials, and furnishings recalled or identified by the U.S. Consumer Product Safety Commission (http://www.cpsc.gov) as being hazardous. As required by 2000 PA 219, MCL 722.1065, the caregiver shall conspicuously post in the child care home an updated copy of the list of unsafe children's products that is provided by the department.

Rationale

The Children's Product Safety Act (2000 PA 219) is the legal basis for this rule. This rule assures that children's products that are known to be hazardous are not used.

Technical Assistance

The Children's Product Safety Act requires the department to maintain a comprehensive list of unsafe or recalled children's products (includes, but is not limited to, cribs, toddler beds, car seats, high chairs, booster chairs, bath seats, gates, carriers, strollers, walkers, infant swings, etc.). The department must make the comprehensive list available to the pubic at no cost and must post it on the internet and encourage links.

This comprehensive list is available on the department's website at www.michigan.gov/michildcare >Alerts >Product Recalls & Recall Alerts. Updates to the recall list are included in each edition of Michigan Child Care Matters. Michigan Child Care Matters is also available on the department's website at www.michigan.gov/michildcare >Information for Providers >Michigan Child Care Matters.

This rule requires caregivers to conspicuously post on the premises an updated copy of the list of recalled children's products provided by the department.

A conspicuous place means a location where parents, staff and others can easily see it.

R 400.1915 (5) **Indoor space; play equipment and materials.**

(5) All children shall be protected from materials that could be swallowed and/or present a choking hazard. Toys or objects with removable parts less than 1¼ inches in diameter and less than 2¼ inches in length, as well as balls smaller than 1¾ inches in diameter are prohibited for children under 3 years of age.

Rationale

Assures for the safety and well being of children. Ninety percent of fatal chokings occur in children younger than four years of age.

Technical Assistance

Potentially hazardous items/toys may include, but are not limited to:

- Balloons.
- Coins.
- Safety pins.
- Jewelry.
- Plastic bags.
- Legos.
- Marbles.
- Small board game pieces.
- Toys with removable parts.
- Styrofoam objects.

Consultation

The following best practices are recommended:

- A daily survey of the child care environment.
- Testing items with a choking hazard tester available through toy distributors and at major toy stores.

R 400.1915 (6) **Indoor space; play equipment and materials.**

(6) Trampolines shall not be used indoors by children in care.

Rationale

According to the American Academy of Pediatrics, trampolines:

- Present a safety hazard.
- Have the potential for serious injury.
- Should never be used in a home or recreational setting.
- Require highly trained personnel who have been instructed in all aspects of trampoline safety.

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: Providers can take children on field trips where trampolines, bounce houses and similar types of equipment are used with written parental permission.

R 400.1916 (1-3) Bedding and sleeping equipment.

(1) All bedding and equipment shall be in accordance with U.S. Consumer Product Safety Commission (http://www.cpsc.gov) standards as approved for the age of the child using the equipment and shall be clean, comfortable, safe, and in good repair.

(2) All bedding and sleeping equipment shall be cleaned and sanitized before being used by another person.

(3) All bedding used by children shall be washed when soiled or weekly at a minimum.

Rationale

Assures for the safety and well-being of children by reducing the spread of diseases from one child to another.

Technical Assistance

In December 2010, the CPSC approved new mandatory standards (16 C.F.R. part 1219 and 16 C.F.R. part 1220) for full-size and non-full-size baby cribs under Section 104(c) of the Consumer Product Safety Improvement Act of 2008.

Effective June 28, 2011, all cribs sold will have to be manufactured to the new standards. **Per the new standards, all child care providers will have to replace all cribs not meeting the new standards by December 28, 2012.**

If the crib was manufactured after June 27, 2011, it is presumed compliant with the new standards. To determine when your crib was manufactured, check the crib. All cribs must have their date of manufacture permanently affixed to the crib.

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 the preferred way to demonstrate compliance with the new standards. 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. Keep in mind that most cribs manufactured prior to June 28, 2011 will not meet the new standards. For more information, go to CPSC's Crib Information Center at www.cpsc.gov/cribs.

Note: Under the new standards, non-full-size baby cribs must be sold with the mattress.

Cleaned and sanitized means:

- Washing the item vigorously with water and soap.
- Rinsing the item with clean water.
- Submerging, wiping or spraying the item with a sanitizing solution.
- Letting the item air dry for at least 2 minutes.

- Laundering bedding in HOT water and detergent complies with this rule.

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). This solution must be made fresh daily.
- 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.

Refer to subrule (13) of this rule for sleeping equipment requirements, if providing nighttime care.

Consultation

Caregivers that have newer cribs and are not sure if they will meet the new standards, contact the Consumer Product Safety Commission at (800) 638-CPSC [(800) 638-2772].

Bleach is recommended as a sanitizing product because it is safe, effective and inexpensive. Test strips to check the concentration of the bleach/water solution can be used and are available from most food service suppliers.

Local health department sanitarians may maintain a list of approved commercial sanitizers.

R 400.1916 (4-8) Bedding and sleeping equipment.

(4) All cribs or porta-cribs shall be equipped with a firm, tight-fitting mattress with a waterproof, washable covering, as recommended and approved by the U.S. Consumer Product Safety Commission.

(5) Infants, birth to 12 months of age, shall rest or sleep alone in an approved crib or porta-crib. A crib shall have all of the following:

(a) A firm, tight-fitting mattress.

(b) No loose, missing, or broken hardware or slats.

(c) Not more than 2 3/8" between the slats.

(d) No corner posts over 1/16" high.

(e) No cutout designs in the headboard or footboard.

(f) A tightly fitted bottom sheet shall cover a firm mattress with no additional padding placed between the sheet and mattress.

(6) An infant's head shall remain uncovered during sleep.

(7) Soft objects, bumper pads, stuffed toys, blankets, quilts or comforters, pillows, and other objects that could smother an infant shall not be placed with or under a resting or sleeping infant.

(8) Blankets shall not be draped over cribs or porta-cribs.

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.

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.

Crib posts present a potential for clothing entanglement and strangulation.

Children have strangled because their shoulder or neck became caught in a gap between slats or between the mattress and crib side that was too wide.

Infant sleeping requirements are based on the American Academy of Pediatrics recommendations.

The AAP recommends that infants not be swaddled after 2 months of age.

Technical Assistance

Any rectangular shaped portable crib labeled by the manufacturer as a portable crib is acceptable if it complies with subrules (5)(a-f) of this rule.

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.

A play yard (such as a Pack n' Play®) is acceptable if all of the following are met:

- It complies with subrules (5)(a, b, d, f) of this rule.
- The manufacturer indicates the play yard can be used for sleeping.
- The child using the play yard for sleeping cannot climb out of it and is less than 35 inches in height.

A play yard is defined as a framed enclosure that includes a floor and has mesh or fabric sided panels primarily intended to provide a play or sleeping environment for children.

Square playpens typically used to contain a child for short periods of time or for play are not acceptable for sleeping children of any age.

If there is a health issue or special need that requires an infant to sleep in anything other than an approved crib or porta-crib documentation from the infant's health provider is required **prior** to allowing the infant to sleep in anything other than an approved crib or porta-crib. The documentation must include specific sleeping instructions and time frames for how long the infant needs to sleep in this manner.

Stacking cribs are prohibited for infants who can sit up or stand or if infants do not have adequate space. Consultants will site a violation of R400.1916(1), unsafe sleeping equipment, if stacking cribs are used for infants who can sit up or stand or if infants do not have adequate space.

It is permissible to swaddle infants 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 400.1912 requires continual monitoring of the infant's breathing, sleep position and bedding and for possible signs of distress.

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.

Stacking cribs are not recommended 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 American Academy of Pediatrics recommends a minimum distance of three feet between rest equipment to limit the spread of disease.

Resources regarding infant safe sleep 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.
- Department of Human Services - www.michigan.gov/safesleep.
- American Academy of Pediatrics - www.healthychildcare.org.
- US Consumer Product Safety Commission Crib Information Center - www.cpsc.gov/info/cribs/index.html.

R 400.1916 (9) **Bedding and sleeping equipment.**

(9) Children 12 to 24 months of age shall rest or sleep alone in an approved crib, porta-crib, or on a cot or mat sufficient for the child's length, size, and movement.

Rationale

Assures for the safety and well-being of children.

Technical Assistance

Any rectangular shaped portable crib labeled by the manufacturer as a portable crib is acceptable.

A play yard (such as a Pack n' Play®) is acceptable if both of the following are met:

- The manufacturer indicates the play yard can be used for sleeping.
- The child using the play yard for sleeping cannot climb out of it and is less than 35 inches in height.

A play yard is defined as a framed enclosure that includes a floor and has mesh or fabric sided panels primarily intended to provide a play or sleeping environment for children.

Square playpens typically used to contain a child for short periods of time or for play are not acceptable for sleeping children of any age.

Toddler beds are acceptable if all of the following are met:

- It uses a standard crib mattress.
- It was manufactured for the age of the child using it.
- The child using it does not exceed the weight limit of the bed.

If there is a health issue or special need that requires a child to sleep in anything other than a crib, porta-crib, cot, or mat documentation from the child's health provider is required **prior** to allowing the child to sleep in anything other than a crib, porta-crib, cot, or mat. The documentation must include specific sleeping instructions and time frames for how long the child needs to sleep in this manner.

Consultation

The American Academy of Pediatrics recommends a minimum distance of three feet between rest equipment to limit the spread of disease.

R 400.1916 (10-11) **Bedding and sleeping equipment.**

(10) Infant car seats, infant seats, infant swings, bassinets, high-chairs, waterbeds, adult beds, soft mattresses, sofas, beanbags, or other soft surfaces are not approved sleeping equipment for children 24 months of age or younger.

(11) Children 24 months or younger who fall asleep in a space that is not approved for sleeping shall be moved to approved sleeping equipment appropriate for their size and age.

Rationale

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 there is a health issue or special need that requires a child to sleep in anything other than an approved crib or porta-crib for infants or a crib, porta-crib, cot, or mat for children over 12 months, documentation from the child's health provider is required **prior** to allowing the child to sleep in anything other than an approved crib or porta-crib. The documentation must include specific sleeping instructions and time frames for how long the child needs to sleep in this manner.

R 400.1916 (12) **Bedding and sleeping equipment.**

(12) Children over 24 months of age shall have an individual, age appropriate, clean, comfortable and safe place to sleep or rest. The floor shall be used only when padded, warm, and free from drafts and when there is a mat, sleeping bag, blanket, or similar piece of bedding between the floor and the child.

Rationale

Assures for the safety and well-being of children.

Consultation

The American Academy of Pediatrics recommends a minimum distance of three feet between rest equipment to limit the spread of disease.

If the home was built prior to 1978, children should not be allowed to sleep on the floor due to the potential exposure to lead dust. Children should sleep on raised surfaces such as cots.

R 400.1916 (13) **Bedding and sleeping equipment.**

(13) If nighttime care is provided, then children shall sleep in age appropriate cribs and beds.

Rationale

Assures for the safety and well-being of children as 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

Per R 400.1922, when children are in care anytime between the hours of midnight and 6 a.m., nighttime care is being provided. See R 400.1922 for more information on nighttime care.

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.”

Sofa beds, futons and inflatable beds are considered beds for the purpose of this rule.

R 400.1917 Telephone.

(1) Caregiving staff shall have immediate access to an operable telephone within the child care home at all times.

(2) The telephone number shall be made available to the department and parents.

(3) The caregiver shall inform the department and parents of any change in telephone number.

Rationale

Assures that parents and the department can reach the caregiver at all times. Assures that caregivers are able to quickly contact emergency personnel and parents.

Technical Assistance

Immediate access means that a phone is available at all times for both incoming and outgoing calls. If voice mail or an answering system is used, it is the caregiver's responsibility to check for messages frequently throughout the day and to return child care related calls promptly.

Mobile or cordless phones used exclusively in the home must be charged and powered on during the hours of operation. Pre-paid mobile phones must have available minutes for use during the hours of operation.

Consultation

It is best practice to take a mobile phone on field trips or to know where pay phones are located.

R 400.1918 (1) **Medication; administrative procedures.**

(1) Medication, prescription and nonprescription, shall be given to a child in care by adult caregiving staff 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 caregivers to dispense medication.

The caregiver 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 400.1963 for information on rule variances.

R 400.1918 (2) **Medication; administrative procedures.**

(2) Medication, prescription and nonprescription, shall be given or applied 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 non-prescription medications and topical prescription medications, the Medical Permission and Instructions (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, non-prescription 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).
- The parent must review and re-sign ALL medical permission forms at least annually. Any change in the prescription requires a new medication permission form be completed.

Consultation

The Medication Permission and Instructions (BCAL-1243) form is available on the department's website (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.

R 400.1918 (3) **Medication; administrative procedures.**

(3) All medication shall be in the 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.

Adult caregiving staff are prohibited from administering any medication, prescription or non-prescription, 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 home.

R 400.1918 (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 in accordance with those instructions.

Rationale: Assures for the safety and well-being of children by assuring that medication is appropriately administered.

Technical Assistance: Adult caregiving staff 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 400.1918 (5) **Medication; administrative procedures.**

(5) All medication shall be kept out of the reach of children and shall be returned to the child's parent when the parent determines it is no longer needed or when it has expired.

Rationale: Assures for the safety and well-being of children.

Technical Assistance: Medications stored on the kitchen table or counter are not considered out of the reach of children.

Medications must not be left in backpacks or diaper bags as they may be accessible to children.

Consultation: Use caution when storing medication in the refrigerator to assure that it is not accessible to children. It is recommended that medication be moved to the back of the refrigerator to ensure that it is out of the sight and reach of children.

R 400.1918 (6) **Medication; administrative procedures.**

(6) Adult caregiving staff shall give or apply prescription or non-prescription medication according to the directions on the original container unless otherwise authorized by a written order of the child's physician.

Rationale: Assures for the safety and well-being of children by assuring that 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

Caregiving staff between the ages of 14 and 17 are not adults and are prohibited from administering medication under any circumstances.

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 non-prescription medication indicates that a physician should be consulted for the dosage, written instructions must be obtained from the physician before administering the medication.

Consultation

The U.S. Food and Drug Administration and the American Academy of Pediatrics have both recommended that cold and cough medicine NOT be given to children under the age of six.

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 training as required by R 400.1905(1) and (2).

400.1918 (7)

Medication; administrative procedures.

(7) A record of the date, time, and the amount of all medication given or applied shall be maintained on a form provided by the department or a comparable substitute approved by the department.

Rationale

Assures that the medication is given according to the instructions.

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 non-prescription medications and topical prescription medications. Refer to subrule (8) of this rule for non-prescription topical medications.

See subrule (2) of this rule for more information on when the medication permission form must be completed.

Consultation

The Medication Permission and Instructions (BCAL-1243) form is available on the department's website (www.michigan.gov/michildcare-forms).

R 400.1918 (8) **Medication; administrative procedures.**

(8) Topical nonprescription medication, including but not limited to sunscreen, insect repellent, and diaper rash ointment, shall be exempt from subrule (7) of this rule.

Rationale

Allows more flexibility regarding the administration of topical non-prescription medications.

Technical Assistance

Topical non-prescription medication means anything that is applied to the child's body, including but not limited to:

- Sunscreen.
- Insect repellent
- Diaper rash cream.
- Antibiotic ointment.

As noted in subrule (2) of this rule, a blanket "as needed" medication permission form is sufficient for topical non-prescription medication. The date, time and amount of medication given does **not** need to be documented on the medication permission form.

R 400.1918 (9) **Medication; administrative procedures**

(9) The records in this rule shall be retained for a minimum of 4 years.

Rationale

The department may need past records when conducting a complaint investigation or to resolve licensing issues.

Consultation

Caregivers are encouraged to store inactive files separately from active files.

R 400.1919 Communicable disease.

A person who lives in a home or cares for children who has a suspected or a confirmed case of a communicable disease shall not come into contact with children in care.

Rationale: Assures for the health and safety of children and caregiving staff.

Technical Assistance: Refer to R 400.1961(2) if a child is exposed to a communicable disease.

Consultation: Managing Communicable Diseases in Child Care Settings (BCAL-Pub 111) is available on the department's website (www.michigan.gov/michildcare).

R 400.1920 (1) **Outdoor play area and equipment.**

(1) A child care home shall provide a clean, safe, and hazard free outdoor play area, on the premises or within a reasonable walking distance of the home.

Rationale

Assures that a safe outdoor play area is available to all children in care.

Technical Assistance

A survey of the outdoor play area by the caregiver is essential before each use. Hazards include, but are not limited to:

- Glass or sharp objects.
- Chipped or peeling paint.
- Splintered, cracked or deteriorating wood.
- Protruding bolt ends with missing caps or covers.
- Loose bolts and nuts on equipment.
- Holes or ditches.
- Exposed cement supports.
- Broken play equipment.
- Animal feces, beehives, wasp nests, or ant hills.
- Toxic plants.
- General clutter or debris, such as piles of wood or brush, scrap metal, junk cars, or machinery.
- Poor drainage or an accumulation of water or ice.
- Busy roads and streets, railroad tracks.
- Electric fences.
- Water hazards.

Some outdoor toxic plants/trees include, but are not limited to:

- Holly berries.
- Pokeweed.
- Poison ivy and oak.
- Yew foliage, bark and seeds.
- Daphne berries.
- Oak tree foliage and acorns.
- Lantana leaves and fruit.
- Dumb Cane plants (dieffenbachia).
- Elderberry shoots, leaves and bark.
- Autumn Crocus.
- Daffodils, Iris, Morning Glory, Lily of the Valley, Chrysanthemum, Hyacinth.
- Boxwood trees.

Lead from vehicle emissions remains in the soil in high traffic areas and soil that surrounds a building constructed prior to 1978 has the potential to contain lead. Children can pick up lead by eating the soil when playing outside or by inhaling lead dust. To minimize potential exposure to this risk, the surfacing of any play area bordering a building must not contain uncovered soil (no grass, mulch, etc.). The surface of any play

area that abuts such a structure must be covered by grass, mulch or similar covering.

When a hazard is located in or near the play area, the hazard must be removed or protected. Protection can be provided by the use of a natural or man-made barrier, enclosure or other protective covering (e.g., a fence, wall, building, hedge, cover, etc.). Assure that barriers are:

- Free of ready footing for climbing.
- Free of any openings a child can get through.
- Free of objects that enable children to gain access to the hazard.

Fences and barriers must not prevent the observation of children by the caregiving staff.

Consultation

Tips to prevent plant poisoning include:

- Teach the children never to put plants, plant parts or berries in their mouths.
- Closely supervise children at all times during outdoor play.
- Know which plants are poisonous and make them inaccessible to children.
- Regularly check the outdoor play area for poisonous plants.
- Don't assume that a plant is not poisonous because animals and birds eat it.

R 400.1920 (2) **Outdoor play area and equipment.**

(2) The play area size shall be the following:

(a) Not less than 400 square feet for a family child care home.

(b) Not less than 600 square feet for a group child care home.

Rationale

Assures that the play area is of a sufficient size to allow freedom of movement without collisions among active children.

R 400.1920 (3) **Outdoor play area and equipment.**

(3) A child care home shall provide an adequate and varied supply of outdoor play equipment, materials, and furniture, that is all of the following:

(a) Appropriate to the developmental needs and interests of children.

(b) Appropriate to the number of children.

(c) Safe and in good repair.

Rationale

Provides challenging and interesting opportunities for children of all ages to learn.

Providing an adequate amount of developmentally appropriate equipment promotes a healthy learning environment and less stress and anxiety for the children and caregiving staff.

Equipment that is sized for larger or older children poses challenges that younger or smaller children may not be able to meet.

Technical Assistance

All broken equipment must be repaired, replaced or not used. All sandboxes must be covered or checked/cleaned prior to each use.

Permanently installed play equipment is not required. Alternatives to permanently installed play equipment include, but are not limited to, balls, bats, parachutes, sand boxes, sidewalk chalk, child-sized garden tools, easels, dramatic play items, cardboard boxes, etc.

Refer to R 400.1915(4) regarding hazardous or recalled equipment as identified by the U.S. Consumer Product Safety Commission.

Consultation

It is best practice to have a separate outdoor play space with appropriately sized equipment and materials for infants and toddlers.

According to the Consumer Product Safety Commission's Handbook for Public Playground Safety, the following playground equipment is not appropriate for use by children under six years of age:

- Chain or cable walks.
- Free standing arch climbers.
- Free standing climbing events with flexible components.
- Fulcrum seesaws.
- Log rolls.
- Overhead rings.
- Parallel bars.
- Swinging gates.
- Track rides.
- Vertical sliding poles.

R 400.1920 (4) **Outdoor play area and equipment.**

(4) The outdoor play area and equipment shall be organized:
(a) To separate active and quiet activities.
(b) For a clear and unobstructed view of the whole play area.
(c) To assure that there are safe distances between equipment.

Rationale

Assures for the safety and well-being of children.

R 400.1920 (5) **Outdoor play area and equipment.**

(5) When swings, climbers, slides, and other similar play equipment with a designated play surface above 30 inches are used, they shall:

(a) Not be placed over concrete, asphalt, or a similar surface, such as hard-packed dirt or grass.

(b) Be safe, in good repair, and age-appropriate.

(c) Be placed at least 6 feet from the perimeter of other play structures or obstacles.

Rationale

The surface under and around playground equipment can be a major factor in determining the injury-causing potential of a fall. A fall onto a shock-absorbing surface is less likely to cause a serious injury than a fall onto a hard surface.

A US Consumer Product Safety Commission 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.

Head impact injuries present a significant danger to children. Falls onto a shock-absorbing surface are less likely to cause serious injury because the surface is yielding so peak deceleration and force are reduced.

Technical Assistance

To comply with subrule (a):

- Place shock-absorbing material under all elevated pieces of play equipment. Shock-absorbing material may include, but is not limited to, sand, wood chips, shredded bark or tires, pea gravel, or commercial playground matting. **Note:** Shock-absorbing material must not be placed over concrete or asphalt.
- The surfacing material must be far enough out to cover areas where the child may fall or jump.

To comply with subrule (b):

- If the shock-absorbing material becomes compacted, it must be turned over or raked to increase resiliency.

Consultation

The following best practices are recommended:

- Six to twelve inches of shock-absorbing material may be adequate depending on the height of the piece of equipment.
- See the U.S. Consumer Product Safety Commission's Outdoor Home Playground Safety Handbook for recommendations.

R 400.1920 (6) **Outdoor play area and equipment.**

(6) Trampolines shall not be used outdoors by children in care.

Rationale

According to the American Academy of Pediatrics, trampolines:

- Present a safety hazard.
- Have the potential for serious injury.
- Should never be used in a home or recreational setting.
- Require highly trained personnel who have been instructed in all aspects of trampoline safety.

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 a trampolines.

R 400.1920 (7) **Outdoor play area and equipment.**

(7) Children in care shall not be permitted to ride all terrain vehicles, motor bikes, go-carts, recreational, and other motorized vehicles.

Rationale

Motorized toys often cause injuries to young children due to their high center of gravity and speed.

Technical Assistance

Motorized vehicles include, but are not limited to: riding lawn mowers, tractors, jet skis, snowmobiles, motorized scooters, and motorcycles.

Child-sized battery-operated riding vehicles are permitted.

R 400.1921 (1) **Water hazards and water activities.**

(1) The caregiver shall ensure that barriers exist to prevent children from gaining access to any swimming pool, drainage ditch, well, natural or constructed pond or other body of open water located on or adjacent to the property where the child care home is located. Such barriers shall be of a minimum of 4 feet in height and appropriately secured to prevent children from gaining access to such areas.

Rationale

Fences or barriers can prevent injury and drowning, as most children drown within a few feet of safety. Fences or barriers can provide an added layer of protection, but they donot replace the need for adequate supervision during outdoor play and all water activities.

Technical Assistance

Water hazards must be assessed based on the location of the approved play area and accessibility to the water hazard.

When a water hazard is present, either the play area or water hazard must be protected. Protection may be provided by the use of a natural or man-made barrier, enclosure or other protective covering (e.g., a fence, wall, building, hedge, cover, etc.).

Assure that barriers are:
- Free of ready footing for climbing.
- Free of any openings a child can get through.
- Free of objects that enable children to gain access to the water (steps, ladders, pump mechanisms, etc.).

Barriers must adhere to the following requirements:
- Gates must be secured with a lock that cannot be operated by a child.
- Hot tubs and spa pools must have a locking hard cover, per sub-rule (3) of this rule.
- All areas must be visible to allow adequate supervision.

Soft Side Pools
Regardless of the pool height, a 4 foot barrier is required based on the following safety issues:
- The construction of the sides of the pool increases the possibility that children will use the sides to climb into the pool.
- Children are able to pull on the side which allows water to discharge from the pool.
- The pool presents an entrapment hazard to children if it loses air or is punctured.

Note: Local municipalities may have additional zoning requirements. It is recommended that you consult your local zoning authority prior to installing any pool is recommended.

Consultation

Fence openings of 3 ½ inches or smaller prevent children from passing through the fence and prevent head and body entrapments.

R 400.1921 (2)-(3)

Water hazards and water activities.

(2) Hot tubs and spa pools shall not be used when children are in care.

(3) Hot tubs and spa pools, whether indoors or outdoors, shall be made inaccessible to children in care by use of a locked hard cover.

Rationale

Any body of water presents a drowning risk or injury to young children.

The water in hot tubs and spa pools is extremely hot. Infants and toddlers are particularly susceptible to overheating.

R 400.1921 (4)

Water hazards and water activities.

(4) Wading pools may be used when the following requirements are met:

(a) The pools are clean and free of debris.

(b) The pools are emptied and cleaned after each play period or immediately when they become dirty or contaminated.

(c) The pools shall remain empty at all times they are not in use.

Rationale

Assures for the health and safety of children.

Technical Assistance

Wading pools may not be filled in advance as a way to warm the water. If the pool water is cold, warm water from the home may be added.

Any wading pool that fills with rainwater must be empty immediately.

R 400.1921 (5)

Water hazards and water activities.

(5) Before use of a residential pool or any other body of water by children in care, a caregiver shall assure that the water is clean, safe, and sanitary, and the children will be appropriately and adequately supervised.

Rationale:

For residential pools, regular testing of the chemical levels and taking the appropriate measures assures for the control of bacteria and algae.

Technical Assistance

For lakes, streams and rivers, the caregiver must check for the Department of Community Health water advisories or a posting at the site of any water hazards.

Swimming pools must be chemically treated according to the manufacturer's guidelines.

Refer to R 400.1911(6) regarding the supervision of children during water activities and subrules (6-11) of this rule for additional water activity requirements.

R 400.1921 (6)

Water hazards and water activities.

(6) Public swimming areas may be used only if a lifeguard is present.

Rationale

Assures for the safety and well-being of children by having a trained individual immediately available in case of an emergency.

Small children can drown within 30 seconds and most children drown within a few feet of safety. Drowning accounts for a higher rate of death than does illness.

Technical Assistance

Public swimming areas include but are not limited to, pools, ponds, lakes, streams, rivers, canals, gravel pits, and water parks.

A lifeguard must be certified and should have a valid Water Safety Instructor card available.

Refer to R 400.1911(6) regarding the supervision of children during water activities and subrules (7-11) of this rule for additional water activity requirements.

Consultation

Even though a lifeguard is on duty, the caregiver may want to obtain from the parent the:

- Child’s previous water activity experience.
- Child’s swimming ability.
- Need for a life jacket or flotation device.

Regardless of the parent’s statement about a child’s swimming ability, the caregiver should assess each child’s swimming ability.

R 400.1921 (7) **Water hazards and water activities.**

(7) If there are 2 groups of children, 1 group in the water and 1 group out of the water, then the caregiving staff to child ratios, as required in R 400.1910, shall be maintained for each group, with the exception that the in-the-water caregiving staff to child ratio for children under 3 years of age shall be 1-to-1 at all times.

Rationale

Small children can drown within 30 seconds, in as little as two inches of liquid and most children drown within a few feet of safety.

Technical Assistance

The following guidelines must be met to assure rule compliance:

- For children over age three in the water, the caregiver may be in or out of the water supervising **only** those children.
- If a group of children are playing in the swimming pool and a second group of children are engaged in a separate activity out of the pool, more than one caregiver is required.

Note: This rule does not apply to wading pools. If a wading pool is used, caregivers must ensure that they can properly supervise all children in their care. If there is a problem with supervision during the use of a wading pool, rule 400.1911(1) will be cited.

Also refer to R 400.1911(6) regarding the supervision of children during water activities and subrules (6) and (8-11) of this rule for additional water activity requirements.

R 400.1921 (8) **Water hazards and water activities.**

(8) Rescue equipment shall be readily accessible at all times.

Rationale

Drowning accounts for a higher rate of death than does illness. Rescue equipment is essential for the safety and well-being of children.

Technical Assistance

Rescue equipment may include, but is not limited to, a ring buoy and rope, a rescue tube, a throwing line, a shepherd's hook, or a reaching pole.

This rule applies to all water activity areas, on or off the child care premises.

Also refer to subrules (6-7) and (9-11) of this rule for additional water activity requirements.

R 400.1921 (9) **Water hazards and water activities.**

(9) A working telephone shall be immediately accessible in the water activity area.

Rationale

Assures there is a working telephone readily available in case of an emergency.

Technical Assistance

If the water activity is not on the premises, a charged and working cell phone is acceptable.

Adult caregiving staff must assure that a working telephone is immediately accessible before children enter the water.

Also refer subrules (6-8) and (10-11) of this rule for additional water activity requirements.

R 400.1921 (10) **Water hazards and water activities.**

(10) A caregiver shall obtain, and keep on file, written permission from a child's parent for the child's participation in either of the following:

(a) Before each outdoor water activity at a swimming pool, lake, or other body of water off the child care home premises.
(b) Seasonally for water activities occurring on the child care premises.

Rationale

Assures that parents know the whereabouts of their children each day and that parents have the right to approve whether their children engage in water activities.

Consultation

Prior to the first water activity of the season, the caregiver may want to obtain from the parent the:
- Child's previous water activity experience.
- Child's swimming ability.
- Need for a life jacket or flotation device.

Regardless of the parent's statement about a child's swimming ability, the home should assess each child's swimming ability.

Red Cross guidelines state that for a child to be considered a swimmer, the child must meet all of the following criteria:
- Keep afloat for 5 minutes by any means possible.

- Swim the length of the pool, using any stroke, for a minimum of 25 yards.
- Perform both of the above without the use of a flotation device.

Also refer to subrules (6-9) and (11) of this rule for additional water activity requirements.

R 400.1921 (11) **Water hazards and water activities.**

(11) The emergency plan in R 400.1945 shall include procedures for water emergencies.

Rationale

Caregiving staff must know the plan for dealing with an emergency situation when a child requires immediate care and attention.

Drowning accounts for a higher rate of death than does illness and small children can drown within 30 seconds

Most children drown within a few feet of safety.

Technical Assistance

The caregiver is responsible and accountable for:
- Attending to the needs of the injured child as the first priority.
- Attending to the needs of the other children.
- Assuring the parent is called as soon as possible once the child's immediate needs have been met.

Refer to R 400.1945(1) on developing emergency procedures.

Also refer to subrules (6-10) of this rule for additional water activity requirements.

R 400.1922 (1) **Nighttime care.**

(1) In a home where children are in care between the hours of midnight and 6 a.m., not more than 2 adjoining floor levels shall be used at any 1 time to sleep children.

Rationale: Assures for the safety and welfare of children.

Technical Assistance: Adjoining floor levels means any two floors that are connected by 3 or more steps.

Note: R 400.1916(13) requires age appropriate cribs and beds for all children if nighttime care is provided. For the purposes of this rule, porta-cribs are not acceptable for nighttime care.

R 400.1922 (2) **Nighttime care.**

(2) If the caregiving staff and children in care are sleeping, then at least 1 caregiving staff shall be on the same floor level as the sleeping children.

Rationale: Assures for the safety and protection of children in case of a fire or emergency.

R 400.1922 (3) **Nighttime care.**

(3) Homes shall not use a third or higher floor as a resting or sleeping area for children in care unless there are 2 stairways to ground level.

Rationale: Assures for the safe evacuation of children in case of a fire or emergency.

R 400.1923 (1) **Diapering and toilet learning.**

(1) Diapering of infants and toddlers shall only occur in a designated changing area.

Rationale: A separate area for diaper changing or changing of soiled clothing reduces the contamination of other parts of the child care environment.

Technical Assistance: Refer to subrule (2) of this rule regarding guidelines for the diaper changing area.

R 400.1923 (2) **Diapering and toilet learning.**

(2) The designated changing area shall comply with all of the following:

(a) Be used exclusively for changing wet or soiled diapers or underwear.
(b) Be located away from food preparation and meal service areas.
(c) Have access to a hand washing sink that is not used for food preparation.
(d) Have a nonabsorbent, easily sanitized surface with a changing pad between the child and the surface.
(e) Be cleaned and sanitized after each use.
(f) Have diapering/changing supplies within easy reach.
(g) Have a plastic-lined, tightly covered container exclusively for disposable diapers and diapering supplies that shall be emptied and sanitized at the end of each day.

Rationale: Assures for the health and safety of children by reducing the contamination of the child care environment and the transmission of disease.

Covered containers assure wet or soiled diapers are inaccessible to children and eliminate odor.

Technical Assistance: To comply with subrule (a) of this rule, the designated changing area must not be used by children for activities. A changing table is considered a designated changing area even when located in a child use space and is in compliance with this rule.

Example 1: Using a changing pad over a vinyl or ceramic bathroom floor **is acceptable**.

Example 2: Using a changing pad on top of a large vinyl/plastic surface (shower curtain, table cloth, lid from a large plastic container, etc.) on a carpeted bathroom floor/rug **is acceptable**.

Example 3: Using a changing pad on top of a large vinyl/plastic surface (shower curtain, table cloth, lid from a large plastic container, etc.) on a surface such as a couch, bed, carpeted floor, etc. in a *non-child use space* **is acceptable**.

Example 4: Using a changing pad on a surface such as a washer/dryer, laundry/bathroom counter, etc. in a *non-child use space* **is acceptable**.

Example 5: Using a changing pad on top of a large vinyl/plastic surface (shower curtain, table cloth, lid from a large plastic container, etc.) on any surface other than a changing table (floor, couch, bed, table, etc.) in the *child use space* **is not acceptable**. Since children have access to this area as approved child use space, it would not be used exclusively for diapering.

Cleaning as noted in subrule (e) of this rule means washed vigorously with soap and water and rinsed with clean water. Sanitizing as noted in subrules (e) and (g) of this rule means to:

- Wipe or spray the surface with a sanitizing solution.
- Let the surface air dry for at least two minutes.

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). This solution must be made fresh daily.
- 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: Cleaning and sanitizing of the diaper changing surface is required, even when disposable paper liners are used. If disposable changing pads are used, then they must be discarded after each diapering.

Any changing pad or non-absorbent surface must be replaced if it becomes torn. It cannot be repaired by placing tape over the tear, as bacteria can be absorbed, leading to the spread of diseases.

If diapers and diapering supplies are disposed of inside the home, to comply with subrule (g) of this rule, a plastic-lined, tightly covered container that is used exclusively for these items must be used. It is also acceptable to dispose of diapers and diaper supplies directly into an outside garbage container.

Refer to R 400.1924 regarding hand washing requirements when diapering.

Consultation

Bleach is recommended as a sanitizing product because it is safe, effective and inexpensive. Test strips to check the concentration of the bleach/water solution can be used and are available from most food service suppliers.

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.

Local health department sanitarians may maintain a list of approved commercial sanitizers.

Providers are encouraged to use separate spray bottles containing soapy water, rinse water and a sanitizing or disinfecting solution.

R 400.1923 (3) **Diapering and toilet learning.**

(3) Diapers or training pants shall be changed when wet or soiled.

Rationale

Prolonged contact of the skin with urine, feces, or both, causes irritation, which then leads to common diaper dermatitis and other serious illnesses.

Technical Assistance

See R 400.1924 regarding hand washing requirements when diapering.

Consultation

The following best practices are recommended:

- Check children's diapers frequently.
- Get organized by washing hands and having the necessary supplies at the diaper changing area before bringing the child to the changing area.
- Carry child to the changing table, keeping soiled clothing away from you and any areas that cannot be easily cleaned and sanitized after the change.
- Place the child on the diaper changing surface.
- Remove the soiled diaper and clean the child.
- Put on a clean diaper and dress the child.
- Wash the child's hands and return the child to a supervised area.
- Clean and sanitize the diaper changing surface.
- Wash your hands.
- Record the diaper change in the child's daily log.

Note: Never leave a child unattended when diapering.

R 400.1923 (4) **Diapering and toilet learning.**

(4) 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: Single use of wipes or cleaning cloths eliminates the transmission of germs.

R 400.1923 (5) **Diapering and toilet learning.**

(5) If cloth diapers/training pants are provided by the parent, then soiled diapers/training pants shall be placed in an individual, securely tied plastic bag and returned to the parent at the end of the day.

Rationale: Containing and minimizing the handling of soiled diapers reduces the chance that other surfaces are contaminated which prevents the spread of infectious disease and the transmission of germs.

Technical Assistance: The contents of a soiled cloth diaper or training pants may be dumped but the diaper must not be rinsed.

R 400.1923 (6) **Diapering and toilet learning.**

(6) Toilet learning shall be planned cooperatively between the parent and the caregiver so that the toilet routine established is consistent.

Rationale: Assures for consistency and continuity between the caregiving staff and the parent which reduces confusion for the child.

Technical Assistance: The toilet routine established cannot violate R 400.1913(3) even if parental permission is given.

Consultation: Toilet Training and the Toddler (BCAL-Pub 686) is available on the department's website (www.michigan.gov/michildcare).

R 400.1923 (7) **Diapering and toilet learning.**

(7) If toilet learning equipment, such as potty chairs and modified toilet seats, are used, then the following shall apply:

(a) They shall be able to be easily cleaned and sanitized.

(b) Potty chairs shall be emptied, rinsed, and sanitized after each use.

Rationale

Reduces the contamination and transmission of disease in a of the child care environment.

Technical Assistance

Sanitizing as noted in this rule means to:

- Wipe or spray the potty chair with a sanitizing solution.
- Let the potty chair air dry for at least two minutes.

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). This solution must be made fresh daily.
- 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.

Potty chairs must not be rinsed in a food preparation/kitchen sink.

See R 400.1924 regarding hand washing requirements when helping a child use the toilet.

Consultation

Bleach is recommended as a sanitizing product because it is safe, effective and inexpensive. Test strips to check the concentration of the bleach/water solution can be used and are available from most food service suppliers.

Local health department sanitarians may maintain a list of approved commercial sanitizers.

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.

Providers are encouraged to use separate spray bottles containing soapy water, rinse water and a sanitizing or disinfecting solution.

R 400.1923 (8) **Diapering and toilet learning.**

(8) If disposable gloves are used, then they 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

Using a pair of gloves only once and disposing of them immediately will reduce the transmission of germs.

Technical Assistance

The use of gloves is not required. However, if gloves are used, it does not eliminate the need for washing hands with soap and water after each diapering.

Consultation

If using gloves, the following best practices are recommended based on the National Health and Safety Performance Standards:

- Put on a clean pair of gloves.
- Provide the appropriate care.
- Remove each glove carefully by grabbing the first glove at the palm and stripping it off. Touch dirty surfaces only to dirty surfaces.
- Ball-up the dirty glove in the palm of the other gloved hand.
- Using the clean hand, strip the glove off from underneath at the wrist, turning the glove inside out. Touch dirty surfaces only to dirty surfaces.
- Discard the dirty gloves immediately and wash your hands.

R 400.1924 (1)-(2) Hand washing.

(1) All caregiving staff shall wash their hands appropriately and in the following manner:

(a) Before and after all of the following:

(i) Preparing and serving food, eating, and feeding;

(ii) Giving medication.

(b) After all of the following:

(i) Diapering.

(ii) Using the toilet or helping a child use the toilet.

(iii) Handling bodily fluids, such as mucus, blood, vomit, from sneezing, wiping, and blowing noses, from mouths, or from sores.

(iv) Handling animals and pets.

(v) Cleaning or handling garbage.

(2) Caregiving staff shall assure that children wash their hands at the following times:

(a) Before and after meals, snacks, or food preparation experiences.

(b) After toileting or diapering.

(c) After contact with any bodily fluids.

(d) After playing in sand or water.

(e) After handling animals and pets.

(f) When soiled.

Rationale

Unwashed or improperly washed hands are the primary carriers of infections. The most important way to reduce the spread of infection is through proper hand washing.

Deficiencies in hand washing may contribute to outbreaks of diarrhea among children and caregiving staff and can lead to other serious illnesses.

Technical Assistance

General hand washing procedure includes the following steps:

- Wet hands under warm running water.
- Apply soap.
- Vigorously rub hands together for at least 20 seconds to lather all surfaces of the hands.
- Thoroughly rinse hands under warm running water.
- Dry hands.

Note: A quick pass under the faucet to dampen hands IS NOT an effective way to wash hands.

Consultation

The following procedures are considered best practice for hand washing:

- Have a clean, disposable paper or single-use cloth towel available.
- Turn on the water to a comfortable temperature between 60° F to 120° 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 clean, disposable paper or single-use cloth towel.
- If the water faucet does not shut off automatically, turn it off with the disposable paper or single-use cloth towel.
- Dispose of the single-use paper towel in a lined trash container or place the cloth towel in a laundry hamper.

R 400.1924 (3) **Hand washing.**

(3) Hand sanitizers and wipes may be used as a temporary measure during outings, such as fieldtrips and outdoor activities, until soap and running water are available.

Rationale

Hand sanitizers and wipes do not effectively clean hands. Soap lather loosens soil and brings it to the surface on the hands. Running water over the hands removes the soil, including infection-causing bacteria.

Technical Assistance

Refer to subrules (1) and (2) of this rule for the specific times when hand washing is required for children and caregiving staff.

Hands must be washed upon returning from an outing where soap and running water was not available.

R 400.1931 (1) **Food preparation and service.**

(1) Each child shall be provided with nutritional and sufficient food as required by the minimum meal requirements of the child care food program, as administered by the Michigan Department of Education, based on the national research council's recommended dietary allowances for appropriate age groups, unless parents provide the food.

Rationale

The child care food program regulations, policies and guidance materials on meal requirements provide the basic guidelines for good nutrition and sanitation practices.

The guidelines for meals and snack patterns ensure that the nutritional needs of infants and children are met based on current scientific knowledge.

Technical Assistance

The Child and Adult Care Food Program (CACFP) outlines the nutrition needs of children at www.michigan.gov/cacfp.

Child and Adult Care Food Program
Meal Pattern Requirements
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 Optional: 0 - 3 Tbsp. infant cereal	6 - 8 fluid ounces of infant formula or breast milk and 2- 4 Tbsp. infant cereal and 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 Optional: 0 - 3 Tbsp. infant cereal 0 - 3 Tbsp. of fruit and/or vegetable	6 - 8 fluid ounces of infant formula or breast milk and 2 - 4 Tbsp. infant cereal or 1 - 4 Tbsp. of meat, fish, poultry, egg yolk, or cooked dry beans or peas or 1/2 - 2 ounces (weight) of cheese or 1 - 4 ounces (weight or volume) of cottage cheese or cheese food or cheese spread and 1 - 4 Tbsp. of fruit and/or vegetable

Child and Adult Care Food Program Meal Pattern Requirements Infants			
	Birth - 3 Months	**4 - 7 Months**	**8 - 11 Months**
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 Optional: 0 - 1/2 slice of crusty bread or 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 Meal Pattern Requirements 1 Year of Age and Over			
BREAKFAST	**Age 1-2 Years**	**Age 3-5 Years**	**Age 6-12 Years**
Milk, fluid	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

Child and Adult Care Food Program Meal Pattern Requirements 1 Year of Age and Over			
SNACK - Select 2 of the following 4 components:	**Age 1-2 Years**	**Age 3-5 Years**	**Age 6-12 Years**
Milk, fluid	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 Meal Pattern Requirements 1 Year of Age and Over			
LUNCH / SUPPER	**Age 1-2 Years**	**Age 3-5 Years**	**Age 6-12 Years**
Milk, fluid	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

[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.

The CACFP requires that children two years and older be served fat free (skim) or low-fat (1%) fluid milk.

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 your food program sponsor regarding whether you can claim reimbursement for that child's meals.

Consultation

The following best practices are recommended:

- Children 12 months to 24 months be served whole homogenized vitamin D-fortified cow's milk.
- Parents who supply the food should be encouraged to provide nutritious food for their children.
- Additional information about building good eating habits can be obtained from The Dairy Council of Michigan at 1-800-241-6455.
- 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.

See *Healthy Kids, Healthy Care: Meals and Snacks* at www.healthykids.us/chapters/meals_pf.htm and the AAP Caring for Our Children: National Health and Safety Performance Standards at http://nrckids.org/CFOC/index.html.

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.

Family and group child care homes may participate in the CACFP if the provider is sponsored by a family child care home sponsor. See the CACFP Family Child Care Home Sponsors table below for a list of sponsors. Additional information regarding the CACFP can be found at www.michigan.gov/cacfp.

Child and Adult Care Food Program Family Child Care Home Sponsors

Association for Child Development PO Box 1491 East Lansing, MI 48826 517-332-7200 800-234-3287 www.acdkids.org	Counties: All
Kent Regional 4C 233 E. Fulton, Suite 107 Grand Rapids, MI 49503-3262 616-451-8281 800-448-6995 www.4Cchildcare.org	Counties: Allegan, Barry, Calhoun, Clinton, Eaton, Gratiot, Ingham, Ionia, Isabella, Jackson, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, Shiawassee, VanBuren, and Wexford
Mid-Michigan Child Care Centers, Inc. 280 S. Main, PO Box 610 Freeland, MI 48623 989-695-2683 800-742-3663 www.midmichigancc.com	Counties: All

R 400.1931 (2) **Food preparation and service.**

(2) Children shall be offered food at intervals as individually appropriate, but not to exceed more than 4 hours unless the child is asleep.

Rationale

Young children need to be fed often.

Small feedings of nourishing food should be scheduled over the course of the day to ensure that the child's daily nutritional needs are met.

Consultation

The following best practices are recommended by the American Academy of Pediatrics for meal time intervals:

- Children in care for 8 hours or less should be offered at least one meal and two snacks or two meals and one snack.
- Children in care for more than 8 hours should be offered at least two meals and two snacks or three snacks and one meal.

See *Healthy Kids, Healthy Care: Meals and Snacks* at www.healthykids.us/chapters/meals_pf.htm and the AAP Caring for Our Children: National Health and Safety Performance Standards at http://nrckids.org/CFOC/index.html.

R 400.1931 (3) **Food preparation and service.**

(3) Drinking water shall be available at all times.

Rationale: Drinking water is good for hydration and reduces the acid in the mouth, which contributes to early childhood tooth decay.

Drinking water during the day will reduce the intake of extra calories (from fruit juices, etc.) that are associated with obesity and tooth decay.

Consultation Children under 12 months of age:

- Can be given too much water and suffer from water intoxication or over-hydration.
- Have different body compositions than adults so they are more vulnerable to water imbalance, especially in hot weather.

Some symptoms of water intoxication include:

- Pale-colored urine.
- More than six to eight wet diapers per day.
- Seizures that may include facial movement, lip smacking and arrhythmic jerking of a body part.

Ways to prevent water intoxication include the following:

- Do not dilute formula unless directed to do so by the child's physician. Diluting reduces the amount of nutrients the child receives.
- Infants under 6 months should not receive more than six to eight ounces of water, juice, Jell-O water or electrolyte replacement solutions in addition to their daily formula/breast milk intake a day.
- Infants ages 6 months to one year should not receive more than eight to twelve ounces of fluids, in addition to their daily formula/ breast milk intake a day, unless ordered by the child's physician.
- Be aware of special circumstances when the child needs more fluids than usual (such as, in extremely hot weather or if the child has diarrhea or is vomiting).
- Know that other foods and fluids contain a lot of water, such as infant formula and baby food, which contains 85-90% water.

Children over a year old need to have water readily available to prevent dehydration as:

- Dehydration is the loss of water and salts from the body.
- Severe dehydration can cause death.

Some signs of early or mild dehydration include:

- Flushed face.
- Extreme thirst or unable to drink.
- Dry, warm skin.
- Unable to pass urine or reduced amounts that are dark yellow.

- Dizziness made worse when standing.
- Weak, sleepy or irritable.
- Cramping in the arms and legs.
- Crying with few or no tears.
- Headaches.
- Dry mouth, dry tongue and thick saliva.

R 400.1931 (4)(a-b) Food preparation and service.

(4) Food shall be prepared, served, and stored in a safe and sanitary manner. All of the following shall apply:

(a) Food served to children individually or family style shall be discarded at the end of the meal if not eaten.
(b) Prepared food that has not been served to individuals or placed in family-style containers shall be promptly covered after preparation and stored appropriately.

Rationale

Assures that food is not contaminated prior to, during or after meals are prepared and served.

Technical Assistance

The caregiving staff are responsible and accountable for assuring that:

- Food is prepared and served on clean, sanitized surfaces.
- Food items that require refrigeration are properly refrigerated or kept in thermal containers capable of keeping the food cold.
- Commercially packaged baby food that has been served from the jar is discarded after the feeding.
- Food other than canned goods are stored off the floor.
- All foods, including sack lunches, are protected from potential contamination at all times. Foods must not be stored near toxic or poisonous materials, or under exposed or unprotected sewer lines.

Note: Due to mineral deposits and other contaminates that may be present in hot water heaters and the potential of leaching of heavy metals from water pipes, begin with cold water when cooking and for food/bottle preparation. This will minimize the potential for contamination.

Consultation

Health departments recommend that the temperature inside a refrigerator be kept at 42-45 degrees F.

R 400.1931 (4)(c) **Food preparation and service.**

(4) Food shall be prepared, served, and stored in a safe and sanitary manner. All of the following shall apply:

(c) Children under 3 years of age shall not be served or allowed to eat foods that may easily cause choking including, but not limited to, popcorn and uncut round foods such as grapes, seeds, nuts, hard candy, 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).
- Raw carrot rounds.
- Uncut round foods such as grapes.
- Peas.
- Hard pretzels.
- Chips.
- Nuts.
- Marshmallows.
- Spoonfuls of peanut butter.
- Large chunks of meat.
- Small bite-size crackers.
- Cheese cubes.
- Hard candy.

Consultation

The presence of molars is a good indication of a child's ability to chew hard foods that are likely to cause choking.

For infants (birth to 11 months), foods need to progress from pureed to ground to finely mashed to finely chopped, as the infant develops. 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.

R 400.1931 (5) **Food preparation and service.**

(5) If a parent has agreed to provide the food, then the caregiver shall have a written agreement from the parent and shall be responsible for providing adequate food if the parent does not.

Rationale: The caregiver has a responsibility to follow feeding practices that promote optimum nutrition which supports the growth and development of all children.

Technical Assistance: The caregiver must have food available if the parent agreed to provide the food but does not do so.

The Child in Care Statement/Receipt (BCAL-3900) must be used to document this written agreement.

Consultation: Best practice is for the caregiver to discuss proper nutrition with parents when necessary.

R 400.1931 (6) **Food preparation and service.**

(6) Food brought by parents shall be labeled with the child's name and, if perishable, shall be refrigerated.

Rationale: Assures children receive the food that was intended for them.

R 400.1931 (7) **Food preparation and service.**

(7) If home canned foods are served, then parents shall be informed.

Rationale: Parents have a right to know and make a decision about the food their children eat.

Consultation: Home canned foods should be canned in accordance with the guidelines from the United States Department of Agriculture (USDA). The USDA Complete Guide to Home Canning at www.uga.edu/nchfp/publications/publications_usda.html. Additional information on home canning can also be found on the website for the National Center for Home Food Preservation at www.uga.edu/nchfp/index.html.

R 400.1931 (8)	**Food preparation and service.**
	(8) Unpasteurized products shall not be used.
Rationale	A small dose of infectious or toxic material can lead to serious illness.
Technical Assistance	Pasteurization means the partial or complete sterilization of liquids to destroy disease producing micro-organisms limiting fermentation. Examples of unpasteurized products include raw unpasteurized milk products, unpasteurized apple cider, unpasteurized fruit juices and raw or under cooked eggs. Freshly squeezed fruit or vegetable juices prepared in the child care facility just prior to serving are permissible.

R 400.1931 (9)	**Food preparation and service.**
	(9) Children shall be encouraged to taste new foods, but shall not be required to eat anything they do not want.
Rationale	To broaden children's experiences with food.
Technical Assistance	“Encouraged” means offered to the child but not forced to taste or eat.
Consultation	Best practice is to sit with the children during meal time to promote positive interactions and model proper table manners.

R 400.1931 (10)	**Food preparation and service.**
	(10) Bottles used for feeding shall be labeled with the child's name and date, and refrigerated.
Rationale	The identification of bottles prevents the chance of cross-infection and contamination. The dating of bottles allows for the monitoring of spoilage.
Technical Assistance	Bottles prepared and brought from home and/or prepared at the child care home must be labeled and dated regardless of the number of children using bottles.

Consultation

The following best practices are recommended:

- Already mixed bottles of formula from powder and concentrate or opened ready-to-feed formula should be discarded after 48 hours if not used, according to the American Academy of Pediatrics.
- Never excessively shake formula. Excessive shaking may cause foaming that increases the likelihood of feeding air to the infant.
- Unused breast milk should be discarded:
  - After 48 hours if it was never frozen and is refrigerated.
  - After 24 hours if thawed in the refrigerator or under cold running water.
  - By three months if frozen.

See *Healthy Kids, Healthy Care: Meals and Snacks* at www.healthykids.us/chapters/meals_pf.htm and the AAP Caring for Our Children: National Health and Safety Performance Standards at http://nrckids.org/CFOC/index.html.

Bottles of milk or formula may be fed cold. If warmed, the following methods are recommended:

- Under running warm tap water.
- By placing the bottle in a container of water, such as a slow cooker or crock-pot, that is no warmer than 120 degrees.
- In a bottle warmer made specifically for this purpose.

Due to hot spots, microwaves should not be used to warm bottles.

R 400.1931 (11) **Food preparation and service.**

(11) The contents of a bottle that has been used for feeding for a period that exceeds 1 hour from the beginning of the feeding, or has been unrefrigerated for 1 hour or more shall be discarded.

Rationale

Bottles 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 an hour unsuitable and unsafe for consumption.

Technical Assistance

Refer to subrule (10) of this rule for requirements on the handling and storing of formula and breast milk.

Consultation

Caregivers may consider filling bottles with smaller amounts of formula or using smaller bottles if infants regularly do not consume an entire bottle during a feeding period.

R 400.1931 (12) **Food preparation and service.**

(12) Children shall not have beverage containers while they are in bed or while they are walking around or playing. The propping of bottles is prohibited.

Rationale

Promotes safety and good oral health for children as:

- Children who walk around with beverage containers have an increased risk for injury.
- A glass container is a safety hazard if the container is dropped and breaks.
- Bottle propping can:
  - Cause choking and aspiration.
  - Contribute to long-term health issues, including ear infections, orthodontic problems and speech disorders.

Technical Assistance

A beverage container is any container that holds liquid including, but not limited to, bottles, sippy cups, juice boxes, and glasses.

Note: Consultants will cite a violation with R 400.1911(1), appropriate care and supervision, if they observe a child sipping from another child's beverage container.

Consultation

Best practice is to hold infants for bottle feeding except when infants resist being held and are able to hold their own bottles.

R 400.1932 (1) **Home maintenance and safety.**

(1) The structure, premises, and furnishings of a child care home shall be in good repair and maintained in a clean, safe, and comfortable condition.

Rationale: Assures that children are in a safe environment and less likely to be injured.

Technical Assistance: This rule applies to the entire home, not just the space used for child care. The caregiver is responsible and accountable for maintaining the home and its overall cleanliness and assuring that:

INSIDE THE HOME

- Rooms are free from foul odors.
- Floors and carpets are safe and clean for walking, crawling, and playing.
- Carpets where children play are immediately cleaned when contaminated with saliva, vomit, feces, urine, nasal discharge or other bodily discharges.
- Rooms are free of unnecessary and excessive clutter.
- All furnishings accessible to children are sturdy, clean and in good repair.
- Electrical outlets and switches have cover plates.
- Electrical outlets have safety covers [see also R 400.1942(2)].
- All cords (on drapes, blinds, appliances) are out of reach of children.
- Trash and garbage are inaccessible to children.
- Fireplace hearths or other structures or furnishings with sharp corners or hard surfaces are protected.
- Home is free of insects and rodents.

OUTSIDE THE HOME

- The yard is free of hazards, such as standing water or tripping hazards.
- The yard is free of clutter, debris, trash, animal waste, and garbage.
- Outdoor grill and barbecue equipment is covered or inaccessible to children.

Refer to subrule (6) of this rule for information on lead based paint hazards and the proper clean up procedures.

WATER HAZARDS

The caregiver must assure the home and its premises are free of water hazards. Refer to rule 400.1921 for protecting children from swimming pools, lakes, drainage ditches, wells, ponds and other bodies of water.

Other water hazards can be any area in which water accumulates to a level in which a child can drown, including:
- Drains.
- Decorative landscape ponds.
- Wading pools.
- Bathtubs.
- Mop buckets/pails.

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.

R 400.1932 (2) **Home maintenance and safety.**

(2) All dangerous and hazardous materials or items shall be stored securely and out of the reach of children.

Rationale

Assures that children are in a safe environment and less likely to be injured.

Technical Assistance

Hazardous and dangerous materials or items must be stored securely and out of the reach of children. Hazardous materials include, but are not limited to:
- Cleaning and laundry supplies, alcohol, pesticides, fertilizers, chemicals, medications, cosmetics, and personal care items.
- Poisonous plants, including but not limited to, philodendron, rhododendron, English ivy, dieffenbachia, ivy and poinsettia.

Dangerous materials or items include, but are not limited to:
- Weapons, such as bow and arrows, crossbows, compound bows, daggers, swords.
- Sharp objects, such as household knives, pizza cutters, and kitchen wrap boxes with serrated edges.
- Plastic bags, small electrical appliances, matches, lighters and items that pose a choking hazard.

Refer to R 400.1935 regarding the safe storage of firearms.

R 400.1932 (3) **Home maintenance and safety.**

(3) All steps, stairs, porches, and elevated structures to which children in care have access shall be protected to prevent falls and shall be free of ice and snow accumulation.

Rationale

Assures that children are in a safe environment and less likely to be injured from a fall, both inside and outside the home.

Technical Assistance	Doors, gates or other barriers are required to prevent child access to steps or stairs.
Consultation	Steps, stairs, porches, elevated structures, including decks and protective railings should not contain openings greater than 3 ½ inches to prevent head or body entrapments. It is recommended that baby 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 400.1932 (4)	**Home maintenance and safety.** **(4) Three or more steps, or a total rise of 24 inches or more, shall require a handrail.**
Rationale	Assures that children are in a safe environment and less likely to be injured from a fall while in care, both inside and outside the home.
Technical Assistance	When counting the number of steps, the landing is included. Total rise is determined by measuring the distance from ground level to the landing.

R 400.1932 (5)	**Home maintenance and safety.** **(5) Parents shall be notified before pesticide or fertilizer treatments.**
Rationale	Assures for the health and safety of children, parents and caregiving staff.
Technical Assistance	Parents must be notified of all pesticide and fertilizer treatments regardless of: • Who applies the treatment. • When the treatment occurs. Children must not have access to the treated areas, whether inside or outside, as outlined by the manufacturer's instructions.

R 400.1932 (6)	**Home maintenance and safety.** **(6) There shall be no flaking or deteriorating paint on interior and exterior surfaces, equipment, and toys accessible to children.**
Rationale	Assures for the health and safety of children, parents and caregiving staff.

Paints made before 1978 may contain lead. Lead-based paint is the most common source of lead poisoning in children.

- Children under six years of age are at the greatest risk for lead poisoning.
- Infants may be harmed due to lead exposure prior to birth.
- Most children with lead poisoning do not look or act sick.
- 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 and can cause mental retardation.
- 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.
- Lead poisoning has no cure and the effects cannot be reversed once the damage is done. Children who seem healthy can have high levels of lead in their bodies.
- 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.

Technical Assistance

Paint is considered deteriorated if it is peeling, chipped, chalking, or cracked. If flaking or deteriorating paint is observed, the licensee/registrant must be informed that these surfaces must be fixed.

When flaking and deteriorating paint is observed and the home was built before 1978:

- Homeowners may be referred to the Michigan Department of Community Health, Healthy Homes Section (www.michigan.gov/leadsafe or 866-691-5323).
- Local health departments may also be able to provide information and assistance to homeowners.

Any removal or abatement of flaking or deteriorating lead-based paint on interior or exterior surfaces, equipment or toys must be done in accordance with the health department regulations. Typical projects that need lead-safe practices on homes built before 1978 include:

- Replacing windows or doors.
- Adding or converting rooms.
- Renovating kitchens and bathrooms.
- Refacing or replacing cabinets.
- Painting and wallpapering.
- Replacing flooring and carpeting.
- Repairing or renovating porches and decks.

Consultation

Lead-based paint is found on surfaces that children chew or areas that receive a lot of wear-and-tear such as:

- Windows and window sills.
- Doors and door frames.
- Stairs, railings and banisters.
- Porches and fences.
- Trim.
- Walls and radiators.

Lead dust forms when lead-based paint is dry scraped, dry sanded or heated. Dust also forms when painted surfaces bump or rub together (opening and closing windows and doors with chipped paint). Lead chips and dust can then get on surfaces and objects that children and adults touch. Settled dust can re-enter the air when someone vacuums, sweeps or walks through the dust.

REMOVAL OF LEAD-BASED PAINTS

Improper removal of lead-based paint can increase the danger. The following steps* can be used to clean up paint chips and dust in the home:

1. The proper supplies needed include gloves, absorbent throw-away wipes or towels, garbage bags, a spray bottle with liquid detergent and water, and a mop.

2. Use a HEPA vacuum which can be obtained from the local health department. A regular vacuum is NOT recommended. Do not open, change the bag or empty the contents inside the home. **Note:** A HEPA vacuum has a **h**igh **e**fficiency **p**articulate **a**ir filter designed to catch fine lead dust. The filter catches up to 99 percent of the dust and dirt sucked into the vacuum.

3. HEPA vacuum windows, floors and porches and then mist them lightly with the soapy solution. If a HEPA vacuum is not available, carefully remove dust and paint chips with a wet towel. Change towels often until the surface is clean.

4. Wipe all surfaces by applying pressure, which has been proven to be effective in removing lead dust. Always start at the back of the room and work towards the exit door.

5. Damp mopping vinyl and wood floors with the soapy solution is a second option but not as good as wiping them with towels.

6. Change towels often until no paint chips or dirt is visible. Place towels in a garbage bag, seal it and put it out with normal trash.

7. Clean often following these guidelines to protect everyone from lead poisoning.

**Process developed by the Field Neuroscience Institute/Saint Mary's Hospital, Saginaw, Michigan.*

Lead testing kits are available at local home improvement and hardware stores.

The local health department is a resource for lead paint testing. Additional information on lead poisoning may be found at www.gettheleadout.org or www.michigan.gov/leadsafe.

See also The Lead-Safe Certified Guide to Renovate Right from the Environmental Protection Agency at www.epa.gov/lead/pubs/renovaterightbrochure.pdf.

R 400.1932 (7) **Home maintenance and safety.**

(7) If the child care home was built prior to 1978, then the caregiver shall inform parents of each child in care and all assistant caregivers, in writing, prior to any remodeling, renovating or re-painting that could potentially disturb lead-based paint or produce lead dust.

Rational

Allows parents to make an informed decision about whether they want their children in care during the remodeling process.

Technical Assistance

The written notice regarding remodeling, renovating or re-painting to parents and assistant caregivers must include:

- A statement that the home was built prior to 1978 and that the home improvements may disturb lead-based paint or produce lead dust.
- Time frames of the home improvements from start to finish.
- Area of home where improvements are being done.
- Type of work being done.

Refer to subrule (6) of this rule for additional information on the risks associated with lead exposure and available resources.

R 400.1932 (8) **Home maintenance and safety.**

(8) Open-flame devices and candles shall not be used, except for birthdays or 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, votive candles, etc.), matches, lighters, kerosene lanterns and Sterno cans.

The use of birthday or religious celebration candles requires direct adult supervision.

R 400.1933 (1) **Water supply; sewage disposal; water temperature.**

(1) The water supply shall be from an approved source.

Rationale: To assure the water supply is safe and does not contain dangerous substances or spread disease or filth.

Technical Assistance: Private water supplies require an environmental health inspection by the local environmental health authority. Their findings and recommendations are considered when determining compliance with this rule.

Water with a high nitrate level (10 parts per million or more) or the presence of coliform or e-coli bacteria is unsafe.

R 400.1933 (2) **Water supply; sewage disposal; water temperature.**

(2) All sewage shall be disposed of through a public system or, in the absence thereof, in a manner approved by the environmental health authority.

Rationale: Raw sewage is a serious health hazard and can contaminate ground water and drinking water.

Technical Assistance: Private septic systems require an environmental health inspection by the local environmental health authority. Their findings and recommendations are considered when determining compliance with this rule.

R 400.1933 (3) **Water supply; sewage disposal; water temperature.**

(3) A child care home shall have a minimum of 1 flush toilet and 1 hand washing sink with hot and cold running water.

Rationale: Assures for the health and safety of children and caregiving staff.

R 400.1933 (4) **Water supply; sewage disposal; water temperature.**

(4) Hot water temperature shall not exceed 120 degrees Fahrenheit at water faucets accessible to children.

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.

Technical Assistance	Kitchen sinks are generally used for food preparation and not for hand washing. They should not be considered accessible to children even if the kitchen area is approved use space. If there is an issue with children accessing the kitchen sink, it may be addressed as a supervision issue.
Consultation	Anti-scalding devices for bathroom sinks are available online or can be purchased at local home improvement or hardware stores.
	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.

R 400.1934 (1) **Heating; ventilation; lighting.**

(1) Each room that is used by children in care shall have adequate ventilation and be maintained at a safe and comfortable temperature so that children do not become overheated, chilled, or cold. Both of the following shall apply:

(a) The temperature shall be not less than 65 degrees Fahrenheit at a point 2 feet above the floor.
(b) Measures shall be taken to cool the children when the temperature exceeds 82 degrees Fahrenheit.

Rationale

The health and well-being of both the children and staff is affected by the quality of the air indoors. This air is contaminated with organisms shared among individuals and can sometimes be more polluted than outdoor air.

Air circulation is essential to clear infectious disease agents in the air. Young children can be more affected than adults. Children who spend long hours inside breathing contaminated air are more likely to develop respiratory problems, allergies and asthma.

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 can trigger asthma episodes in people with asthma.

Technical Assistance

Air conditioning is not a required means of cooling.

Fans and screened windows that are inaccessible to children are acceptable methods for providing ventilation.

R 400.1934 (2) **Heating; ventilation; lighting.**

(2) Windows and doors that are used for ventilation shall be screened and in good repair.

Rationale

Screens prevent the entry of insects, which may bite, sting or carry disease.

R 400.1934 (3) **Heating; ventilation; lighting.**

(3) A carbon monoxide detector, bearing a safety certification mark of a recognized testing laboratory such as UL (Underwriters Laboratories) or ETL (Electrotechnical Laboratory), shall be placed on all levels approved for child care.

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 come from:

- A car left running in an attached garage.
- A clogged chimney.
- A corroded or disconnected water heater vent pipe.
- Gas or wood burning fireplaces.
- A cracked or loose furnace heat exchanger.
- An improperly installed kitchen range or vent.
- Operating a grill indoors or in a garage.
- Portable kerosene or gas heaters.

Technical Assistance

Carbon monoxide detectors are available online or can be purchased at local home improvement or hardware stores.

A carbon monoxide detector will not be required in a home with **no** fuel-fired appliances (furnace, stove, dryer, water heater, etc.).

R 400.1934 (4) **Heating; ventilation; lighting.**

(4) The lowest level of the child care home shall have levels of radon gases not to exceed 4 picocuries per liter of air. Documentation of the results shall be kept on file in the home. Those homes registered or licensed before the effective date of these rules shall have 6 months from the effective date of these rules to comply.

Rationale

The U.S. Environmental Protection Agency (EPA) states that any radon exposure carries some risk. There is no way to tell how much radon is present without testing for it. Radon:

- Is a colorless, odorless, tasteless, radioactive gas that occurs naturally.
- Can be found in soil, water, building materials, and natural gas.
- From the soil is the main cause of radon problems.
- Can cause lung tissue damage when inhaled and is the second leading cause of lung cancer.
- Is present at an elevated level in approximately 1 in 8 Michigan homes.

Technical Assistance

Based on the recommendations of the Department of Natural Resources and Environment (DNRE), new applicants that have initial short-term radon test results above 4 picocuries per liter (pCi/l) of air must complete a second test to verify the problem before taking action to reduce levels.

- If the initial short-term test results are above 4 but less than 8 pCi/l of air, complete a year-long Alpha-track test. Mitigate if the year-long Alpha-track test results are above 4 pCi/l of air. A rule variance will be required while the Alpha-track test is being completed.
- If the initial short-term test results are 8 pCi/l of air or higher, conduct another short-term test to verify the problem. If the results of the second short-term test are above 4 pCi/l of air, mitigate the radon problem.

Applicants will not be issued a statement of registration or a license until they can show compliance with this rule by:

- Providing documentation of radon levels of 4 pCi/l of air or less based on a short-term test.
  Note: If the initial short-term test results are above 8 pCi/l of air, conduct another short-term test. Mitigate if the radon level is above 4 pCi/l of air.
- Initiating a year-long Alpha-track test if the initial short-term test results were above 4 but less than 8 pCi/l of air, with a corrective action plan (CAP) agreeing to complete a year-long Alpha-track and to mitigate the radon problem if the year-long Alpha-track test indicates that radon levels are above 4 pCi/l of air. A rule variance will be required while the Alpha-track test is being completed.
- Mitigating the radon problem. The applicant must provide documentation of radon levels are 4 pCi/l of air or less based on a short-term test after the problem is mitigated.

Do-It Yourself Tests

Follow the instructions that come with the test kit. Close your windows and outside doors and keep them closed (except for normal entry and exit) during the test and at least 12 hours before beginning the test. Heating and air conditioning system fans that re-circulate air may be operated. Do not operate fans or other machines which bring in air from outside. Put the test in a room that is used regularly (like a living room, playroom, den, or bedroom) **in the lowest level of your home** but not your kitchen or bathroom. Place the kit at least 20 inches above the floor in a location where it will not be disturbed—away from drafts, high heat, high humidity, and exterior walls. There is no need to close off the room where the test is being conducted.

Lowest level the home means:

- Inside the home for a mobile home.
- First floor level of the home if there is a crawl space or a Michigan basement. A Michigan basement generally is similar to an over-sized crawl space with low ceilings, stone walls and/or dirt floors or walls. There may be a skim coat of concrete on the floor. It is not considered living space.
- Basement level of the home whether finished or unfinished.
- Lowest level inside **the caregiver's** apartment, condominium, duplex, etc.

Consultation

Radon self-test kits can be obtained from county health departments and other agencies. A complete listing of these agencies can be found at www.michigan.gov/radon. These kits include the test device, postage to mail it back to a lab and the fees for having the device analyzed and a report completed. Self-test kits are also available at local hardware or home improvement stores.

Based on information from the DNRE, the cost of a radon mitigation system can vary significantly. A typical range in price would be $800 to $1,500. Radon mitigation contractors are not licensed in Michigan, however, DNRE encourages the use of an individual who is certified by the National Environmental Health Association (www.radongas.org) or the National Radon Safety Board (www.nrsb.org). Lists of contractors can be found at those websites or contact DNRE at (800) 723-6642 to have a list mailed or emailed.

The Radon Fix-It Program assists consumers with elevated radon levels of 4 pCi/l of air or higher by providing information that allows them to take the necessary steps toward fixing their homes. The Radon Fix-It Program can be contacted at (800) 644-6999.

After a radon mitigation system is installed, a short-term radon test should be completed after the system has been up and running for at least 24 hours but within 30 days of installation. The system should then be tested every two years to verify that it is maintaining acceptable radon levels. The homeowner should check the pressure gauge on their system once a week, or once a month at the longest, to ensure that the fan is still functioning.

A Citizen's Guide to Radon is available from the EPA at www.epa.gov/radon/pubs/citguide.html.

R 400.1934 (5) **Heating; ventilation; lighting.**

(5) All child-use areas shall have adequate natural and/or artificial lighting.

Rationale: Natural lighting is the most desirable lighting. Inadequate lighting has been linked to eyestrain and to headaches.

The visual stimulation provided by natural light is important to a young child's development.

Technical Assistance: Adequate lighting is necessary in rooms where children are napping to:

- Allow for the supervision of the children.
- Assure for safe exiting in case of an emergency.

R 400.1935 (1-3) Firearms.

(1) All firearms shall be unloaded and properly stored in a secure, safe, locked environment inaccessible to children. A secure locked environment shall include a commercially available locked firearms cabinet, gun safe, trigger lock that prevents discharge, or other locking firearm device.

(2) Ammunition shall be stored in a separate locked location inaccessible to children.

(3) Firearms shall not be traded or sold on the premises while child care children are present.

Rationale

The potential for injury and death of young children due to firearms is becoming increasingly apparent.

Selling firearms on the premises of a child care home greatly increases children's accessibility to them, making the risk of harm or injury more probable.

Technical Assistance

Black's Law Dictionary defines firearm as an instrument used in the propulsion of a shot, shell, or bullets by the action of gunpowder exploded within it.

Law enforcement officers who are required to keep their firearms loaded and ready for use at all times, may do so, as long as the firearm is inaccessible to children.

Consultation

Check with local law enforcement agencies about the availability of free or low cost trigger locks.

R 400.1936 (1) **Animals and pets.**

(1) Parents shall be notified of the animals and pets in the home.

Rationale

Parents have a right to know if and when their children may come into contact with animals.

Technical Assistance

Notification is documented on the Child In Care Statement (BCAL-3900).

Consultation

Animals and Children: Friends or Foes? (BCAL-Pub 685) is available on the department's Web site (www.michigan.gov/michildcare).

R 400.1936 (2) **Animals and pets.**

(2) Animals and pets that are potentially aggressive or in poor health shall be separated from children in care at all times.

Rationale

It has been found that:

- A gentle animal can become dangerous and aggressive when it protects itself from harmful or annoying behaviors of children.
- An aggressive or shy animal can seriously injure a trusting child.
- Animals can be a source of illness for people.
- People can be a source of illness for animals.

Technical Assistance

The caregiver is fully responsible and accountable for safeguarding children, regardless of whether the animal or pet belongs to them or not.

Consultation

The following best practices are recommended:

- Check with a veterinarian to determine whether the animal/pet is of suitable temperament and size to be around young children.
- Know the animal's/pet's behaviors and temperament.
- Make sure the animal/pet has been socialized to different people.
- Be aware that animals that have just given birth may be overly protective of their young and therefore, more aggressive than normal.
- Set aside a protected area for the animal/pet to be without being bothered by children.
- Keep a health certificate on file regarding animal immunizations.

Animals and Children: Friends or Foes? (BCAL-Pub 685) is available on the department's Web site (www.michigan.gov/michildcare).

R 400.1936 (3) **Animals and pets.**

(3) Children having contact with animals and pets shall be supervised by a caregiving staff person who is close enough to remove a child immediately if the animal shows signs of distress or the child shows signs of treating the animal inappropriately.

Rationale

Children who lack experience with animals may unknowingly tease or annoy the animal resulting in an injury.

Dog bites cause an average of 10-20 deaths per year and 600,000 injuries per year. Dog bites to children under four years of age usually occur in a home environment, and the most common injury sites are the head, face and neck.

Technical Assistance

The caregiver is fully responsible and accountable for safeguarding children, regardless of whether the animal or pet belongs to them or not.

Consultation

Animals and Children: Friends or Foes? (BCAL-Pub 685) is available on the department's Web site (www.michigan.gov/michildcare).

R 400.1936 (4) **Animals and pets.**

(4) Animals and pets shall not be allowed in food preparation and eating areas during meal or snack time.

Rationale

Assures for the health and safety of children and caregiving staff.

Technical Assistance

For the purpose of this rule, tanks containing fish are allowed in the food preparation and eating areas.

R 400.1936 (5) **Animals and pets.**

(5) Litter boxes, pet food and dishes, and pet toys shall be inaccessible to children.

Rationale

Assures for the health and safety of children.

R 400.1941 (1) **Heat-producing equipment.**

(1) All flame-producing and heat-producing equipment, including, but not limited to the following shall be maintained in a safe condition and shielded to protect against burns:

(a) A furnace.
(b) A water heater.
(c) A fireplace.
(d) A radiator and pipes.
(e) Wood burning equipment.

Rationale

Assures for the safety and well-being of children.

Technical Assistance

When using flame- or heat-producing equipment during child care hours, the caregiver is responsible and accountable for assuring that:

- A barrier is used to shield the flame- or heat-producing equipment.
- The barrier does not get hot.
- The barrier is stable and firmly secured.
- The barrier does not allow children access to any part of the flame- or heat-producing equipment, including the pilot light.
- There is proper ventilation for all wall mounted gas heating units.

Note: Heat can be retained for as long as 20 hours after the use of a wood burner creating a potential hazard for young children.

R 400.1941 (2) **Heat-producing equipment.**

(2) Combustible materials and equipment shall not be stored within 4 feet of furnaces, other flame or heat-producing equipment, or fuel-fired water heaters.

Rationale

Assures for the safety and well-being of children as combustible materials fuel fires.

Technical Assistance

Combustible material and equipment means anything that will burn, including, but not limited to, paper, cardboard, clothing, wood items, plastics, sleeping cots and mattresses.

Permanent structures within four feet of the furnace or water heater, such as walls, permanently attached shelves, workbenches, etc. do not need to be moved. However, any combustible items on or stored in these structures need to be moved.

Consultation

Caregivers may want to mark off a four foot perimeter around any flame- or heat-producing equipment with tape on the floor as a reminder of where not to store combustible items.

R 400.1941 (3) **Heat-producing equipment.**

(3) Portable heating devices shall not be used when children are in care.

Rationale: Assures for the safety and well-being of children and the caregiving staff.

Portable heating devices are a common cause of fires, burns and injuries.

Technical Assistance: A portable heating device is one that can be moved from wall to wall or room to room and must not be used when children are in care.

R 400.1941 (4) **Heat-producing equipment.**

(4) Furnaces, other flame or heat-producing equipment used to heat the home when children are in care, and fuel-fired water heaters shall be inspected by any of the following entities:

(a) A licensed heating contractor for a fuel-fired furnace.
(b) A licensed heating contractor or licensed plumbing contractor for a fuel-fired water heater.
(c) A mechanical inspector for the local jurisdiction or licensed mechanical inspector for a wood stove or other solid fuel appliance.

Rationale: Heating equipment is the second leading cause of ignition in fatal house fires.

Heating equipment that is routinely inspected and kept in good repair ensures that the equipment is working properly and is less likely to cause fires.

Technical Assistance: A licensed heating contractor is one that has been issued a mechanical contractor license by the Department of Energy, Labor & Economic Growth (DELEG). The license number will begin with 71.

A licensed plumbing contractor's license will begin with 81.

Boilers must be inspected by a boiler inspector from DELEG or an individual who has both a boiler license and a mechanical contractor license.

Note: Wood boilers (pressurized and open air) must be located outside of the home. Pressurized wood boilers must be inspected by a mechanical inspector as required by subrule (c) of this rule. This inspection must, at a minimum, include an inspection of the chimney, the pressure relief valve and the drip tube. If the wood boiler is connected to a fuel-

fired furnace, the fuel-fire furnace must also be inspected as required by subrule (a) of this rule or must be disconnected from its fuel supply. A copy of the initial installation inspection completed by a mechanical inspector as required by subrule (c) of this rule is all that is required for open air wood boilers.

In addition to furnaces and wood-burning stoves, all other flame- or heat-producing equipment requires documentation of an inspection if used to heat the home when children are in care. Equipment includes, but is not limited to:

- Built-in space heaters.
- Fireplaces (wood or gas).
- Fireplace insert burners.
- Thermal heaters.
- Pellet stoves.
- Heating units located in separate, out-buildings.

All fuel-fired water heaters also require documentation of an inspection.

For newly built homes, the occupancy permit is acceptable in lieu of an inspection.

For newly installed furnaces, installation documentation by a licensed mechanical contractor is acceptable in lieu of an inspection.

For newly installed furnaces where installation documentation is not available, the caregiver can submit a written statement that the final inspection sticker on the furnace is available for verification by the consultant during the on-site inspection. (This does not apply to family home renewals, as the consultant does not usually conduct an on-site inspection at renewal).

Electric heat does not require an inspection.

In many rural areas, the county plumbing/mechanical inspector is the person authorized to conduct inspections of solid fuel equipment.

R 400.1941 (5) **Heat-producing equipment.**

(5) For group child care homes, the inspection specified in subrule (4) of this rule shall be conducted before the initial license issuance and every 2 years thereafter at the time of license renewal.

Rationale

Heating equipment is the second leading cause of ignition in fatal house fires.

Heating equipment that is routinely inspected and kept in good repair ensures that the equipment is working properly and is less likely to cause fires.

Technical Assistance	Per departmental policy, inspections for furnaces and other flame- or heat-producing equipment and fuel-fired water heater must be dated within one year of initial group home license issuance and at renewal. **Note:** DELEG requires boilers to be inspected every three years. Group homes can request a variance to this rule to obtain boiler inspections based on the three-year schedule set by DELEG. For a new group home, an inspection for a furnace and other flame- or heat-producing equipment or fuel-fired water heater is not required at the six month (original provisional to regular license) renewal.

R 400.1941 (6)	**Heat-producing equipment.** **(6) For family child care homes, the inspection specified in subrule (4) of this rule shall be conducted before the issuance of the certificate of registration and every 3 years thereafter at the time of renewal.**
Rationale	Heating equipment is the second leading cause of ignition in fatal house fires. Heating equipment that is routinely inspected and kept in good repair ensures that the equipment is working properly and is less likely to cause fires.
Technical Assistance	Per departmental policy, inspections for furnaces and other flame- or heat-producing equipment and fuel-fired water heater must be dated within one year of issuance of the certificate of registration and at renewal.

R 400.1942 (1) **Electrical service; maintenance.**

(1)The electrical service of a child care home shall be maintained in a safe condition. When warranted, an electrical inspection by an electrical inspecting authority may be required.

Rationale

Unsafe or broken electrical fixtures and outlets can expose children to serious electrical shock or electrocution.

Technical Assistance

Possible indicators of an electrical problem may include, but are not limited to:

- Exposed, loose, frayed or stripped wires.
- Burned wiring.
- Buzzing sound at the electrical box.
- Inappropriate/misuse of extension cords, especially when used in lieu of permanent wiring.
- Flickering or dimming of the lights.

R 400.1942 (2) **Electrical service; maintenance.**

(2) All electrical outlets, including outlets on multiple outlet devices, accessible to children shall have safety covers.

Rationale

Placing fingers or sticking objects into exposed electrical outlets will cause electrical shock, electrical burns and potential fires.

Serious oral injuries occur when young children insert a metal object into an outlet and then try to use their teeth to extract the object.

The combination of mouth moisture and electricity closes the circuit, leading to serious life-long injury.

Technical Assistance

Electrical outlets, power strips and extension cords with multiple plugs must have each individual socket covered if not in use.

Electrical outlets that close automatically or rotate to prevent the use of the plug are acceptable.

R 400.1942 (3) **Electrical service; maintenance.**

(3) Electrical cords shall be arranged so they are not hazards to children.

Rationale

Injuries can occur when children pull on the cord of an appliance, causing it to fall down on them.

When children chew on an appliance cord, they can reach the wires and suffer disfiguring mouth injuries.

A slight shock may be fatal to a child.

Cords can present a tripping hazard, causing injuries.

Technical Assistance

Electrical cords must not be:

- Placed under rugs or carpet, through doorways or across water-source areas.
- Frayed or overloaded.

R 400.1943 (1) **Exit and escape requirements for each floor level used by children.**

(1) All child care homes shall have at least 2 remotely located exits for every floor level occupied by children.

Rationale

Assures for the safety of children and caregiving staff in the event of an emergency.

Remote exits allow for safe evacuation should the primary exit be inaccessible.

Technical Assistance

The caregiver is responsible for explaining the plans for safe exiting from all floors used for child care to all assistant caregivers, the designated emergency person and the children.

Any basement window used as an exit must open into an area that permits those exiting to reach the ground at grade in a safe manner.

Refer to subrule (12)(c) of this rule for specifics regarding exiting into a window well.

R 400.1943 (2) **Exit and escape requirements for each floor level used by children.**

(2) At least 1 exit from each floor level shall provide a direct, safe means of unobstructed travel to the outside at street or ground level.

Rationale

Assures for a fast exit in the event of an emergency.

Technical Assistance

A stairway from the basement or second floor to the main floor is considered a direct exit to the outside.

R 400.1943 (3) **Exit and escape requirements for each floor level used by children.**

(3) A window may be used as a second exit if it complies with all of the following provisions:

(a) Is accessible to children and caregiving staff.
(b) Is clearly identified.
(c) Can be readily opened.
(d) Is of a size and design to allow for the evacuation of all children and caregiving staff.

Rationale

Assures for safe exiting of the children and caregiving staff in case of an emergency where exiting must be through a window.

Technical Assistance	To comply with (b) of this subrule, the window must be marked with an exit sign. The consultant may request the caregiving staff and the children in care demonstrate that they can safely exit from a basement window if it is being used as the second exit. Refer to subrules (11) and (12) of this rule regarding the specific requirements for using a basement exit window.
Consultation	When exiting a basement through a window, it is best practice for everyone to be out in less than two minutes.

R 400.1943 (4)	**Exit and escape requirements for each floor level used by children.** **(4) If a level of a home that is above the second floor is used for children in care, then the building shall be of 1-hour-fire-resistive construction and shall have 2 stairways to ground level. At least 1 of the required stairways and all other vertical openings shall be enclosed by, at a minimum, 1-hour-fire-resistive construction to provide a protected means of egress direct to the outside at ground level.**
Rationale	Assures for the safe exiting of all children and caregiving staff in case of an emergency.
Technical Assistance	In a single family dwelling, above the second floor means more than two stories above ground level. In an apartment building, one exit may be the door of the apartment or an evacuation window and one exit may be a fire escape.

R 400.1943 (5)	**Exit and escape requirements for each floor level used by children.** **(5) All exits shall be unobstructed and accessible at all times.**
Rationale	Unobstructed, clear exits are essential to prompt evacuation in an emergency.
Technical Assistance	Unobstructed means nothing is in front of or blocking the exits. Refer to subrule (11) of this rule regarding the accessibility of a basement window exit.

R 400.1943 (6) **Exit and escape requirements for each floor level used by children.**

(6) The means of egress shall be adequately lit at all times that children are in care.

Rationale: Assures there is adequate lighting for safe passage at any time.

Technical Assistance: Adequate lighting can be natural light, overhead lighting or lamps.

Stairs from a basement or second floor level used as the pathway to exit the home are considered a means of egress.

R 400.1943 (7) **Exit and escape requirements for each floor level used by children.**

(7) Doors located in a required path of escape must be readily openable from the side of egress without the use of a key or special knowledge. Double cylinder locks, key-operated locks, and similar devices are not allowed on any door in a required path of escape.

Rationale: Children may not be able to disengage a lock, which may stop or slow down their escape in an emergency.

Children and caregiving staff must be able to safely and quickly evacuate in the event of a fire or other emergency.

Technical Assistance: The following are acceptable as long as they can be easily disengaged:

- A lock that opens with the turn of the locking mechanism or a turn of the door knob.
- A deadbolt that can be opened from the interior without the use of a key.
- A hook and eye latch.

Double cylinder locks are locks that require a key from both sides to disengage and they must not be used.

R 400.1943 (8) **Exit and escape requirements for each floor level used by children.**

(8) Interior door hardware shall be designed to allow opening from the outside during an emergency if locked.

Rationale: Assures for the safety of the children and caregiving staff.

Technical Assistance	The instrument needed to unlock an interior door must be easily accessible and kept in a location known to all caregivers.

R 400.1943 (9)	**Exit and escape requirements for each floor level used by children.** **(9) All closet door latches shall be such that children can open the door from inside the closet.**
Rationale	Assures for the safety of children.
Technical Assistance	A door that opens with one single motion of the door handle and does not require a key or a lock to be turned in order to open it is acceptable.

R 400.1943 (10)	**Exit and escape requirements for each floor level used by children.** **(10) A room or space, including an attic, that is accessible only by a ladder or folding stairway or through a trapdoor shall not be used by children in care.**
Rationale	Assures for the safety and well-being of children and caregiving staff.

R 400.1943 (11)	**Exit and escape requirements for each floor level used by children.** **(11) Only steps and platforms shall be used to access a basement window exit and shall be permanently secured to the wall or floor. Ladders shall not be used as a means for exiting.**
Rationale	Provides for a safe, permanent means of exiting in case of an emergency by assuring that the means of exiting cannot be moved.
Technical Assistance	This subrule only applies to window exits approved prior to January 1, 2006. See subrule (12) of this rule for the requirements for window exits approved January 1, 2006 and after. Prior to the 2006 rule changes, providers were allowed to designate a basement window as an exit window. Many of these windows had bottom openings that were higher than 44 inches from the floor. The previous rule allowed providers to use a number of options to obtain access to these windows (tables, sofas, ladders, etc.). In order for these window exits to continue to be approved exits, the June 2006 rule change required steps and/or platforms, permanently secured to the wall or floor, be installed. However, to be consistent with the Michigan Residential Building Code, steps and/or a platform are not required any exit

windows if the bottom of the window opening is 44 inches or less above the floor.

A photograph or other documentation verifying compliance may be accepted in lieu of an on-site inspection by the consultant.

Michigan Residential Building Code requires that the maximum rise (distance between steps) for steps be 8 1/4 inches or less. The top step leading to the basement window exit must be within 8 1/4 inches of the window sill.

If there are three or more steps, or a total rise of 24 inches or more, a handrail is required per R 400.1932(4).

R 400.1943 (12) **Exit and escape requirements for each floor level used by children.**

(12) An emergency escape window to the outside is required for basements approved for child use after January 1, 2006. The following provisions shall apply:

(a) The total unobstructed window area for egress must be at least 5 square feet. Both of the following shall apply:
(i) The unobstructed opening shall be at least 20 inches wide.
(ii) The unobstructed opening shall be at least 24 inches high.
(b) The bottom of the opening shall be 44 inches, or less, above the floor.
(c) If the sill height is below grade, then it shall open into a window well with at least 9 square feet of area, 3 feet in length and width. The area of the window well shall allow the emergency escape window to be fully opened. If the well depth is over 44 inches, then it shall have approved permanently affixed steps.

Rationale

Assures for safe, quick exiting from a basement window in case of an emergency.

Technical Assistance

Note: If the registration/license was issued prior to January 2006 and it included the basement as approved child use space, this subrule does not apply. Any request for a modification to add the basement level as child care use space requires compliance with this subrule.

A 20" width X 24" height window does not meet the 5 square feet requirement. Acceptable window sizes include but are not limited to:

- 20" width X 36" height or larger.
- 30" width X 24" height or larger.

To determine the square footage of the window, multiply the width in inches by the height in inches and then divide by 144.

Since the bottom of the opening must be 44 inches or less above the floor, steps or platforms are not required to access the window exit. If steps or platforms are used, they must be permanently affixed.

R 400.1944 (1) **Smoke detectors; fire extinguishers.**

(1) Operable smoke detectors approved by a nationally recognized testing laboratory shall be installed and maintained on each floor of the home, including the basement, and in all sleeping areas and bedrooms used by children in care.

Rationale

Assures for the safety of children by providing timely notification of a fire.

Technical Assistance

The caregiver is responsible for assuring that:

- Smoke detectors are functional and installed according to the manufacturer's recommendations.
- That there is a working smoke detector installed on each floor of the home, including the basement, even if that floor is not used for child care.
- That there is a working smoke detector in each bedroom/sleeping area used by children in care.

If all smoke detectors are hard-wired as part of an alarm system and monitored by an outside source, verification that the system works properly is required. Two ways to accomplish this include:

- The outside source tests the system and provides the documentation.
- The caregiver tests the system in the presence of the consultant after first notifying the outside source and the local fire department that the test is being conducted.

Examples of nationally recognized testing laboratories include, but are not limited to:

- Underwriters Laboratories (UL).
- Electrotechnical Laboratory (ETL).

R 400.1944 (2) **Smoke detectors; fire extinguishers.**

(2) Heat detectors may be utilized in kitchens.

Technical Assistance

Smoke detectors are not needed in the kitchen if heat detectors are used.

R 400.1944 (3) **Smoke detectors; fire extinguishers.**

(3) A home shall have at least 1 functioning multipurpose fire extinguisher, with a rating of 2A-10BC or larger, properly mounted not higher than 5 feet from the floor to the top of the fire extinguisher, on each floor level approved for child use.

Rationale

A fire extinguisher may be necessary for safe exiting.

Technical Assistance

The caregiver is responsible for assuring that:

- The fire extinguisher is replaced or recharged every five years. The shelf life of a fire extinguisher is five years. In order to assure it is functional, it must be recharged every five years. If the extinguisher cannot be recharged, it must be replaced. Maintain receipts for recharging or replacements as documentation of compliance with this rule.
- When using a commercial grade fire extinguisher, the manufacturer's recommendations regarding service and recharging are followed in order to ensure proper functioning.
- The fire extinguisher is mounted high enough so that it is not accessible to children, but that it is no higher than five feet from the floor.
- All assistant caregivers are familiar with the operation of the fire extinguishers.
- The gauge on the fire extinguisher has not gone from green to red.
- The pin remains in place.
- The hose and nozzle are attached.
- If the fire extinguisher is not readily visible, a conspicuous sign is posted which marks its location.

R 400.1945 (1) **Fire; tornado; serious accident and injury plans.**

(1) A written plan for the care of children shall be established and posted for each of the following emergencies:

(a) Fire evacuation.
(b) Tornado watches and warnings.
(c) Serious accident or injury.
(d) Water emergencies, if applicable.

Rationale

An organized, thorough plan for injury prevention can ensure for a safe environment for children and caregiving staff. As emergency situations are usually not conducive to calm and clear thinking, having written plans allows for the opportunity to prepare and prevent poor judgments made during an emergency.

Technical Assistance

The caregiver is responsible and accountable for assuring that fire drill practices include exiting through the basement window exit, if applicable.

Note: Fire drill practices must not include exiting through a second or third story window, as these are considered rescue window exits only.

Plans must be posted on each floor where child care is provided.

Consultation

It is best practice for the caregiver to:

- Assure that the written fire plan includes:
  - The location of the nearest exits, including any window used as a second exit.
  - A list specifically outlining the duties and responsibilities of all caregiving staff.
  - A designated meeting place.
  - The facility address, telephone number and the major cross streets.
  - The location of the fire extinguisher.

- Assure that the written tornado plan includes:
  - A list specifically outlining the duties and responsibilities of all caregiving staff.
  - The location where caregiving staff and children should take cover.

  The following emergency supplies are recommended for the tornado shelter area:

  - Flashlight.
  - Battery-operated radio.
  - Water and snacks.
  - First aid kit.

- Extra batteries.
- Child information records.
- Diapers and wipes.
- Toys, books and activity materials.
- Pillows and blankets.

- Assure that the serious accident/injury and water emergency plans include:
  - A list specifically outlining the duties and responsibilities of all caregiving staff.
  - The process used for seeking help for the victim and determining if medical treatment is needed.
  - A plan for adequate supervision of the other children in care and if it is a water emergency, removing the other children from the water.
  - Phone numbers for emergency personnel, including Poison Control.
  - The phone number of the designated emergency person required by rule 400.1903 (1)(f).
  - The location of the child information records.
  - The location of emergency supplies.
  - The location of rescue equipment for a water emergency.

It is recommended that homes develop emergency plans for other natural or man-made disasters. These may include, but are not limited to:

- Flood.
- Blizzard.
- Gas leak or chemical spill.
- Sewer back-up.
- Power outage.

It is also recommended that all of the emergency plans for each emergency type include written procedures for all of the following:

1. A plan for evacuating and safely moving children to a relocation site.

   The relocation site should be determined in advance and be included in the plan. The relocation site should be clean and safe.

2. A method for contacting parents and reuniting families.

   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 home that can be seen from outside.

3. A plan for how each child with special needs will be accommodated during each type of emergency.

   Children with special needs may have difficultly in an emergency situation. Each emergency plan should address how each child with a special need will be accommodated in each type of emergency. The plan should be based on the special needs of children enrolled in care. If possible, the plan can broadly address a special need area, such as a children with mobility issues.

The following best practices are also recommended:
- Post plans in a place visible to caregivers and older children.
- A floor plan showing the location of the nearest exits, including any window used as a second exit.

R 400.1945 (2) **Fire; tornado; serious accident and injury plans.**

(2) A caregiver shall inform each assistant caregiver and emergency person of the overall evacuation plan and of his or her individual duties and responsibilities in the event of an emergency specified in subrule (1) of this rule.

Rationale

An organized, thorough plan for injury prevention can ensure for a safe environment for children and caregiving staff. As emergency situations are not conducive to calm and clear thinking, having written plans allows for the opportunity to prepare and prevent poor judgments made during an emergency.

Consultation

It is best practice for assistant caregivers and emergency persons to receive a review of the procedures and to participate in a fire and a tornado drill annually.

R 400.1945 (3) **Fire; tornado; serious accident and injury plans.**

(3) Fire drills shall be practiced at least once a month and a written record that includes the date and time it takes to evacuate shall be maintained.

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 the children to participate in the drills. Practicing fire drills on a regular basis:
- Helps make the procedure 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.

When using a basement window, smoke rises quickly so the amount of time for exiting is greatly decreased.

Technical Assistance

The caregiver must assure that fire drill practices include exiting through the basement window if the basement level is approved for child care. The consultant may request that the caregiving staff and the children in care demonstrate that they can safely exit from a basement window.

The caregiver either must develop a log or use the log on the department's website (www.michigan.gov/michildcare) to document fire drills.

Consultation

The following best practices are recommended:

- When exiting through a basement window, everyone should be out in less than two minutes.
- Do drills at different times of the day to ensure that all caregiving staff and children have an opportunity to practice.

R 400.1945 (4)

Fire; tornado; serious accident and injury plans.

(4) Tornado drills shall be practiced once a month, April to October, and a written record that includes the date shall be maintained.

Rationale

Conducting tornado drills is essential due to turnover of both staff and children, as well as the changing developmental ability of the children to participate in the drills. Practicing tornado drills regularly during tornado season:

- Helps make the procedure routine for everyone.
- Fosters calm, competent use of the plans in the event of an emergency.

Technical Assistance

The caregiver must either develop a log or use the log on the department's website (www.michigan.gov/michildcare) to document tornado drills.

Consultation

It is best practice to do drills at different times of the day to ensure that all caregiving staff and children have an opportunity to practice.

If an alarm is used, use an alarm other than your smoke detector.

R 400.1945 (5) **Fire; tornado; serious accident and injury plans.**

(5) Smoke detectors shall be used as the alarm for fire drills.

Rationale

Assures a consistent alarm is used that children can readily respond to and recognize.

Technical Assistance

The alarm may be activated by pushing the test button or by spraying a product used for testing smoke detectors.

When using a hard-wired smoke detector for drills, notify the outside monitoring source and the local fire department immediately prior to conducting the drill.

Consultation

Hard-wired system alarms are extremely loud. Most children's homes are equipped with battery-operated alarms that are considerably quieter. It is best to alert children that the alarm sound will be different from and much louder than the alarm they may hear at home.

R 400.1945 (6) **Fire; tornado; serious accident and injury plans.**

(6) The records required in this rule shall be retained for a minimum of 4 years.

Rationale

The department may need past records when conducting a complaint investigation.

Past records may assist the caregiver in resolving licensing issues.

For a general summary of the transportation requirements outlined in this rule and 400.1952, go to the Transportation Requirements for Child Care Homes at a Glance (BCAL-PUB 788) flowchart.

R 400.1951 (1) **Transportation.**

(1) A vehicle used to transport children in care shall be maintained in a good, safe working condition.

Rationale: Assures for the safety and well-being of children and caregiving staff.

R 400.1951 (2) **Transportation.**

(2) The caregiver shall assure that the driver of a vehicle transporting children shall be an adult, have a valid driver's license, valid vehicle registration, and proof of current no fault insurance.

Rationale: Driving children is an important and significant responsibility. Anyone who transports children must be competent to drive the vehicle.

Technical Assistance: This rule does not require the caregiver to make or keep copies of these documents on file. However, upon request, the caregiver must be able to provide them to the department.

Consultation: The Driver Verification (BCAL-5039) form may be used to document compliance with this subrule.

R 400.1951 (3) **Transportation.**

(3) The caregiver shall notify the parents when drivers other than caregiving staff are used to transport children.

Rationale: Parents have the right to know who is transporting their children.

Technical Assistance: Ways to comply with this rule include, but are not limited to:

- Posting a list of the drivers and assigned children.
- Documenting via email, telephone call or parental signature the parent's awareness of the arrangement.
- Maintaining a written log.

R 400.1951 (4) **Transportation.**

(4) Each child passenger restraint device and each safety belt shall be installed, anchored, and used according to the manufacturer's specifications and shall be maintained in a safe working condition.

Rationale

When used properly, safety restraints are effective in reducing injury and death. The provision of mandatory safety restraints ensures the health and safety of the children and caregiving staff.

In Michigan, 21% of infants are incorrectly turned forward-facing in their car seat before age 1. 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 the 4 to 8 year-old children who were seriously injured in auto accidents were not restrained in a booster seat.

Technical Assistance

The use of safety restraints and car seats and the choices of positioning in the vehicle can be found in the manufacturer's instructions for car seats and for the vehicle. The manufacturer's instructions must be followed when installing car seats.

Car seats and other safety restraints must be kept in safe working condition. Manufacturer’s instructions for the car seat will indicate when a car seat should no longer be used.

Consultation

The best car seat is one that:
- Fits the child being transported.
- Has never been in a crash.
- Is used correctly every time.

Improper installation can be avoided by:
- Reading the vehicle manufacturer’s instructions carefully.
- Reading the car seat manufacturer’s instructions carefully.
- Testing the car seat for a safe snug fit in the vehicle.
- Having the car seat installation checked by a certified car seat technician at an approved car seat check station in the community.
- Remembering that the rear vehicle seat is the safest place for a child of any age to ride.

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.
- Loose objects in the vehicle can injure a child in a crash.

See the table at the end of this section for information specific to the age of the child and the type of car seat.

R 400.1951 (5) **Transportation.**

(5) The transportation of all children shall be conducted in accordance with existing state law.

Rationale

Assures for the safety and well-being of children and caregiving staff.

Technical Assistance

All state traffic laws must be followed.

Note: The Pupil Transportation Act (1990 PA 187) prohibits the use of 11-15 passenger vans for pupil transportation. The use of these vans is prohibited for transporting children to and from school and school-related activities. If a child care home takes children to school and/or picks them up from school, 11-15 passenger vans may not be used. If these vans are observed transporting children to or from school, any police authority may stop the vehicle and ticket it. Licensing consultants will report the use of 11-15 passenger vans for school transportation to the Michigan State Police.

Removing one or more bench seats or a row of seats does not change the manufacturer's rated seating capacity of a vehicle. It is still illegal to transport children to and from school in 11-15 passenger vans, regardless if seats have been removed.

Consultation

Eleven to fifteen passenger vans are prohibited for school transportation because statistics have shown that they are very dangerous. Due to the safety issues present when 11-15 passenger vans are used, it is recommended that these types of vans never be used for transporting children in care.

R 400.1951 (6) **Transportation.**

(6) Each child transported shall remain seated and properly restrained by the passenger restraint device appropriate for his or her age as defined by 1949 PA 300, MCL 257.710d(1), MCL 257.710e(3), (4), and the manufacturer's rated seating capacity.

Rationale

When used properly, safety restraints are effective in reducing injury and death. The provision of mandatory safety restraints ensures the health and safety of the children and caregiving staff.

In Michigan, 21% of infants are incorrectly turned forward-facing in their car seat before age 1. 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 the 4 to 8 year-old children who were seriously injured in auto accidents were not restrained in a booster seat.

Technical Assistance

Current state law on safety belt and child restraint requirements (MCL 257.710d et seq.) can be found at www.michiganlegislature.org.

The use of safety restraints and car seats can be found in the manufacturer's instructions for car seats and for the vehicle.

Consultation

The American Academy of Pediatrics recommends that children stay in rear-facing car seats until age 2 or until they reach the maximum height and weight for their seat. It also advises that most children will need to ride in a belt-positioning booster seat until they have reached 4 feet 9 inches tall and are between 8 and 12 years of age. For more information, a car seat guide is available at www.healthychildren.org/carseatguide.

The best car seat is one that:

- Fits the child being transported.
- Has never been in a crash.
- Is used correctly every time.

Improper installation can be avoided by:

- Reading the vehicle instructions carefully.
- Reading the car seat manufacturer’s instructions carefully.
- Testing the car seat for a safe snug fit in the vehicle.
- Having the car seat installation checked by a certified car seat technician at an approved car seat check station in the community.
- Remembering that the rear vehicle seat is the safest place for a child of any age to ride.

For more information, visit www.michigansafekids.org.

See the table at the end of this section for specific requirements and tips.

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.

R 400.1951 (7) **Transportation.**

(7) Drivers shall be provided with a copy of the child information card, or comparable facsimile, for the children being transported in their vehicles.

Rationale: Assures drivers have all necessary contact and emergency information readily available.

Consultation: Best practice is to attach a photo of each child to that child's Child Information Record (BCAL-3731) and to label each car seat with the child's name.

R 400.1951 (8) **Transportation.**

(8) The driver of each vehicle transporting children shall carry in the vehicle, and be familiar with, the contents of a first aid kit. The first aid kit, excluding antiseptics and ointments, shall contain, at a minimum, all of the following:

(a) Adhesive tape.
(b) Bandages (assorted sizes).
(c) Cold pack.
(d) Disposable gloves
(e) Gauze pads and roller gauze (assorted sizes).
(f) Hand sanitizer.
(g) Plastic bags.
(h) Scissors and tweezers.
(i) Triangular bandage.

Rationale: Caregiving staff must be able to respond to the needs of children in case of an injury or emergency. Assures drivers have the necessary supplies readily available to deal with minor injuries.

Technical Assistance: Ointments and antiseptics are prohibited from being stored in the first aid kit.

Consultation: First aid kits should be kept out of the reach of children because it contains sharp objects.

It is recommended that if medications are needed while on a field trip or when transporting children that they be stored with the Medication Permission (BCAL-1243) (or comparable substitute) forms and separately from the first aid kit. **Note:** The BCAL-1243 (or comparable substitute) must be signed by the parent prior to administering medication.

General Car Seat Information Chart

See the table below for information specific to the age of the child and the type of car seat.

General Car Seat Information		
Age and Size	**Seat Type and Position**	**Usage Tips**
Infants Birth to at least age 1 and less than 20 pounds	Rear facing infant seat or rear facing convertible seat	• Always secure seats to the vehicle by safety belts or the LATCH system. • Never use in a front seat where an air bag is present. • 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. • Child seat should recline at approximately a 45 degree angle. This is important to keep the baby's airway open. • Harness straps/slots at or below shoulder level (usually the lower set of slots for most convertible seats). • Harness straps snug on child; harness clip at armpit level.
Infants Less than age 1 and 20-35 pounds	Rear facing convertible seat (one recommended for heavier infants)	
Toddler/Preschooler 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. • 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. • Harness straps/slots at or above child's shoulders (usually top set of slots for most convertible seats). • Harness straps snug on child; harness clip at armpit level. • The American Academy of Pediatrics recommends that children remain rear-facing until age 2.
Young Children Ages 4 to at least 8 - unless they are 4'9" (57") tall • If a child is age 8 or older, but under 4'9" tall, a booster seat is not needed. • 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. • Shoulder belt should rest snugly across chest and on shoulder. Never place a shoulder belt under the arm or behind the back. • 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 400.1952 (1) **Parent permission and notification required; child information cards when off-premises.**

(1) For the purposes of this rule, "routine transportation" means regularly scheduled travel on the same day, at the same time, to the same destination. Any deviation from this schedule requires new written parent permission.

R 400.1952 (2) **Parent permission and notification required; child information cards when off-premises.**

(2) The caregiver shall obtain and keep on file written permission from a child's parent before each time a child is transported in a vehicle.

Rationale

Assures that parents know the whereabouts of their children at all times.

Parents have the right to decide if their child is transported in a vehicle.

Technical Assistance

Subrule (2) of this rule addresses non-routine transportation and requires prior written permission each time.

Consultation

Best practice is to maintain records for a minimum of 4 years after the child is no longer in care. Caregivers are encouraged to store inactive files on staff separately from active files.

Keeping Track at all Times: Preventing Lost Children (BCAL-Pub 687) is available on the department's Web site (www.michigan.gov/michildcare).

R 400.1952 (3) **Parent permission and notification required; child information cards when off-premises.**

(3) For routine transportation, the caregiver shall obtain written parent permission at least annually.

Rationale

Parents have the right to decide if their child is transported in a vehicle.

Consultation

Best practice is to maintain records for a minimum of 4 years after the child is no longer in care. Caregivers are encouraged to store inactive files on staff separately from active files.

R 400.1952 (4) **Parent permission and notification required; child information cards when off-premises.**

(4) The caregiver shall obtain written permission at the time of initial enrollment of a child to go on field trips not involving a vehicle that includes, but is not limited to, walking to a park or in the neighborhood.

Rationale

Assures that parents know the whereabouts of their children at all times.

Technical Assistance

Refer to R400.1901(m) for a definition of a field trip.

Consultation

When on a walking field trip, a notice may be posted on the door notifying parents. Parents should be given the location of any walking field trip destinations and the route used to get there.

Keeping Track at all Times: Preventing Lost Children (BCAL-Pub 687) is available on the department's Web site (www.michigan.gov/michildcare).

R 400.1952 (5) **Parent permission and notification required; child information cards when off-premises.**

(5) The caregiver shall have a copy of each child's information card and a first aid kit, containing the items listed in R 400.1951 (8), accessible at all times when children leave the premises.

Rationale

Assures for the safety and well-being of children by having emergency information and supplies readily available.

Technical Assistance

Leaving the premises includes, but is not limited to, walking trips, shopping trips, running errands, picking up children from school, or field trips.

The Child Information Record (BCAL-3731 or a comparable substitute) and first aid kit must be with caregiving staff at all times.

Refer to R 400.1901(m) for a definition of a field trip.

Refer to R 400.1951(8) regarding the contents required in a first aid kit.

Consultation

Best practice is to attach a photograph of each child to that child's Child Information Record (BCAL-3731 or a comparable substitute).

R 400.1961 (1) **Parent notification of incidents, accidents, illness, or disease required; isolation; sanitation.**

(1) Caregiving staff shall promptly report to a parent any incidents, accidents, suspected illness, or other changes observed in the health of a child.

Rationale

Assures parents receive prompt notification to enable them to make a decision about whether medical treatment is necessary.

Technical Assistance

The caregiving staff are responsible and accountable for:

- Attending to the needs of the sick or injured child as the first priority.
- Attending to the needs of the other children.
- Assuring the parent is called as soon as possible once the child's immediate needs have been met.

R 400.1961 (2) **Parent notification of incidents, accidents, illness, or disease required; isolation; sanitation.**

(2) Caregiving staff shall notify a parent of a child who is exposed to a communicable disease so that the child may be observed for symptoms of the disease.

Rationale

Effective control and prevention of infectious diseases in child care depends on the positive relationships between parents and caregivers, as well as the sharing of information.

Technical Assistance

When informing parents of their child's exposure to a communicable disease, the name of the ill child should 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.

Consultation

Managing Communicable Diseases in Child Care Settings (BCAL-Pub 111) is available on the department's Web site (www.michigan.gov/michildcare).

Contact your local health department for more information on communicable diseases.

R 400.1961 (3) **Parent notification of incidents, accidents, illness, or disease required; isolation; sanitation.**

(3) Caregiving staff shall isolate a child who is too ill to remain in the group in an area where the child can be supervised and made as comfortable as possible.

Rationale

Assures for the comfort of the ill child and minimizes the spread of illness to other children and the caregiving staff.

Technical Assistance

The caregiving staff are responsible and accountable for:

- Assuring that a child too ill to remain in the group is separated enough from the well children to further prevent a spread of that illness to the other children.
- Assuring that an isolated child can be adequately supervised when separated from the group.

Consultation

Best practice is to have a policy regarding whether or not ill children may remain in care and to share it with parents.

R 400.1961 (4) **Parent notification of incidents, accidents, illness, or disease required; isolation; sanitation.**

(4) Bedding, toys, utensils, toilets, and lavatories used by an ill individual shall be appropriately cleaned and sanitized before being used by another person.

Rationale

To minimize the spread of illness to other children and to the caregiving staff.

Technical Assistance

The caregiver is responsible and accountable for assuring that:

- All stuffed toys and dress-up clothing can be laundered in hot water when soiled by children. Otherwise, they should be discarded.
- All toys are washed, rinsed, and sanitized when contaminated with saliva, vomit, feces, urine, nasal discharge or other bodily discharges.

The procedure used for cleaning and sanitizing items soiled by an ill individual includes:

- Washing the surface or item vigorously with soap and water.
- Rinsing the surface or item with clean water.
- Submerging, wiping or spraying the surface or item with a sanitizing solution.
- Letting the surface or item air dry for at least two minutes.

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). This solution must be made fresh daily.
- 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 toys and other items children may put in their mouths:

- Bleach used must have a EPA number indicating an approval for food sanitizing.
- Commercial sanitizers used must specify on the label to be safe for food contact surfaces.

Consultation

Managing Communicable Diseases in Child Care Settings (BCAL-Pub 111) is available on the department's Web site (www.michigan.gov/michildcare).

Bleach is recommended as a sanitizing product because it is safe, effective and inexpensive. Test strips to check the concentration of the bleach/water solution can be used and are available from most food service suppliers.

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.

Local health department sanitarians may maintain a list of approved commercial sanitizers.

Providers are encouraged to use separate spray bottles containing soapy water, rinse water and a sanitizing solution.

R 400.1962 (1) **Department notification of injury, accident, illness, death, or fire.**

(1)The caregiver shall make a verbal report to the department within 24 hours of a serious injury, accident, illness, or medical condition of a child, occurring while a child is in care, which results in emergency medical treatment or hospitalization at a health facility, or which results in a death.

Rationale

Informs the department and allows the department to determine if an investigation is warranted based on the circumstances of the incident.

Technical Assistance

A telephone call or leaving a voice message meets the intent of this rule, except for the death of a child. In the event of a child's death, the caregiver must speak to a representative of the department.

Any injury that occurs at the home that later receives emergency medical treatment must be reported. **Note:** Any medical care received as a result of an accident or injury is considered emergency medical care.

Refer to subrule (2) of this rule regarding the mandatory written requirement.

R 400.1962 (2) **Department notification of injury, accident, illness, death, or fire.**

(2) The caregiver shall submit a written report, to the department, in a format provided by the department within 72 hours of the incident.

Rationale

Documents the circumstances of the incident, including actions taken by the caregiving staff.

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).

Any injury that occurs at the home that later receives emergency medical treatment must be reported. **Note:** Any medical care received as a result of an accident or injury is considered emergency medical care.

R 400.1962 (3) **Department notification of injury, accident, illness, death, or fire.**

(3) The caregiver shall report to the department within 24 hours after the occurrence of a fire in the registered or licensed home which results in the loss of property or personal injury.

Rationale

Documents the circumstances of the incident.

Informs the department and allows the department to determine if an investigation is warranted based on the circumstances of the incident.

Technical Assistance

Any fire that occurs in the child care home that results in the loss of property or personal injury, including fires that occur during non-child care hours, must be reported to the department.

A telephone call or leaving a voice message meets the intent of this rule.

Refer to subrule (2) of this rule regarding the mandatory written requirement.

R 400.1963 (1) **Rule variance.**

(1) Upon written request of an applicant or caregiver, 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 the applicant or caregiver to meet the intent of a rule in an alternative ways when special circumstances exist.

Technical Assistance

The caregiver is responsible and accountable for:

- Submitting a written request for a variance to a particular rule. The written request must 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 alternative proposed 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 request. If the variance is requested on a rule regarding environmental health or fire safety, confirmation may be needed from an environmental health sanitarian or a fire safety authority regarding the alternative proposed.

Note: A variance cannot be granted to any requirement of 1973 PA 116 because it is state law. R 400.1908 (capacity) and R 400.1913 (discipline) do not allow for a variance as noted in each rule.

R 400.1963 (2) **Rule variance.**

(2) The decision of the department shall be entered upon the records of the department and a signed copy shall be sent to the applicant or caregiver. A variance may remain in effect for as long as the caregiver 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 the variance.

Technical Assistance

Reasons for rescinding a variance may include:

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