

Michigan Child Care Matters

Registrant and Licensee Responsibilities Issue 94

From the Division Director

Regulated child care providers have an awesome responsibility! Working with children and parents, working with staff and volunteers and maintaining compliance with licensing rules can each be full-time jobs. This issue of Michigan Child Care Matters focuses on many of the responsibilities you have as a licensed or registered child care provider. The Bureau of Children and Adult Licensing (BCAL) has a number of resources designed to help you comply with licensing regulations.

Our website has a section devoted specifically to information for providers. You can find it at www.michigan.gov/michildcare in the left column under Licensed Provider Resources:

- There are links to the licensing rules and the Child Care Organizations Act (1973 PA 116).
- The Technical Assistance link takes you to our Technical Assistance and Consultation manuals. They provide an explanation for the purpose behind many of the licensing rules. The manuals detail what is necessary to comply with a rule, as well as best practice suggestions that will help you improve the quality of your program.
- The Forms link allows you to download all forms required by licensing. Many of the forms are in a fillable PDF format, allowing you to save the form to your computer and fill in the necessary information electronically before printing it out. (This is a great way to have parents complete Child Information Records.)
- The Resources link offers in-depth information on a variety of topics, including the Michigan Department of Education's Early Childhood Standards of Quality, child health and safety and child behavior.
- The Newsletter link takes you to all previous issues of this publication. There is a topic index to help you search for issues of particular interest to you. And remember, the back page of each issue has the updated list of the Consumer Product Safety Commission (CPSC) Product Recalls. Posting the most current recall list is all you need to do to comply with the rule.

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MICHIGAN DEPARTMENT OF HUMAN SERVICES
Bureau of Children and Adult Licensing
Child Care Licensing Division
www.michigan.gov/michildcare

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You Asked, Licensing Answers



Licensing consultants receive many questions from registrants and licensees. Here are a few of the most common ones related to registrant and licensee responsibilities. You can find more frequently asked questions on the child care licensing website at www.michigan.gov/michildcare.

? Who can visit and pick up children in care?

A Parents are allowed to visit their children while they are in care. Providers cannot prohibit a parent from visiting or picking up his or her child unless there is a court order that indicates the parent has limited access to his or her child. Child care centers must have this court order limiting access on file. It is important for providers to carefully read the court order to ensure that they understand the specific custody arrangement, instead of relying on the parent for this information. This is not intended as a means for ongoing parental visitation by the non-custodial parent.

It is important to ensure that both parents are listed on the Child Information Record (BCAL-3731), or comparable substitute, regardless of whether they have custody of the child. A parent's failure to list the other parent on the card does not take away that parent's right to have access to his or her child. It is the provider's responsibility to ensure the child information card is accurate and complete.

Parents or legal guardians can limit an individual or relative from visiting or picking up their child. When an individual other than the child's parent or legal guardian arrives to visit or pick up a child, it is necessary to ensure that permission for this visitation or release occurred. This permission should be obtained in writing. It is recommended that providers check the identification of the individual to ensure they are releasing the child to the correct person. An individual password created by the parent can also be used to help identify the person.

It is important for providers to ensure that paperwork is complete and on file prior to enrollment to avoid potential problems.

? What are the rules about smoking?

A The Child Care Organizations Act (1973 PA 116) and the licensing rules define smoking and when and where it is prohibited. All child care facilities must assure that employees, volunteers, parents, and visitors comply with the act and these rules. 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.

In child care homes, smoking must not occur in the home or on the premises during child care hours. Premises means the child care home where the caregiver and family reside and includes the attached yard, garage, basement, and any other buildings located on the property. A no smoking sign must be posted in a conspicuous place, which means a location where parents, assistant caregivers and others can easily see it. The caregiver shall notify parents if smoking occurs in the child care home and on the premises when children are not in care.



Smoking must not occur in child care centers or on the property that is under the control of the center, including when children are not in care. Smoking must not occur on field trips or in vehicles when children are present. Centers must post a no smoking sign at the center as a reminder to parents or other visitors that smoking is not allowed in the center or on the property.

“The Surgeon General has concluded that the only way to fully protect yourself and your loved ones from the dangers of secondhand smoke is through 100% smoke-free environments.” As a child care facility, your duty is to provide a safe environment for children.

? When is a modification request needed?

A A modification request is needed any time a child care facility plans to change the registration/license capacity, the ages of the children served, the child use space or the program components offered. All requests must be submitted in writing to your licensing consultant for processing. You can find the Request for Modification of the Terms of the Registration/License form on the licensing website at www.michigan.gov/michildcare-forms. An environmental health inspection, a fire safety inspection and/or a lead hazard risk assessment may be required for child care centers. Your licensing consultant will notify you if these inspections are needed. The licensee is responsible for paying for and scheduling these inspections.

The requested change must be approved **before** it becomes effective. An on-site inspection may be required. The licensing consultant makes a recommendation to approve or deny the requested change. The request is then approved or denied by the area manager and then the registrant/licensee is notified in writing of the decision.

? When licensing reviews my training records, what information is needed?

A Family and group home providers are responsible for obtaining verification of attendance at training for themselves and any assistant caregivers. Centers are responsible for having

verification of attendance for all 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 or center documenting in-service training.

Verification of attendance must include the training topic, the date of training and the number of hours in the training session. Homes and centers must maintain copies of the verification of attendance on file at the home or center for review by the licensing consultant. Homes must use the Training Record (BCAL-4590) form and centers may use the Professional Development Record (BCAL-4591) to summarize training received. The acceptable verification of attendance outlined above must be provided in addition to these forms.

When conducting a renewal inspection for group homes and centers and reviewing renewal paperwork for family homes, licensing consultants will need to see verification of attendance at training for the previous licensing cycle (two years' worth for group homes and centers and three years' worth for family homes).

What is required to be posted at my home or center?

A Both child care homes and centers have a number of documents that are required to be posted, some of which must be easily visible to parents. Many facilities have a bulletin board near the entryway for posting notices or announcements for parents. Some items would be appropriate for this type of board while others may need to be posted in other areas of the home or center. Child care homes and centers can use the bulletin board to post the license or certificate of registration and the Consumer Product Safety Commission's list of unsafe children's products, both of which are required to be posted. An updated copy of the list of unsafe children's products is available on the last page of this publication.

For a child care home, the following items must also be posted:

- A notice that smoking is not permitted on the premises during child care hours.
- Written plans for fire evacuation, tornado watches and warnings, serious accident or injuries and water emergencies, if applicable.

For a child care center, the following items must also be posted:

- A copy of the current child care center rules.
- A statement that criminal history checks are completed on employees.
- A daily activity guide for each age group.
- Dated menus with substitutions noted.
- Emergency numbers by the telephone.
- Emergency procedures and evacuation plans for fire, tornado and serious accident, illness or injury.
- Guidelines for diapering and hand-washing in the diapering area.
- Guidelines for hand-washing in the food preparation areas and in toilet rooms.

? How much do program directors and lead caregivers have to be at the center?

A The program director plays a pivotal role in ensuring smooth day-to-day functioning of a program. Program directors must be present in the center full-time for programs that operate fewer than six continuous hours per day, such as a before- and after-school program or a half-day preschool program. For a half-day preschool program operating from 9 a.m. to noon, the program director must be present the entire time. For programs that operate more than six continuous hours per day, a program director must be present at least 50 percent of the time children are in care, but not less than six hours per day. A center with children in care from 6 a.m. to 10 p.m. operates for 16 hours; therefore, a program director must be present at least eight hours each day.

A qualified lead caregiver is required for each classroom or well-defined space for children under school-age. A program director may qualify as a lead caregiver as long as he or she can successfully fulfill the requirements of both positions. Program directors are responsible for ensuring that lead caregivers meet the educational and experience requirements. Lead caregivers must be present and providing care full-time for programs that operate less than six continuous hours per day. As in the half-day preschool example used above, lead caregivers must be present and providing care the entire time. For programs that operate more than six continuous hours per day, a lead caregiver must be present and providing care daily for at least six hours of the time children are in care.

The center may have more than one program director or lead caregiver on staff to meet the requirements of these rules. Program directors and lead caregivers may be absent from time to time due to illness, attendance at training or for vacation unless the length and frequency of these absences interferes with their ability to fulfill their job duties. Any time a program director is away from the center, an individual who can perform the duties of the program director must be left in charge of the center. If a program director will be absent for more than 30 days, it is recommended that a qualified replacement be appointed. Program directors are responsible for appointing a qualified lead caregiver when a lead caregiver has an absence that exceeds 30 days.

? What if I have to be away from home?

A Licensing rules require that home child care providers be present in the home on a daily basis for the majority of time children are in care. If you have children in care from 6 a.m. until 6 p.m. Monday through Friday, you must be present at least six hours of this time. The only exception to this rule is for medical treatment and recovery. In addition, a home child care provider is allowed up to 20 vacation days per year, with their child care still in operation. If your home child care is closed when you are off or need to be away, these days do not count toward your allotted 20 vacation days per year.

If you are going to be away from your home child care when children are present, a qualified assistant caregiver is needed. Refer to Hiring Employees on page 9 to ensure your assistant caregiver is qualified. When you are not present, your assistant caregiver must be at least 18 years of age.

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What Policies are Required to Run My Business?

Jackie Sharkey, Area Manager
Macomb County

When running a child care business, it is essential that policies are put into place for parents and staff. Child care services run more smoothly when everyone knows what is expected.

Homes require only two written policies, which are also required in child care centers. The first is a **discipline policy**. This policy must include how caregiving staff will manage children's behavior by using positive methods of discipline and encouraging children to develop self-control. It must also address the methods that are appropriate for children of different ages and levels of understanding. Physical punishment and all other prohibited methods must not be used even if the parents give permission. Prohibited forms of punishment must be stated in the discipline policy. Parents and all caregiving staff must receive a copy of the written discipline policy.

The second policy required by homes, and also centers, is a **volunteer policy**. This written document establishes a policy regarding supervision of volunteers, including volunteers who are parents of a child receiving care at the home or center. It assures that volunteers are appropriately supervised, and it may include duties and restrictions of the volunteer.

Child care centers require several other written policies that would be best practices for child care homes.

A **written screening policy** for all staff and volunteers, including parents who volunteer, must be developed. The screening policy must describe what methods are used by the center to screen employees and volunteers. The following screening methods must be included in the policy:

- Criminal history checks, using the State of Michigan Internet Criminal History Access Tool, prior to an offer of employment.
 - All employees and any volunteers having unsupervised contact with children must not have a conviction for a listed offense - defined by the Sex Offenders Registration Act (1994 PA 295), child abuse or neglect or a felony conviction for harm or threatened harm.
- Documentation from the Department of Human Services (DHS) indicating that all employees and any volunteers having unsupervised contact with children are not on the central registry as a perpetrator of child abuse or child neglect.

Child care centers may include other screening methods if they choose.

Child care providers are mandated reporters of suspected child abuse and/or neglect. Refer to the box on the next page for more information on your reporting requirements. This information must be included in a written plan to assure compliance with the child protection law. This is also referred to as the **child abuse/neglect policy**.

Implementing a **training plan/policy** for all caregivers assures that they receive specific and basic training for the work they will be doing and are aware of their responsibilities. Training assures that caregivers are challenged and stimulated, have access to current knowledge and have access to education that will qualify them for new roles. The training plan must address:

- CPR training, updated annually.
- First aid training, updated every three years.
- Blood-borne pathogen training within six months of hire.

- Child abuse and neglect reporting procedures reviewed prior to caring for children.
- Emergency evacuation procedures, reviewed twice annually.
- Shaken baby syndrome and safe sleep training prior to caring for infants and toddlers.
- 12 clock hours of annual training.

The plan must also address the following training topics:



- Child development.
- Curriculum.
- Child discipline.
- Health/safety.
- Nutrition.
- Working with parents.
- Licensing rules for child care centers.

Training in other areas may also be included in the plan. **Note:** The training plan must address the topics listed above, but staff are not required to be trained in every topic each year.

A written **health care plan** and policies is required for all centers. The health care plan and policies must include procedures for hand washing; handling children’s bodily fluids; cleaning and sanitizing of equipment, toys and other surfaces; controlling infection, including universal precautions; and health-related resources.

The health care plan is important because many communicable diseases can be prevented through appropriate hygiene and sanitation practices. Contamination of hands, toys and other equipment plays a role in the transmission of disease in child care settings. Since many infected people carry communicable diseases without symptoms and many are contagious before they experience a symptom, caregivers need to protect themselves and the children they serve by carrying out, on a routine basis, universal

precautions and sanitation procedures that approach every potential illness-spreading condition in the same way.

Caregivers should also have access to available resources in a variety of fields. When physical, mental or social health concerns are raised for a child or a family, they can often be addressed appropriately by referring the family to resources available in the community.

Having written policies in place will assist with hiring the best staff and preparing them for difficult situations when they arise. Policies allow for staff to be better able to prevent, recognize and correct health and safety problems and promote children’s healthy development. ❖

As a licensed or registered child care provider, you must immediately report any suspected child abuse to Children’s Protective Services (CPS) through the newly established centralized intake unit. The centralized intake unit accepts and processes reports of alleged abuse and neglect 24 hours a day, seven days a week, throughout the year.

You must make a written report within 72 hours in addition to the immediate verbal report. You can use the Report of Actual or Suspected Child Abuse or Neglect (DHS-3200) form [www.michigan.gov/documents/dhs/DHS-3200_224934_7.pdf.] You can fax or email this form to centralized intake.

(855) 444-3911

Toll-free number for CPS & APS complaints

(616) 977-1154, (616) 977-1158, or
DHS-CPS-CIGroup@michigan.gov

FAX numbers and email address for
 DHS-3200 reports

Speak up about abuse and neglect. Call any time day or night. **One** number. **One** call. **One** person can make a difference. If you suspect abuse or neglect, call now!

Child Care Record Organization

Jessica Coates, Licensing Consultant
Eaton County

Running a child care home or center requires a lot of paperwork, such as staff and children's records and required policies. These are reviewed by your licensing consultant during on-site inspections. Having records accessible and well-organized makes the inspection easier for both the provider and the licensing consultant. Below are a few suggestions:

- Store children's records in a folder or binder divided by each child or family. This makes it easier to determine if all required documents have been obtained and provides for easier access.
- Keep medication forms together in a separate folder near the medication, making them readily accessible when dispensing medication to children.
- Keep transportation permission forms in a separate file so that forms for each field trip can be located easily.
- Have a separate folder for each staff person and volunteer. Documents not required by licensing, such as tax forms, performance reviews or reprimands, should be clipped together and placed to one side of the folder. This makes it easier to locate and to verify that all required licensing records are there and helps ensure that they do not become misplaced.
- Keep ongoing training information separate from other employee records. First aid and CPR certification, as well as the required annual training, accumulate over time, necessitating that individual files be accessed often to update paperwork. Keeping these documents separate helps reduce the likelihood of losing a document due to the files being handled frequently.
- Attach a list of the required child, staff and volunteer records to each file. This allows you to note when records have been received. Refer to the list on a regular basis to ensure that records are on file and updated as required.
- Store attendance records in a book format or three-hole-punched binder. This ensures that attendance records are kept together and allows for an easy review during an inspection.
- Store required policies together in a binder or folder, along with a staff or parent handbook and an enrollment packet. Ensure that these documents are replaced as they are updated.
- Store records in binders, filing cabinets or storage containers. Use labels to clearly identify the contents of files and binders.



You may also find it helpful to review the Child Care Home Record Requirements (BCAL-5040) and the Child Care Center Record Requirements (BCAL-5041) checklists to ensure you have all the records required by licensing. ❖

Hiring Employees

Katrice Sweet, Licensing Consultant
Eaton County

The hiring of caregivers can be a lengthy process for both child care centers and homes. After the initial interview, before an offer of employment is made, the licensee/registrant must ensure that a criminal history clearance is completed using the Michigan State Police Internet Criminal History Access Tool (ICHAT) [www.michigan.gov/ichat]. Employment cannot be offered if the individual has been convicted of:

- A listed offense - defined by the Sex Offenders Registration Act (1994 PA 295),
- Child abuse or neglect.
- A felony involving harm or threatened harm to an individual within the 10 years immediately preceding the date of hire or appointment.

Once an offer of employment has been made, a licensee/registrant is responsible for assuring that the following records are on file prior to a caregiver working with children:

- Central registry clearance from the Department of Human Services.
- TB test, verified within one year prior to employment for centers and verified any time prior to employment for homes.
- Signed statement regarding child abuse and neglect.
- Infant safe sleep and shaken baby syndrome training. This is required for all home assistant caregivers and any center caregivers working with infants and toddlers.

The licensee/registrant is also responsible for assuring that the following records are on file in the timeframes outlined below:

- Physical evaluation, dated within six months prior to employment and up to 30 days after hire for centers and within one year prior to employment for homes.

- Valid CPR and first aid certification within 90 days of hire for homes and prior to employment in certain positions for centers.
- Blood-borne pathogen training within 90 days of hire for homes and six months of hire for centers.

The center must also review with the new caregiver the health care plan, discipline policy, his/her duties during an emergency situation, and the abuse and neglect reporting policy. Home providers must review the discipline policy with caregivers. It is recommended that registrants/licensees also review the licensing rules and staff and parent handbooks with newly hired staff.

When hiring a caregiver, the licensee/registrant must ensure that the individual is qualified and equipped to provide appropriate care and supervision. It is a process that cannot be taken lightly or entered into hastily. It is important that all t's are crossed and all i's are dotted and caregivers are provided a thorough training before caring for precious little ones. ❖



Understanding Ratio and Capacity

Jackie Sharkey, Area Manager, Macomb County

Toni L. Stagray, Licensing Consultant, Genesee County

Entrusting the well-being of their children to a perfect stranger is not an easy task for parents. They need assurance that child care facilities provide safe, nurturing environments for their children.

Centers

To ensure safety and adequate supervision, child care centers must provide proper staffing. Determining proper staffing involves knowing the capacity or total number of children a child care center can accommodate at any one time and state-mandated caregiver-to-child ratios.

Capacity is the total number of children in care at any one time. The capacity of the center is shown on the license. The number of children in a child care center depends on the size of the facility and the amount of caregivers, equipment and materials available. Also keep in mind that each room or well-defined space has a capacity based on the available square footage. These individual room capacities must also be maintained at all times.

Ratio is the proportion of caregivers to children present at a given time. Caregiver-to-child ratios depend on the age of the child, with younger children requiring lower ratios. The following chart outlines the required caregiver-to-child ratios for each age group.

Age Group	Ages	Required Ratio (# of caregivers: # of children)	Group Size
Infants	0 - 12 months	1: 4	12
Young Toddlers	12 - 30 months	1: 4	12
Older Toddlers	30 - 36 months	1: 8	16
Preschool	3-year-olds	1: 10	None
Preschool	4-year-olds	1: 12	None
School-age	K - 12-years-old	1: 18	None
School-age	13- to 17- years-old	1: 25	None

When combining age groups of children, the caregiver-to-child ratio for the youngest child applies. This typically occurs at the beginning or end of the day.

To assure sufficient staffing in case of an emergency:

- A minimum of two staff members, one of whom is a caregiver, must be present at all times when at least three children between the ages of birth and three years of age are present. A second caregiver is required when needed to be in compliance with the caregiver-to-child ratio.
- A minimum of two staff members, one of whom is a caregiver, must be present at all times when seven or more children over three years of age are present. A second caregiver is required when needed to be in compliance with the caregiver-to-child ratio.

Homes

Capacity relates only to the number of **unrelated** children in care at any one time. The capacity is shown on the registration/license; for family homes, it is a maximum of six children, and a maximum of 12 children for group homes. Children related to the caregiver, any household member or assistant caregiver (**only when the assistant caregiver is present**) do not count against the capacity of the home.

Ratio is the proportion of children to caregivers present in the home at any given time. Licensing rules require a ratio of one caregiver to every six children. There are specific ratio requirements if you care for children under 30 months of age. Refer to R 400.1910 for the specifics. To ensure compliance with this subrule, know each child's birth date/age and enroll children carefully to ensure compliance.

To determine ratio, you must count all **unrelated children** present including:

- Child care children.
- Other children at the home, such as neighborhood children, if they need supervision.

In addition, to determine ratio, you must count all children **under the age of 7** present who are:

- Related to the caregiver.
- Related to the assistant caregiver. The assistant caregiver must be present. If the assistant caregiver is not present, the child must be counted regardless of age.
- Related to members of the child care family by blood, marriage or adoption.
- Foster care children.

Related means a parent, grandparent, brother, sister, stepparent, stepsister, stepbrother, uncle, aunt, great aunt, great uncle, or step-grandparent related to the caregiver by blood, marriage, or adoption. Cousins include those related to the caregiver by marriage, blood, or adoption, up to and including second cousins.

Homes and Centers

Child care facilities must be in compliance with capacity **and** ratio at all times. This assures that appropriate care and supervision is provided to all children. Although caregiver-to-child ratios alone do not predict the quality of care, direct warm social interaction between adults and children is more common and more likely with lower caregiver-to-child ratios. The following best practices are recommended:

- Enroll children carefully so there is no overlapping of schedules that exceeds the registration/license capacity.
- Inform parents that a backup care plan is necessary when parents are not able to drop off or pick up their children at the agreed-upon time.
- A written policy, distributed to parents, regarding attendance and the necessity to follow the agreed-upon schedule for drop off and pick up time may prevent misunderstandings and conflicts.
- In centers, post the capacity of each room or well-defined space in a visible location to ensure that individual room capacities are maintained.

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When to Contact Your Licensing Consultant

Michigan Child Care Matters Committee



It is important to keep your licensing consultant informed of what is happening at your facility. The licensing rules require you to contact your consultant:

people moving in or out, births, deaths. You can use the Notification of Changes in Status (BCAL-1485) form to report this change. If an adult has moved in the home, you will also need to complete and return the BCAL-1326 for this person. If anyone age 14 or older has moved into the home, you will need to submit negative TB test results for this person.

Homes & Centers

- Prior to using space not previously approved. You can use the Request for Modification of the Terms of the Registration/License form to make this request.
- Within 24 hours of a serious injury, accident, illness, or medical condition of a child while the child is in care which results in emergency medical treatment or hospitalization. You must also submit the Incident Report (BCAL-4605) form within 72 hours of the incident.
- Within 24 hours of a fire in the home or center, even when children are not in care, which results in the loss of property, personal injury or the use of fire suppression equipment in centers. You must also submit the BCAL-4605 form within 72 hours.
- Within seven business days of the following occurring for you or any current or new household member. You can also use the (BCAL-1485) to report these changes:
 - Any arrests or convictions.
 - Any involvement in substantiated abuse or neglect of children.
 - Being placed on court-supervised probation.
 - Being admitted to, or released from, a correctional facility or hospital, institution, or facility for the treatment of an emotional, mental or substance abuse problem.
- Within three business days of arraignment of the registrant, any adult household member and any assistant caregivers for the crimes listed in MCL 722.115f(7). You can use the BCAL-1485 form to report an arraignment. **Note:** Arraignment is when an individual is formally charged and appears in a court of law and enters a plea.

Homes

- When a household member turns age 18. You also need to complete and return the Licensing Record Clearance Request (BCAL-1326) form for this person.
- Within seven business days of any change in the household composition such as

Centers

- Prior to making any modifications to the program, including, but not limited to, adding a component, such as transportation or food service, changing the ages served or changing capacity.

- Within 30 days of hiring a new program director. You must also submit the new program director’s credentials for review and approval by your licensing consultant.
- Within 3 business days of arraignment of the licensee for the crimes listed in MCL 722.115e(1). **Note:** Arraignment is when an individual is formally charged and appears in a court of law and enters a plea.

It is also recommended that you contact your licensing consultant prior to remodeling or renovating. Your consultant will help ensure you obtain the proper inspections and approvals.

Good communication between you and your licensing consultant is essential. You should also contact your licensing consultant if you need help with rule compliance, have questions or concerns. If you don’t know who your licensing consultant is or the phone number, you can call the Organizational Support Unit at 866-685-0006 to find out. ❖

Cooperation – what does that really mean?

- Being issued a registration/license is a privilege and requires child care homes and centers to cooperate with the department in connection with routine inspections or investigations.
- Information and records provided to the department must be truthful and accurate.
- Cooperation means the licensing consultant must be allowed into the home or center and be given access to all required records and caregiving staff. The required records must also be on-site at the facility or made available at the time of the on-site inspection.
- In the absence of the registrant or licensee, an assistant caregiver or staff person must be appointed who is familiar with the child care operation, knows where all required records are located and understands what cooperating with the department involves. It is recommended that any confidential information or disciplinary action taken against an employee be kept in a separate file from the routine required paperwork. This assures that the information remains confidential and inaccessible to caregiving staff who may be in charge in the absence of the registrant/licensee/designee/program director. The department strives for a quality partnership with all registrations/licensees; however, this is not possible without full cooperation on your part.

What are a Licensing Consultant's Responsibilities?

Toni Stagray, Child Care Licensing Consultant
Genesee County

Child care providers and licensing consultants wear many hats with a multitude of responsibilities; however, the end goal is the same: looking out for the safety and well-being of children in care.

A licensing consultant is a regulator, investigator, trainer, teacher, and a resource. They are responsible for providing technical assistance for how to ensure compliance with the licensing rules. They also provide consultation on ways to incorporate best practices into your program. Licensing consultants educate providers and the public by presenting at local trainings, workshops and conferences.

When your licensing consultant visits your home or center, he or she has the responsibility to enforce child care licensing rules. However, your licensing consultant should also provide technical assistance and consultation regarding specific rules and give you the opportunity to ask questions, discuss situations or to get feedback during the inspection. Do you have the right to question your licensing consultant? Absolutely, and it is recommended. If there is something that you do not understand, ask.

You may be given the opportunity to correct a problem during the inspection if it can be easily corrected. Not only is your licensing consultant assessing records, observing interactions with children and assessing overall safety, he or she is there to assist you in understanding licensing rules, maintaining rule compliance and providing the best possible care for children. Your licensing consultant may suggest several ways to correct an issue and what will work best for your situation. If you are required to write a corrective action plan, your licensing consultant will explain the process to you if you are unsure. Before your licensing consultant

completes the inspection, you have the right to know his or her findings and gain clarification if needed.

Child care licensing consultants typically have a master's degree in child development, early childhood education or social work and have experience teaching children and/or working with families. The licensing consultant's educational and professional experience qualifies him or her to answer questions or

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The Child Care Licensing Division is committed to:

- Providing for the protection of children in child care through licensing, regulation and technical assistance.
- Promoting the improvement of the health, safety and development of children in child care through licensing, consultation and education.
- Empowering providers, parents and the community to work in partnership with licensing in the continuous effort to improve child care for Michigan's children.
- Fulfilling licensing responsibilities in a professional, competent, fair, and courteous manner.
- Working with the business community to ensure the development of good child care services.

Accident, Injury, Illness Reporting

Colleen Nelson, Child Care Program Consultant
Eaton County

Child care home providers and centers must report to the Bureau of Children and Adult Licensing any serious accident, injury, illness, or medical condition occurring while a child is in care when it results in emergency medical treatment at a health facility, hospitalization or death. Examples of serious injuries or illnesses to a child that must be reported include, but are not limited to:

- Fractures and broken bones.
- Cuts requiring stitches.
- Serious burns.
- Serious or multiple animal bites.
- Head injuries.
- Seizures.
- Allergic reactions requiring use of an Epi-pen.



Any medical care received as a result of an injury or illness is considered emergency medical care and must be reported.

The licensing rules require child care homes and centers to make a verbal report to licensing within 24 hours of the incident. This verbal report assists the department in determining if a special investigation is warranted based on the circumstances of the incident. A telephone call or leaving a voice message meets the intent of this rule, except in the case of the death of a child. In the event of a child's death, you must speak to a representative from licensing.

Any fire, even fires during non-child care hours, resulting in an injury, any damage to the facility or the use of fire suppression equipment in centers must also be reported to the department within 24 hours.

A written report must be submitted within 72 hours using the Incident Report (BCAL-4605) form. This form is available on the licensing website at www.michigan.gov/michildcare-forms. This form is used to document the circumstances of the incident, including actions taken by the caregiving staff. The report needs to describe in detail what happened, who was involved, witnesses, date and time of the incident, who was notified, what actions were taken, and diagnosis of injury or illness or the extent of any fire damage.

Keep your licensing consultant informed about anything that you feel is important. It is critical that licensing and child care providers work as a team to assure the welfare and safety of the children in care.

Work diligently every day to prevent incidents by:

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

Confidentiality in Child Care Settings

Kate DeKoning, Child Care Licensing Consultant
Kent County

One way child care providers can protect the children in their care is by keeping their personal and private information confidential. Confidential information includes:

- Child's or parent's full name, address or telephone number.
- Child's birthdate.
- Parent's employment information.
- Child's or parent's health care information.
- Child's schedule and payment history.
- Images/videos of the child.
- Any other information that may identify a child or that child's family.

Some of this information, such as a child's full name, birthdate or images of a child, may be visible to other parents at the center; however, this information should not be made available to the general public. Personal information about the child, such as medication logs, allergies and child information cards, should not be posted where other parents can see them.

Before pictures or videos are taken of a child, you should obtain written parental permission. The permission should outline how and where the images will be used. If you are using a social media site to exchange information with parents, make sure you have set privacy settings to limit access to the information/ images. Never let your social media site become a place where you, parents or others discuss personal or private information about a specific parent, child or staff person. If someone begins a conversation that you believe will disclose personal/private information, take immediate steps to protect the child/ family including unfriending, restricting that person's

access to post/read information or deleting the content.

How to Store Confidential Information

Typically, child care providers create a file for each child or family. All providers should find a dedicated place to store these files. Because a larger number of people are in and out of a center setting, it is recommended that the storage place for child and staff records is locked. Keep in mind that licensing must have access to records during an inspection. If records are locked, staff members need to know how to gain access to these records.

Some documents that contain confidential information are:

- Child Information Records (BCAL-3731).
- Child In Care Statement/Receipts (BCAL-3900).
- Enrollment/registration forms.
- Child and Adult Care Food Program enrollment forms.
- Attendance records.
- Health Appraisals (MDCH/BCAL-3305).
- Immunization records.
- Child observation logs.
- Medication logs.
- Incident Reports (BCAL-4605).

When Confidential Information May Be Released

Parents of a child have the right to all information about that child even when one

parent may not be a custodial parent. A parent must not be denied access to records or information concerning his or her child because the parent is not the child's custodial parent, unless the parent is prohibited from having access to the



records or information by a protective order. See MCL 722.30 for more information about this law.

Numerous state agencies and departments require access to child, staff and family information to verify compliance with rules and statutes.

Some confidential information needs to be shared for the best interest of the child. All caregivers need to know how to reach a parent in case of emergency and developmental progress needs to be shared when more than one person cares for a child. If a child has allergies or a special health condition, all staff caring for that child need to know what may trigger an allergic reaction or what accommodations a child may need.

As mandated reporters, child care providers are required to contact children's protective services immediately if they suspect child abuse and neglect. For more information, refer to the box on page 7. When making a complaint, you will be required to release information about the child and his or her family. In this case, the child's safety and welfare come before the confidentiality of the information.

Child care providers also need to protect themselves by keeping their own personal information confidential. Your licensing notebook should not include any documents that contain personal or private information about any caregiver or child. It should only contain licensing inspection reports and related corrective action plans.

Finally, keep in mind that confidentiality includes verbal communication about a child or family. When talking about a child or family, care should be taken that others are not overhearing your conversation. Whether it is verbal or written, confidentiality should be taken seriously to avoid personal, legal and business problems.❖

Director's Corner, from page 1

- Center providers, do you need to know who to contact for a fire safety inspection, an environmental health inspection or a playground inspection? Just click on the Inspections for Child Care Centers link.

Providers can also stay up to date with licensing matters by subscribing to our listserv. We offer a listserv for child care centers and one for child care home providers. The listservs provide us with a way to communicate with you via email, alerting you to recalls from the CPSC and sharing training and conference opportunities. Each week, you receive an email with a Rule of the Week that includes a rule, along with the specific technical assistance and consultation for that rule.

You wear many hats, often simultaneously. You work with children, educating them and watching them grow. You work with parents and help them better understand their children. I hope you take advantage of the resources BCAL offers you.❖



James S. Sinnamon
Child Care Licensing Division Director

Consultant Responsibilities, from page 14

provide suggestions. If you are dealing with an unhappy parent or having a discipline problem with a particular child, chances are your licensing consultant can help you sort things out. If you realize your room arrangement could use an overhaul, but you are not quite sure how to put it all together, contact your licensing consultant and talk it over. This could be done in person, and if not, your licensing consultant may have suggestions or be able to provide resources.

Remember, we are all on the same team. The goal is to provide a safe, nurturing and educational environment for children.❖

Child Development and Care Payment Changes

In order to be eligible to bill and receive Child Development and Care (CDC) payments, child care providers are required to comply with the requirements as outlined in the CDC program's Administrative Rules 400.5018-400.5020. Providers who are found to be in violation of the rules may be disqualified for the following penalty periods:

- Six months for the first occurrence.
- Twelve months for the second occurrence.
- Lifetime for the third occurrence.

The following rule violations will result in disqualifications:

1. Failure to respond to requests for time and attendance records.
2. Failure to maintain adequate time and attendance records.
3. Caring and billing for more than the maximum number of children at one time.
4. Providing care in the wrong location. For example, unrelated provider caring for children in provider's home.
5. Inappropriately billing for:
 - School-age children.
 - Ill/holiday hours.
 - Children not in care.
 - More hours than children were actually in care.
6. Other abuses of the CDC Program not mentioned above.

For more information, you can contact the Central Reconciliation Unit at (866) 990-3227.

Correction from Issue 93, All About Food

The article, "Milk: The Whole Truth" stated the following:

The Child and Adult Care Food Program (CACFP) requires that milk served be consistent with the most recent version of the Dietary Guidelines for Americans, unless parents provide milk for their child. These guidelines require:

- Whole homogenized Vitamin D-fortified cow's milk for children between the ages of 12 months to two years.
- Fat-free (skim) or low-fat (1%) fluid milk for children two years of age and older.

The first bullet is not a CACFP requirement, but it is strongly encouraged by the CACFP. It is, however, a licensing rule for child care centers to serve whole homogenized Vitamin D-fortified cow's milk to children between the age of 12 months to two years. It is a CACFP requirement to serve fat-free (skim) or low-fat (1%) fluid milk for children two years of age and older.

Questions and Answers, from page 5

Keep in mind, an assistant caregiver is different than an emergency person. An emergency person is a responsible individual who is at least 18 years of age and easily accessible to provide care and supervision to children in the event of an emergency. The designated emergency person must sign a statement acknowledging that he/she is willing to provide child care in an emergency situation. The emergency person cannot be used for situations such as routine medical or personal appointments unless he/she meets all of the requirements of an assistant caregiver.

? What do I do if I have animals in my child care home?

A Animals and pets are allowed in child care homes as long as parents are notified and proper supervision is provided. The caregiver must be close enough to immediately remove a child if an animal shows signs of distress or a child shows signs of mistreating the animal. Animals or pets that may be potentially aggressive or in poor health must be separated from children in care at all times. All pet food and dishes, litter boxes and pet toys must be inaccessible to children. During meal and snack times, animals and pets must not be in the food preparation or eating areas.

Some recommended best practices regarding animals and pets include:

- Know their temperament and behaviors.
- Make sure they have been socialized to different people.
- Check with your veterinarian about whether they are of suitable temperament and size to be around young children.
- Keep a health certificate on file regarding immunizations.
- Set aside a protected area away from the children where the animal will not be bothered.

Interaction between children and pets can be a valuable experience for children, but it must be done safely. For more information to help ensure safe interactions, refer to the licensing publication “Animals and Children: Friends or Foes? ❖

Ratio and Capacity, from page 11

To ease parent’s minds when caring for their children, make sure everyone is aware of the number of children allowed at any one time by the number printed on the registration/license and trained on required ratios of each age group. This will help everyone stay within capacity and ratio at all times. ❖

Michigan Child Care Matters

Editorial Staff

Thanh Biehl

Licensing Consultant

Jessica Coates

Licensing Consultant

Kate DeKoning

Licensing Consultant

Catherine Edgar

Licensing Consultant

Colleen Nelson

Child Care
Program Consultant

Jackie Sharkey

Area Manager

Toni Stagray

Licensing Consultant

Katrice Sweet

Licensing Consultant



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

These recalls have been added since Issue 93 of MCCM (March 2012):

- Kolcraft recalls Contours tandem strollers due to fall and choking hazards.
- Peg Perego recalls strollers due to risk of entrapment and strangulation; one child death reported.
- Chicco Polly high chairs recalled due to laceration hazard.
- Strollers recalled by Kolcraft due to fingertip amputation and laceration hazards.
- Evenflo recalls convertible high chairs due to fall hazard.
- Safety 1st toilet and cabinet locks recalled due to lock failure; children can gain unintended access to water and dangerous items.
- Bassinets recalled by Kolcraft due to fall hazard.
- Nan Far Woodworking recalls to repair drop-side cribs due to entrapment, suffocation and fall hazards; sold exclusively at JC Penney.
- Todson recalls bicycle child carrier seats due to laceration and fingertip amputation hazards.
- Safety 1st cabinet locks recalled due to lock failure; children can gain unintended access to dangerous items.

Details on these product recalls may be obtained on the CPSC's website at www.cpsc.gov.

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