

# Michigan Child Care Matters

FAQ Topics Answered Issue 107

## *From the Division Director*

Questioning was often considered offensive and disrespectful when I was growing up many years ago. Even in school, our teachers were often unhappy when we questioned too much. Today I believe our philosophy in Child Care Licensing should be the complete opposite to that old anti-questioning approach and philosophy.

Today, if registrants, licensees, child care workers, parents, consultants or anyone else has a question, and they find the source for answers, it should be a basis for a very functional and helpful partnership. I believe questions should be encouraged and answered as quickly and respectfully as possible. Our child care website is full of answers that are easily navigated with the click of a mouse to save everyone time, energy and money.

This issue has articles on common questions and answers related to our role of protecting and serving our youngest citizens in Michigan. I want to thank the registrants and licensees who took time to submit questions and to the many contributors that make this newsletter a reality throughout the year.

PS - I wanted to note from the summer issue of this newsletter that our legislative challenge for 2016 is in full swing as the changes to the Child Care Organizations Act (Public Act 116 of 1973) are now being debated at the State Capitol. Senate Bills 1129, 1130 and 1131 have been introduced and sponsored by Senators Hildenbrand, Schuitmaker and Hopgood as of October 20.

You can review the bills using these links:

<http://legislature.mi.gov/doc.aspx?2016-SB-1129>

<http://legislature.mi.gov/doc.aspx?2016-SB-1130>

<http://legislature.mi.gov/doc.aspx?2016-SB-1131>

Hope you all have a great Michigan winter full of snow and safe outdoor fun!

**Mark Jansen**  
Child Care Licensing Division Director



Bureau of Community and Health Systems  
Child Care Licensing Division  
[www.michigan.gov/michildcare](http://www.michigan.gov/michildcare)  
(866) 685-0006

*Michigan Child Care Matters - Winter 2016*

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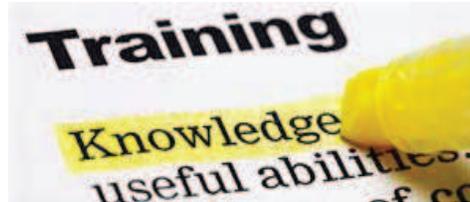
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## Training and Qualification Questions

Catherine Edgar, Licensing Consultant  
Genesee County



**Q. What is my consultant looking for regarding my annual training hours?**



**A.** During your renewal inspection, your licensing consultant will be reviewing training hours for the previous two years for centers and group homes and previous three

years for family homes. For example, if you are a group home and your license expires in March of 2017, your licensing consultant will be looking at training hours for 2015 and 2016. Training hours for 2017 will not be reviewed until the next licensing renewal.

Your licensing consultant will not be reviewing training hours for caregivers employed for less than one year. It is important to have documentation of any training hours on-site and available at the time of the on-site inspection. Most in-person and online trainings will provide caregivers with a certificate indicating the date of the training, training topic, trainer, and number of hours of the actual training. Other acceptable training documentation would be program booklets with name badge and receipt from any conferences attended.

If a caregiver is enrolled in early childhood or child development classes through an accredited college, copies of the transcript should be kept on file at the home or center as these hours can count toward annual training hours. One semester hour of an early childhood or child development class can count for 15 hours of training.

Acceptable training topics include those relevant to job responsibilities, including, but not limited to:

- Child development and learning.
- Health, safety and nutrition.
- Family and community collaboration.
- Program management.
- Teaching and learning.
- Observation, documentation and assessment.
- Interactions and guidance.
- Professionalism.
- The child care administrative rules.
- Caring for children with special needs.
- Managing children's behaviors.

**Q. Can all of my trainings come from online sources?**

A. Yes, as long as there is an assessment of learning for the online training. This is usually in the form of a post-test given after the training in which you receive a score or a notification of pass or fail. Simply watching an online video would not count towards training hours as there is no feedback component. Regardless of whether a training is online or in person, a caregiver must be able to provide verification of the training. It is recommended that caregivers receive training from a wide variety of sources.

The exception to online trainings being accepted is for CPR and first aid certification. While first aid and CPR training may be completed online, an in-person skills test must be completed for the training to be valid. All CPR and First aid must be from an organization approved by the department. A current list of approved organizations can be found at [www.michigan.gov/michildcare-training](http://www.michigan.gov/michildcare-training).

**Q. What are the training requirements for before and after-school care assistants?**

A. Because before and after-school programs fall under the guidelines of licensed child care, caregivers working in these programs are still required to complete 16 hours of annual training. This is regardless of the number of hours worked in the before and after-school program. Up to 2 hours of this yearly training requirement may be fulfilled with CPR and first aid training. Blood-borne pathogen training, which many school districts require yearly, can also be used towards the required 16 hours of annual training.

**Q. How can I find qualified employees?**

A. Both child care centers and home providers struggle with this. One way to find qualified caregivers is to contact your local college. Many early childhood majors are looking for part time work in their field of study. Another possible resource is your county's vocational tech center. These are programs for a high school student to learn a skilled trade and many of these vocational tech centers have a program in early childhood education. Just make sure that if your employee is from this type of program, the person is 18 years of age (or 17 years if he/she has completed a 1 year program) in order to qualify as a caregiver at a child care center. An assistant in a child care home can be ages 14 through 17 years as long as he/she is under the direct supervision of an adult caregiver.

Agreeing to sponsor a caregiver who participates in the T.E.A.C.H. program is another way to attract qualified caregivers. The T.E.A.C.H. program helps both child care center and home caregivers meet their professional development and education goals while employed in the child care field. More information can be obtained at [www.miaeyc.org](http://www.miaeyc.org) or by calling (866) 648-3224. ❖

# Background Checks and What You Need to Know

Cheryl Gandhi, Child Care Program Analyst  
Ingham County



Whether you are a seasoned licensee or relatively new to child care, when it comes to background checks providers have questions. We all want to make sure that the children in our care are safe, and that our parents can rest assured knowing that measures are in place to protect our little ones. Below is a list of commonly asked questions to help you better understand what the department requires of its registrants and licensees and why.

**Q. I am thinking about applying for a child care license, can I be fingerprinted to get the process started?**

A. No. Federal and state law requires the department to have an application on file for the applicant prior to an individual related to that application is fingerprinted. Individuals who are fingerprinted prior to filing an application may have his/her fingerprint results destroyed, causing his/her to have to be fingerprinted again at their own expense.

**Q. Who needs to be fingerprinted?**

A. Current statute only authorizes fingerprinting for the applicant, registrant, licensee, licensee designee and program director. Therefore, if an adult household member or child care staff member is fingerprinted, the results are destroyed by the department. Because the department is not authorized to fingerprint these individuals, there can be penalties for allowing these individuals to go through the fingerprinting process.

**Q. If adult household members and child care staff members are not fingerprinted, what type of background check do they receive?**

A. Adult household members complete a

Licensing Record Clearance Check (BCAL-1326-CC) only. The BCAL-1326-CC must be returned to licensing for processing. The department will run a criminal background check using the Michigan State Police Internet Criminal History Access Tool (ICHAT), a Central Registry Clearance (child abuse and neglect registry) with the Department of Health and Human Services (DHHS), and Secretary of State clearance on all adult household members. Finally, a search of the Michigan Sex Offender Registry is conducted on the address of every licensed child care home.

The child care registrant/licensee is required to run the background checks on all child care staff members (excluding the program director for centers). The registrant/licensee is responsible for running an ICHAT at [www.michigan.gov/ichat](http://www.michigan.gov/ichat). The child care staff member must provide documentation from DHHS that he/she is not listed on the child abuse and neglect registry as a perpetrator of child abuse and neglect. In addition, for any staff member hired at a child care center, the center must request a criminal history check equivalent to Michigan's ICHAT and a child abuse and neglect clearance equivalent to the DHHS central registry clearance for each state an individual has resided in as an adult in the 10 years immediately preceding the date of hire. Criminal history checks and abuse and neglect registry clearances can be obtained from other states as outlined in the chart at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare) > Online Services > How to Obtain Out-of-State Criminal History and Central Registry Clearances.

**Q. What if the applicant, licensee, licensee designee, program director or adult household member has a criminal record?**

A. If there is an arrest but the charges have been dismissed, the individual is eligible

to reside in a child care home or to be the registrant, licensee, licensee designee, or program director. If the individual has pending charges for a serious offense, the department may open a special investigation to determine the individual's compliance with "suitability" rules. If the individual has a conviction for a traffic offense or other common misdemeanors, the individual is most often found eligible. If the individual has a conviction for a crime that falls under the Good Moral Character statute (such as assault, domestic violence, fraud, or felony drug conviction), he/she must undergo an administrative review process by the department before he/she can be found eligible to reside in a child care home or to be the registrant, licensee, licensee designee, or program director.

An individual with a conviction for a crime that falls under the Good Moral Character statute is presumed lacking good moral character. It is up to the individual to provide evidence of rehabilitation and documentation to the department for the administrative review. If an individual is found ineligible or disapproved, he/she cannot reside in the child care home or be the registrant, licensee, licensee designee, or program director. Disciplinary action may be taken against the registrant/licensee in these circumstances.

**Q. Are there any crimes that are prohibited?**

A: Currently an individual is prohibited from being present in a child care facility if he/she has a conviction for any of the following:

- Child abuse under section 136b of the Michigan Penal Code, 1931 PA328, 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 within the preceding 10 years.
- A listed offense defined by the Sex Offenders Registration Act (1994 PA 295).

Additionally, if an individual has been identified as a perpetrator of child abuse or neglect and is listed on Central Registry with DHHS, he/she cannot be present in a child care facility.

**Q. What if a member of my household has been arrested?**

A. Immediately report the arrest or conviction to your licensing consultant.

The licensing rules for family and group child care homes requires the caregiver of a family or group home to report to the department, within 7 working days, when any new or existing member of the household has any arrests or convictions. Additionally, there are laws in place that require the registrant/licensee to report an arraignment within 3 business days for certain offenses. MCL 722.115f(7) lists all arraignments that must be reported in 3 business days.

Arrests and convictions must always be reported to the department. The department may need to open a Special Investigation to assess compliance with the licensing rules. However, this is not always the situation. Failing to report the arrest or conviction is a violation of licensing rules and sometimes statute. The department may request that you keep your licensing consultant informed as the court proceedings progress.

**Q. What's coming in the future in regards to background checks?**

A. The federal Child Care and Development Fund (CCDF) Block Grant was reauthorized and it requires states receiving federal CCDF funds to implement certain changes. To come into compliance with these requirements, child care licensing programs around the country have to pass new state laws that will greatly impact child care licensing requirements.

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# Ratio and Group Size for Child Care Centers

Pamela Walker, Licensing Consultant  
Grand Traverse County



Child care centers must follow specific requirements regarding ratio and/or group size based on the ages of children served. Ratio and group size requirements may be key factors in determining maximum capacity for each room or well-defined space based on individual situations. For example, if a room is licensed for 21 children, but the group size is only 16, why not just license the room for 16 children? The following chart provides relevant ratio and maximum group size requirements:

Age	Caregiver-to-Child Ratio	Maximum Group Size
Infants and toddlers, Birth until 30 months	1 to 4	12
Preschoolers, 30 months until 3 years	1 to 8	16
Preschoolers, 3 years until 4 years	1 to 10	Not Applicable
Preschoolers, 4 years until school-age	1 to 12	Not Applicable
School-agers	1 to 18	Not Applicable

**Note:** If there are children of mixed ages in the same room or well-defined space, then the ratio and group size shall be determined by the age of the youngest child, unless each group of children is clearly separated and the appropriate caregiver-to-child ratios and group sizes, if applicable, for each age group are maintained.

Licensing the room for 16 children may fit the center's current situation and meet the group size requirement, but the center does not have to limit the room to 16 children to meet the group size requirement of 16. For instance, three groups of 7 children, or other combinations, each in a "well-defined space" that do not exceed the group size, ratio, or the licensed capacity will meet the intent of the rule and still allow the center to care for 21 children in that room. **Note:** Lead caregivers are required for groups of children who are preschool age and younger.

"Well-defined space" means space designed and used exclusively for a specific group of children. Permanent walls and dividers are not required to create a well-defined space. A well-defined space can be created by, but not limited to, moveable room dividers, equipment, shelves, and floor coverings. The well-defined space must meet the square footage requirements for the number and age of children in the group.

Smaller group size works to improve program quality by providing opportunity for each child to receive more individual attention and interaction. Smaller group size provide children with richer social interactions with peers, whereas larger group sizes are generally associated with less responsive care, more restrictive caregivers, less cooperation, more aggressive children, and higher rates of infectious illness. In addition, smaller group size may reduce the number of children each staff member supervises, which may increase staff morale, improve relationships with children and other staff members, and stabilize staff turnover.

Ratio is also an important consideration when determining group size and capacity of a room. Smaller group sizes may support the maximum room capacity, but may require additional

caregivers to ensure ratio requirements are met. Low caregiver-to-child ratios are ideal and allow for more frequent one to one interaction, increased positive caregiver-child interaction, improved verbal caregiver-child interaction, and continuity of care, but may not be a viable option for some program budgets. It is important to note that volunteers may be counted in the caregiver-to child ratios if they meet the definition of a caregiver.

Although child care centers must follow ratio and group size requirements, there is flexibility in meeting those requirements. Smaller group sizes and lower caregiver-to-child ratios create opportunity for improved quality of care and staff retention. By taking the time to evaluate your center's group sizes, caregiver-to-child ratios, maximum room capacities, and the possibilities of well-defined space, you may discover more than just room for additional children. ❖

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Background Checks, from page 5

No later than September 30, 2017, Michigan will be required to fingerprint all licensees, adult household members, child care staff members (in homes and centers), and volunteers if the volunteers have unsupervised contact with children. This will also include re-fingerprinting of current licensees, licensee designees and program directors, as the current fingerprinting process does not meet the new federal requirements.

Additionally, the CCDF block grant contains a list of crimes for which an individual would receive a permanent exclusion for participation in the child care workforce. These crimes include: **felony convictions** for murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, and physical assault. Any individuals with convictions for these offenses would not be eligible to work or reside in a licensed child care facility or obtain a license. In addition, individuals previously licensed or approved to live or work in a child care facility with one of these felony convictions cannot not be "grandfathered" in.

#### **Q. What does this mean for me?**

A. No doubt all licensees will be impacted by these changes, whether it is through the costs associated with the new fingerprinting requirements or an exclusionary finding for a household member or child care staff member. The department is fully aware that many of these changes will be difficult for providers and may cause disruption in services for children and families. However, the state must come into compliance with the federal requirements. In addition, individuals will be provided the opportunity to voice their concerns with their state or federal representatives and through the public comment period required when licensing rules are changed. See *From the Division Director* on page 1 for the links to the bills implementing these changes.

The new fingerprinting legislation will also require the department to develop a new database to process and store the background check information. Therefore, no fingerprints completed prior to the implementation of this new database will meet federal requirements.

To obtain additional information on pending changes, you can subscribe to the department's Listserv at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare) > Stay Connected (on the right) > Sign up for emails from Child Care Licensing. ❖

# Playground Safety Inspections

Jackie Sharkey, Area Manager  
Oakland County



In child care centers, all equipment present on a center playground must comply with the Consumer Product Safety Commission's (CPSC) Handbook for Public Playground Safety. When obtaining a playground inspection, centers must use Certified Playground Safety Inspectors (CPSIs) approved by the department. A list of CPSIs approved by the department can be found on the department's website at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).

## **Centers Licensed after January 1, 2014 or When Equipment is Altered or Installed after a Playground Inspection for All Centers**

Centers licensed after January 1, 2014 are required to obtain documentation of compliance with the CPSC's 2010 Edition of the Handbook for Public Playground Safety for all playground equipment, including equipment for children under age 2. Compliance is verified by at least one of the following:

- A written statement or certificate from the equipment manufacturer **and** installer stating that the equipment was manufactured and installed in compliance with the CPSC's 2010 Edition of the Handbook for Public Playground Safety. Note: The installer must be a CPSI but does not have to be on the list of CPSIs approved by the department.
- An inspection report, including the Playground Inspection Certification Summary (BCAL-5047), from a CPSI (on the list of CPSIs approved by the department) documenting compliance with the CPSC's 2010 Edition of the Handbook for Public Playground Safety. Note: All equipment present on the playground must be documented on the BCAL-5047, even if not inspected.

- A written statement from the licensee that the equipment will not be used if verification of compliance with the CPSC's 2010 Edition of the Handbook for Public Playground Safety cannot be obtained.

**Note:** Inspections cannot be finalized when the ground is frozen. If a playground inspection is initiated when the ground is frozen, a follow-up inspection must occur after the ground thaws to assess the safety of surfacing.



## **Centers Licensed Prior to January 2, 2014**

Centers licensed prior to January 2, 2014 were required to obtain documentation of compliance with the CPSC's 1997 Edition of the Handbook for Public Playground Safety for equipment for children age 2 and older. Compliance was verified by at least one of the following:

- A written statement or certificate from the equipment manufacturer and installer stating that the equipment was manufactured and installed in compliance with the CPSC's 1997 Edition of the Handbook for Public Playground Safety.
- An inspection report, including the Playground Inspection Certification Summary (BCAL-5047), from a CPSI (on the list of CPSIs approved by the department) documenting compliance with the CPSC's 1997 Edition of the Handbook for Public Playground Safety.
- A written statement from the licensee that the equipment will not be used if verification of compliance with the CPSC's 1997 Edition of the Handbook for Public Playground Safety cannot be obtained.

Centers licensed prior to January 2, 2014 do not need any additional documentation of compliance with this rule unless equipment is added.

### *Playground Equipment for Children under the Age of 2*

Because equipment manufactured for and used by children under the age of 2 was not addressed in CPSC's 1997 Edition of the Handbook for Public Playground Safety, centers licensed prior to January 2, 2014 were not required to have this type of equipment inspected. Climbing equipment manufactured for and used by children under the age of 2 may be residential climbing equipment. This type of equipment is often made in one piece, is portable and can be used indoors or outdoors.

Centers licensed prior to January 2, 2014 can continue to use any residential climbing equipment manufactured for and used by children under the age of 2 obtained prior to January 2, 2014 but cannot add residential climbing equipment for this age group.

**Note:** Centers can have residential non-climbing equipment such as water tables, picnic tables, play houses (with no attached slides, elevated play surfaces, etc.), but this type of equipment must be kept out of the use zone for other playground equipment.

### ***Surfacing for All Centers***

All pieces of playground equipment must be surrounded by a shock-absorbing surface. This material may be either unitary or the loose-fill type as defined by the CPSC's Handbook for Public Playground Safety.

**Note:** Equipment that requires a child to be standing or sitting on the ground during play is not expected to follow the recommendations for shock-absorbing surfacing. Examples of such equipment are sandboxes, activity walls, play houses or any other equipment that has no elevated playing or climbing surface. If the

piece of equipment has an elevated playing or climbing surface, regardless of the height the playing/climbing surface is off the ground, it must meet the requirements of the CPSC's 2010 Edition of the Handbook for Public Playground Safety, which outlines the minimum required depths of loose-fill material needed based on material type and fall height.

**Exception:** Surfacing is not required under items on a natural playground.

### ***Playground Inspections for School-Age Programs Operating in School Buildings***

School-age programs operating in school buildings approved by the Michigan Department of Education are exempt from having to have a playground safety inspection, provided the licensee informs parents, in writing at the time of enrollment, if the center plans to use a public school's outdoor play area and equipment that does not comply with rule 400.8170(19).

If children who attend the school during the day use a school playground, it is reasonable to allow school-age children attending a before or after school child care program at the same location to use that same playground.

Informing the parents in writing assures that parents are aware that a school playground is not required to meet the same playground safety regulations that other licensed centers are required to meet.

The center must document how they have provided written notice to the parents.

If the center has a pre-school or younger age program, children preschool age and younger children cannot use the playground equipment unless it has been inspected and approved by a CPSI. ❖

# Safe Sleep, Napping and Supervision - Requirements for Infants

Erika Bigelow, Area Manager  
Ingham County



## Q. What requirements do I need to follow for infant sleep?

A. The caregiver is responsible for following all the following guidelines for infant safe sleep.

All infants, defined as birth through 12 months, have to be placed on their back to sleep and rest. If the infant can easily turn over from stomach to back and back to stomach, the infant must still initially be placed on his/her back but can be allowed to sleep in whatever position he/she prefers. If the infant cannot easily turn over from stomach to back and back to stomach and the infant is found sleeping on his/her back or side, the infant must be repositioned to his/her back.

Infants must sleep, or rest, alone in an approved crib or port-a-crib. Additionally, the crib must meet the following requirements:

- A firm, tight-fitting mattress.
- No loose, missing or broken hardware or slats.
- Not more than 2 3/8" between the slats.
- No corner posts over 1/16" high.
- No cutout designs in the headboard or footboard.
- A tightly fitted bottom sheet with no additional padding placed between the sheet and mattress.

The infant's head must remain uncovered during sleep and objects that could smother an infant cannot be placed in the crib, such as soft objects, bumper pads, stuffed toys, blankets, quilts, comforters, or pillows. Blankets cannot be draped over cribs or porta-cribs.

The safe sleep requirements assure for the safety and well-being of children. According to

research, placing an infant to sleep on a soft mattress or other soft material can increase the risk of the infant dying from positional asphyxiation. Infants could die when their faces, noses and mouths are covered by soft bedding, soft objects and pillows. Additionally, crib posts present a potential for strangulation as the infant's clothes could become entangled. The gaps between the slats or between the mattress and crib side could also cause strangulation if they are too wide as the infant could become trapped between those gaps.



## Q. What if the parent tells me to place an infant on his/her stomach because the infant has a medical issue?

A. If an infant has a health issue or special need that requires the infant sleep in position other than on his/her back, documentation from the infant's health care provider is required prior to allowing the infant to sleep in the alternative position. This includes when a device, such as a wedge is required to prop the crib mattress or the infant, needs to be used. The documentation must include specific sleeping instructions and time frames for how long the infant needs to sleep in this manner.

# Fire Prevention in Child Care Homes and Centers

Thanh Biehl, Licensing Consultant  
Livingston County



**F**ire prevention saves the lives of many young children and early childhood educators. According to the U.S. Fire Administration, approximately 325 fires occur in child care facilities each year. Fires are a leading cause of unintentional injury deaths among children in the United States. Young children, in particular those under 5 years old, have a 2.5 times higher risk of dying in a fire compared to any other childhood age group.

When it comes to fire prevention for children, a lot of the responsibility falls on caregivers to set the example. Fire safety in child care includes planning and preparing to reduce risk from fires. It requires practicing fire drills and educating caregivers and children about fire safety.

Here are some common questions child care providers ask regarding fire safety:

## **Q. What items are considered combustibles in a heat plant or near furnaces and gas-fired water heaters?**

A. Combustible means materials will ignite and burn when subjected to a fire or excessive heat. Combustible materials and equipment include, but are not limited to, paper, cardboard, clothing, wood items, plastics, sleeping cots, and mattresses.

## **Q. Why can't space heaters be used?**

A. 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. Portable heating devices are prohibited in any part of the home or facility when children are in care, including directors' offices and non-child use areas.

Portable heating devices are a common cause of fires, burns and injuries. Portable or fixed space heaters, including wood stoves, were involved in 33% of home heating fires and 81% home heating deaths. Heating equipment is the second leading cause of home fires, fire deaths, and fire injuries.

## **Q. How many years before a fire extinguisher should be replaced as opposed to recharging?**

When a rechargeable fire extinguisher shows a pressure gauge reading in the red, it must be recharged by a fire extinguisher service. If the extinguisher cannot be recharged, it must be replaced. It

should also be replaced if it is in poor condition, such as when there is physical damage, evidence of corrosion or leakage, or there is a cracked hose.

Rechargeable fire extinguishers have a projected service life of about 25–35 years.

## **Q. After how many years should smoke detector units be replaced to ensure maximum performance?**

A. There are different types of smoke detectors. Knowing more about the type of smoke detector unit you have installed can help determine its average lifespan and battery replacement needs.

The 9 volt battery alarm is the most common smoke detector and requires replacement batteries annually. A standard battery-powered



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# Miscellaneous Q & A

Jackie Sharkey, Area Manager  
Oakland County



## Q. What needs to be posted in child care homes and centers?

A. Items that are required to be posted in both family and group child care homes include the following:

- A conspicuously posted notice stating that smoking is prohibited on the premises during child care hours.
- The current certificate of registration or license.
- Written plans for the care of children for fire evacuation, tornado watches and warnings, serious accidents or injuries, and water emergencies (if applicable).
- The most current recall list (found on the last page of this newsletter).
- Window exit signs.

Items that are required to be posted in child care centers include the following:

- The current license, and if applicable, the letter extending the license beyond the expiration date.
- A copy of the current child care center administrative rules and a copy of any variances granted.
- A notice stating that the center requires a criminal history check on its employees and whether the center requires a criminal history check on its volunteers.
- Guidelines for hand washing posted in food preparation areas, in toilet rooms and by all hand washing sinks.
- Guidelines for diapering in diapering areas.
- Written procedures for the care of children and staff for fire, tornado, other natural or man-made disasters, and serious accidents/illnesses/injuries.
- Emergency numbers, the center address and two main cross streets by each telephone.
- Typical daily routine.

- The most current recall list (found on the last page of this newsletter).
- Dated menus with substitutions noted the day they occur.
- Exit signs posted at all exterior exits.

## Q. When I have tasks to complete on my corrective action plan (CAP), what is the longest amount of time allowed for making the corrections?

A. Some serious health and safety violations require immediate correction. All other violations must be corrected in a reasonable time frame agreed upon by the registrant/licensee and approved by the licensing consultant.

A CAP is a written document prepared, signed and dated by the registrant/licensee which addresses:

1. How compliance with cited rule violations will be corrected.
2. Who is directly responsible for implementing the corrective action for each violation.
3. Specific time frames for each violation as to when the correction will be completed or implemented.
4. How continuing compliance will be maintained once compliance is achieved.

## Q. Can I have an adult who lives in my home be my emergency person?

A. 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.

The rationale for requiring an emergency person to be available at all times during child care hours is that 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.

An adult in the child care home is a great choice given that the individual is right on site if an emergency should arise. The person must be available during all hours of operation and willing and able to assist.

**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. ❖

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Safe Sleep, from page 10

**Q. I am so busy supervising other children in my child care, may I simply use a baby monitor to supervise the sleeping infants?**

A. Caregivers must maintain supervision and monitor infant's breathing and sleep position, bedding and look for signs of distress. Using only a baby monitor or video surveillance equipment to supervise an infant is not permitted. Monitoring must be continual and must include visual observation of the infants. The caregiver must stand close enough to the sleeping infant to observe the child's breathing patterns, sleep position and any sign of distress.

**Q. Is there any time I could allow an infant to sleep in a car seat? What if the parent gives permission for the infant to sleep in a car seat?**

A. Children under 24 months are not allowed to sleep in or on any of the following: infant car seats, infant seats, infant swings, bassinets, highchairs, waterbeds, adult beds, soft mattresses, sofas, beanbags, or other soft surfaces. If children fall asleep in or on any of the above spaces, or arrive at the facility asleep in a car seat, they must be moved to a crib or porta-crib.

Lastly, even if the parent gives permission for the infant to sleep in a car seat, the caregiver must not allow it. The only exception to this rule is if an infant has a health issue or special need that requires the infant sleep in position other than on his/her back. Documentation from the infant's health care provider is required prior to allowing the infant to sleep in the alternative position. This includes when a device, such as a wedge is required to prop the crib mattress or the infant, needs to be used. The documentation must include specific sleeping instructions and time frames for how long the infant needs to sleep in this manner. ❖

# Changes to a License/Registration that Do Not Require a New Registration/License

Cynthia Jalynski, Licensing Consultant  
Oakland County



**N**ot all changes to an active license or registration require a new original application and fee. The changes include the following:

1. An additional person is added as registrant/licensee on an existing registration/license.
2. An individual is removed from a registration/license.
3. The registrant/licensee requests a change in the licensee type (e.g., sole proprietorship or individual to limited liability corporation).
4. A registrant/licensee requests to use a Federal Identification Number or Social Security Number or to change the Federal Identification Number.
5. For a Great Start Readiness Program (GSRP), the licensee changes from the local school district to the intermediate school district or the educational service district.

To make the changes listed above, the registrant/licensee must submit the following:

1. A written request indicating what information needs to be changed.
2. Child Care Application (BCAL-3970).
3. Supplemental Application Information Family/Group Child Care Homes (BCAL-3737) or Supplemental Information Child Care Center (BCAL-3601).
4. Licensing Clearance Request (BCAL-1326-CC) and the Livescan Fingerprint Background Check Request (RI-030) forms with documentation of electronic fingerprint clearance when adding an individual to the registration/license.
5. Documentation of the changes, such as documentation of the Federal Identification Number.

**Note:** If the request is to remove someone from the registration/license, written documentation must be from the person remaining on the registration/license and the person being removed.

If an individual is being added to a home registration/license, the individual who was added must attend orientation. The individual will be added to the registration/license with the expectation that he/she will attend the next available orientation. Failure to attend would result in disciplinary action.

There are also some changes that only require a written request. These include:

- Change of facility name.
- Change of registrant/licensee name (e.g., registrant changes last name due to marriage, corporation changes name and there are no changes in ownership, board of directors, etc.).
- New status of a corporation (e.g., from profit to nonprofit).

Modifications to a registration/license that change the terms of a registration/license require submission of the Request for Modification of the Terms of the License/Registration (BCAL- 5054) form. **Note:** For a school-age only program located in a school, use the Change of Use Space Request for School-Age Programs Located in Schools (BCAL-4342) instead of the BCAL-5054.

Modifications of the terms of the license include:

- Capacity.
- Ages served.

- Program components, such as adding food service, stopping the provision of transportation, etc.
- Use space, including when a registration/licensee requests to use a previously unapproved area in the facility or make changes to a room or well-defined space that will result in a change in capacity of the room or well-defined space.

After you send the request form, your licensing consultant will let you know what, if any, inspections—such as fire, health, or lead—are needed. Operate within the current terms of your registration/license until changes have been approved and documented in the Addendum to the Original Licensing Study Report. If the change involves one that appears on the face of the license or certificate of registration, you will receive the updated document in the mail.

Remember, all centers, including schools, must notify their assigned consultant before beginning any renovations, remodeling or new construction to assess the need for a plan review, per R 400.8510(1).

You should always check with your consultant to be sure you are sending in the correct information for any changes that you would like to make to your license/registration. ❖

### **Child Development and Care Program**

If you provide care for a child receiving child care assistance from the State, use these resources to help you through the billing and payment process.

**Central Reconciliation Unit (CRU)** – 866-990-3227, option 2

- Help all providers resolve PIN issues for billing.
- Help all providers with billing questions and payment issues.
- Conduct time and attendance reviews.
- Help with the use of the I Billing system.
- Assist with returned warrants.
- Resolve issues with FEIN/SSN and other changes for licensed/registered providers.
- Occasionally act as a liaison to the local DHHS office to help get questions answered about eligibility/authorization issues.

**Provider Enrollment Unit (PEU)** – 866-990-3227, option 5 for criminal history reviews for all provider types

- Do monthly match review of criminal histories associated with all registered/licensed providers receiving subsidy.

smoke alarm should likewise be completely replaced at 8- to 10-year intervals.

Smoke detectors powered by lithium or long-life batteries are designed to last up to 10 years. Do not attempt to replace the battery in a lithium-powered smoke alarm; replace the entire unit. Use the manufacturer's guidelines on your particular model to determine how often the unit should be replaced.

The [National Fire Protection Association](#) recommends replacing a hard-wired smoke detector when it's 10 years old. The unit's backup battery should be replaced every year. And even if a smoke detector hasn't reached the 10-year mark, replace it if it chirps after replacing the battery. Experts recommend replacing all connected smoke alarms at the same time, even if some are working. ❖

Licensing has developed tests based on the content of this newsletter. You can receive up to one clock hour of annual training for reading three newsletters and passing the associated tests each calendar year. Each article will include a symbol in the title of the article to identify the content as appropriate for center child care providers, home child care providers or all child care providers. For more information on how to access these tests, go to [www.michigan.gov/mccmatters](http://www.michigan.gov/mccmatters).



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



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



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

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

These recalls have been added since Issue 106 (Summer 2016):

- Chimparoo baby carriers by L'écharpe Porte-Bonheur recalled due to fall hazard.
- Mamas & Papas recalls Armadillo strollers due to fall hazard.
- Summer Infant recalls infant bath tubs due to risk of impact injury and drowning.
- Infant carriers recalled due to fall hazard; manufactured by Lenny Lamb.
- Dorel Juvenile recalls Safety 1st strollers due to fall hazard.
- Lorex recalls video baby monitors due to burn hazard.
- IKEA recalls safety gates and safety gate extensions due to fall hazard.

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

## Online Applications for Child Care Licensing

To complete an online application, go to [www.michigan.gov/adultchildcareapply](http://www.michigan.gov/adultchildcareapply). For questions related to child care licensing, contact your licensing consultant or 866-685-0006.

For online applications, you must create a MiLogin account. For help with MiLogin contact the MiLogin Customer Service Center at 1-877-932-6424.

To complete an online application, only up-to-date browsers are compatible. Such browsers are Internet Explorer, FireFox and Chrome. If you are using Internet Explorer, you may be required to add "Michigan.gov" to your compatibility view settings in order for the application to be successful.

## Michigan Child Care Matters

Editorial Staff

### Thanh Biehl

Licensing Consultant

### Erika Bigelow

Area Manager

### Candice Case- French

Licensing Consultant

### Catherine Edgar

Licensing Consultant

### Cynthia Jalynski

Licensing Consultant

### Colleen Nelson

Child Care  
Program Consultant

### Jackie Sharkey

Area Manager

### Pamela Walker

Licensing Consultant

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