



Bureau of Community and  
Health Systems  
Child Care Licensing Division  
[www.michigan.gov/michildcare](http://www.michigan.gov/michildcare)  
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## Issue 113 Myth Busters

# Michigan Child Care Matters

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### FROM THE DIVISION DIRECTOR

This year is quickly coming to a close as we see the trees beginning to change color, the temperatures start cooling down and our children heading off to school. The drive into work has also gone from bright sun rises to almost complete darkness in the early morning commute. Snow will be here very soon.

I wanted to update you all with a few items that have been happening over the last year or so. We are finishing the 2nd round of free coupon codes for providers on September 30<sup>th</sup> at 5pm. We have been able to assist providers with over \$3.3 million dollars of support to offset the cost of the 2018 law changes that all adults alone with children must be fingerprinted. The LARA staff have background checked over 100,000 staff, providers and household members since the new law was passed. We are currently averaging about 300-500 new background checks each week which are primarily new staff or household members of new licensees. We have also added new providers and have begun to increase home and group home providers in Michigan. As of August, we have 4,482 Child Care Centers and 4,158 homes and group homes. Our capacity in licensed child care in Michigan is 365,111 children. Just one year ago we were at 363,001 children. Even though we have lost over 1,000 homes since 2016 we have gained capacity because more Centers have been opened and their capacity is much higher than homes.

We are also finalizing the new child care family/group home rules and the center rules with the legislature. We are expecting the family/group home rules to be official in early October and the Center rules will follow them this fall. Child Care licensing will be in the field training in different locations on the impact and changes in these new rules. We will be printing and mailing a copy of these new rules to assist providers, but the website link will be sent out sooner over the child care list serve

We have tried to help you as providers transition through the federal and state changes as comfortably as possible. Thanks for all you do to care for Michigan's youngest citizens.

Mark Jansen

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.

## Common Myths at Meal Time.

Catherine Edgar, Licensing Consultant  
Genesee County



It is not uncommon to see a caregiver serve a child their meal but not serve milk until after the child has finished the meal or near the end of the meal. The common misconception is that children will fill up on milk and not eat their food if milk is served before or with the meal. While milk can be filling, best practice dictates that milk should be served with the meal and not after children have already eaten. If children are coming to the meal thirsty, make sure that they have access to and are offered water throughout the day and are drinking enough water to be sufficiently hydrated.

The vast majority of children in care at child care centers consume their snacks and meals in their classroom at multi-purpose tables. There is much confusion regarding the licensing rule for cleaning multi-purpose tables. Licensing rules state that “...Multi-purpose tables shall be thoroughly washed, rinsed, and sanitized before and after they are used for meals and snacks.” A common mistake child care providers make is using a sanitizing wipe, such as a Clorox wipe, on tables, thinking that the wipe meets the requirement for washing, rinsing, and sanitizing. To be in compliance with licensing rules and to properly clean surfaces, all three steps must be used. This is to wash the table with soap and water, rinse the table with clean water, and then sanitize the surface with an approved sanitizer. Bleach is the most common sanitizing solution as it is cost effective and works well. Providers must remember to use the correct concentration of bleach water on multi-purpose tables. The bleach water concentration must be between 50ppm and 200ppm. This is roughly one teaspoon to one tablespoon per gallon of water. Test strips must be used to check bleach concentration and the bleach water should be mixed daily.



You may use an alternative to bleach such as Quaternary solution (Quat) or sanitizing wipes such as Clorox wipes. If using an alternative to bleach as the third step of cleaning multi-purpose tables, you must make sure that the package states that the wipes or solution is safe for food contact surfaces. (cont. on p. 3)

If using a sanitizing wipe or Quat solution that does not state “safe for food contact surfaces”, you must incorporate a fourth step of washing with clean water after using the sanitizer. Any sanitizing solution besides Quat, bleach, or wipes must be approved by the health department. Most health department sanitarians maintain a list of approved sanitizers.

Be aware that if you are using a sanitizing wipe, you must still check the chlorine concentration daily with test strips. The same test strips used for testing bleach concentration may be used for this. Quaternary must also be tested but because this sanitizing solution used ammonia instead of chlorine, Ph test strips must be used to test the Quat solution daily. Both chlorine and ammonia (Ph) test strips can be purchased at restaurant supply stores or through Amazon.

Meal time can be a chaotic time, but it is important to be aware of and to follow the licensing rules regarding the serving of food and cleaning the tables to make sure that children in care remain healthy. ♦

*“A common mistake providers make is using a sanitizing wipe, such as a Clorox wipe, on tables, thinking that the wipe meets the requirement for washing, rinsing, and sanitizing.”*

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## How Child Care Licensing Rules are Made.

Sharon Riebel, Child Care Program Consultant  
Central Office



One of the common myths in child care is that the department can make new rules at any time, for any reason. The rulemaking process is very lengthy and can be drawn out. There is a specific step by step process to how rules are created or revised.

Proposals or suggestions for rules or revisions can come from child care providers, the community, the department, or from other agencies. Proposals and suggestions for the most recent rule revision in 2019 were received as far back as 2009. Each is considered and discussed. During this time, a draft of new rules is being created.

The law requires the department to hold an ad hoc committee to discuss the suggested rules. This committee must be made up of at least 12 people from different agencies and community members. The law specifically states representatives from the Department of Licensing and Regulatory Affairs, the department of education, the department of health and human services, and the state fire marshal or designee shall be on the committee. The rest of the committee must be child care providers and parents of children in child care. The committee meets to discuss all the suggested proposals, including those that the department submits. The committee may take months to discuss the proposed rules and create a draft.

*The process for creating, amending, and rescinding administrative rules is governed by the Administrative Procedures Act, 1969 PA 306, MCL 24.201 to 24.328.*

The department must submit a request for rulemaking to begin the official process. Once the request is approved, the drafts of the rules can be submitted for review. The first step of the reviewing process is within the department of licensing and regulatory affairs. After each review, the draft is sent back to the division of child care licensing for editing.

# Myths on Rules and Safety

Angie Wilhelm, Licensing Consultant  
Shiawassee/Livingston County



## Rules

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Once the department of licensing and regulatory affairs has reviewed the rules, they are ready to be sent to the Michigan Office of Administrative Hearings and Rules (MOAHR) for more review. When MOAHR is completed with their review and edits, the rules get sent to the Legislative Service Bureau (LSB) for edits to formatting and style. After LSB approves the draft, a public hearing must be held. The public hearing gives the community the opportunity to comment on the draft of the rules. Written comments may also be sent in by a given deadline. After the public hearing, the drafts will be sent to the Joint Committee on Administrative Rules (JCAR). The rules must be in JCAR for 15 session days. During those 15 days, JCAR may object to the rules, but then must pass legislation within another 15 session days to either stop or delay the rules. JCAR may also waive the remaining 15 session days.

After the rules go through JCAR, they can be filed by the Secretary of State after 15 session days, or the 15 session days have been waived. The rules become effective immediately upon filing, or at a later date specified in the rules.

The process to revise or create rules can be long, and there are many people involved in making sure the rules are clear and consistent in the expectation.

## Telephone

Family and group child care home and child care center licensees must always have immediate access to an operable telephone during child care hours. Immediate access means that a phone is available for both incoming and outgoing calls. If voice mail or an answering system is used, it is the caregiver's responsibility to check for messages frequently throughout the day and to return child care related calls promptly.

In child care homes, an operable telephone can be a land-line phone, cordless phone, cellphone, or a prepaid minutes phone. A mobile phone or cordless phone must be charged and powered on during the hours of operation. Prepaid minute phones must have available minutes for use during all hours of operation.

In child care centers, an operable telephone must be a land-line phone. A land-line telephone is not battery operated and will work during power outages. Cordless and cell phones are powered by electricity or batteries and are not always reliable.

If the center has a single land-line that is used for internet service during the hours of child care operation, software must be installed that alerts the user of incoming calls. If the only land line telephone at the center is not available during all hours of operation (such as the school office is locked at 4:30 PM), the center is required to have another land line telephone available.

Both home and center licensees are responsible for assuring that all phone numbers are accessible to the department and all parents. If any changes to the number occurs, the parents and department must be notified immediately.

## Attendance and release of children

*Children can only be released to adults.* All family and group child care home and child care center staff must assure that a child is released only to persons authorized by the parent. This is not age restricted, however, any person that is approved to pick up a child must be listed on the child's information card (BCAL-3731), and there must be a way to identify the person at pick up. Some examples of this are a photo I.D. or a password. A code word can be agreed upon by the parent and the caregiver that will allow staff to know that this is the person listed on the child information card and is approved to pick up the child.

*Parents have to sign their child in and out and initial it.* It is the responsibility of the home or center licensee to make sure that attendance records are filled out accurately. Home and center licensees may have a procedure that includes having parents be responsible for entering arrival and departure times; however, it is the licensee's responsibility to ensure that attendance is accurate.

Attendance sheets must include: the date, the child's first and last name, the time the child arrives and the time the child departs. Initials of a parent or the person picking up is not required by the Child Care Licensing Rules; however, the licensee may choose to require this.

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Please note, there may be further requirements if a child is receiving any state assistance with the Department of Health and Human Services.

Electronic records are an acceptable way to keep attendance, but it is the licensee's responsibility to make sure the electronic attendance records are reliable, records are maintained if the system breaks down and the records can be accessed if there is an emergency. If electronic attendance records are not available during an on-site inspection, the licensee is in violation of the child care licensing rules.

## Structure

*You need stairs and a platform to have a child care in your basement.* If a family or group home licensee would like to have their basement approved for child care, the basement must have at least two remotely located exits. This may include the stairs that provide access to the main level of the home, a door that leads to the outside at grade, such as a walk-out basement, or an emergency escape window to the outside. All basements approved for child care use after January 1, 2006, that must use a window exit must have an emergency escape window. The requirements for emergency escape windows are as follows:

The total unobstructed window area for egress must be at least five square feet. The opening of the window must be at least 20 inches wide and 24 inches high. The bottom of the opening shall be 44 inches, or less, above the floor. If the sill height is below grade, then it shall open into a window well with at least nine square feet of area, three feet in length and width. The area of the window well shall allow the emergency escape window to be fully opened. If the well depth is over 44 inches, then it shall have approved permanently affixed steps.

For basements that were approved before January 1, 2006 or for any providers that use steps to access their escape window, the steps must include a platform and must be permanently secured to the wall or floor. Ladders must never be used as a means for exiting.

## Pets

*You must get rid of all animals before becoming licensed.* Family and group home providers do not have to get rid of animals before becoming licensed. Parents have a right to know when their child(ren) may come into contact with animals. Licensees must document if there are animals at their home on the Child In Care Statement (BCAL-3900) that is signed by all parents. If an animal in the home is potentially aggressive or in poor health, they should always be separated from the children in care. Caregivers are fully responsible and accountable for safeguarding children whether the animal or pet belongs to them or not.

When having an animal/pet in the home the following best practices are recommended:

- Check with a veterinarian to determine whether the animal/pet is of suitable temperament and size to be around young children.
- Know the animal's/pet's behaviors and temperament.
- Make sure the animal/pet has been socialized to different people.
- Be aware that animals that have just given birth may be overly protective of their young and therefore, more aggressive than normal.
- Set aside a protected area for the animal/pet to be without being bothered by children.
- Keep a health certificate on file regarding animal immunizations. ◇



# Busting the Myths About Outdoor Play

Candice Case-French, Licensing Consultant  
Otsego County



Outdoor play is essential for a child's development. It allows children to develop gross motor skills, explore nature, absorb vitamin D from the sun, and breathe in fresh air. However, there are also many myths around licensing rules and outdoor play. Here are the most common myths licensing consultants hear in the field.

## Weather

When should children go outside and play? The truth is children should have outdoor time every day, weather permitting. There is not a specific temperature and/or wind chill when children cannot go outside. There are obvious times when children should stay inside, such as, during thunderstorms and tornado watches. Wind chill and extreme temperatures need to be considered when deciding whether or not to take the children in your care out to play; however, with the proper clothing children can safely play in all types of weather. There's an old saying that there is no such thing as bad weather, just bad clothing. The extremely cold or hot weather may shorten your outdoor time, but children should go outside whenever possible, even if it's for a short period of time.

## Infants and Toddlers

Do infants and toddlers need to go outside? Infants and toddlers should go outside whenever the weather allows; this includes taking them outside in the winter and in the summer. Infants and toddlers may not be able to play outside as long as older children when the weather is extreme. If it's hot and sunny, be sure to have a shaded area for the little ones to play. If it's snowy and cold, bundle those babies up and let them explore the snow.

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*“Wind chill and extreme temperatures need to be considered when deciding whether or not to take the child in your care out to play; however, with the proper clothing children can safely play in all types of weather.”*

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## Length of Time

Do children have to be outside for a set amount of time every day? There is not a required length of time for outdoor play. It's best practice for children to spend 60 to 90 minutes a day outdoors when the weather permits. Many programs have a morning and an afternoon outdoor time.

## Clothing

Can children wear scarves? Can children wear sandals without socks? Licensing does not have any rules preventing children from wearing specific clothing. Parents have the ultimate say in regard to what children wear to child care on a daily basis. Scarves, strings on hoodie sweatshirts, and other loose materials could become tangled in outdoor play equipment. Be sure to tuck or secure loose clothing to help prevent injuries. Children may wear sandals without socks. There may be a greater risk of slivers or toe injuries. Many programs have implemented policies in regard to what a child can or cannot wear for outdoor play, but there is not a specific licensing rule.

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### **Illness**

Can a child get sick from being outside in the winter? There is a myth that playing outdoors causes illnesses. This couldn't be further from the truth for healthy children. The research shows that outdoor play actually helps prevent illnesses. Fresh air helps stop the spread of germs. Occasionally a parent will say that a child doesn't need to go outside to play. Unless the child has a documented illness that makes outdoor play dangerous, children need to go outside every day.

### **Permission Slips**

Is a doctor's note required for sunscreen? Non-prescription topical products such as sunscreen or bug spray do not require a doctor's note. Annual permission slips are required for sunscreen, bug spray, and outdoor water/sprinkler play.

### **Playground Equipment**

Do you have to have an outdoor climber or swing set to be licensed? No. An outdoor climber or swing set is not required by licensing. Many programs are moving away from elevated playground equipment. From mud kitchens, natural playgrounds, tricycle paths and good old fashion playground balls, there are many rich experiences that child can have outdoors beyond climbers or swing sets.

If you have additional questions about outdoor play, reach out to your licensing consultant. ◇

*“Research shows that outdoor play actually helps prevent illnesses. Fresh air helps stop the spread of germs.”*





*“When using positive methods of discipline instead of punishment, children will learn the rules more quickly and will be more likely to follow them.”*

## Positive Discipline

Jackie Sharkey, Area Manager  
Oakland County



Positive discipline is a learning process which helps children learn what to do and what not to do in certain situations. Caregivers need to teach children the rules of the child care and remind the children often, so they remember them. All behaviors have an effect on someone or something. These are consequences of the behavior. Consequences can be positive or negative. Positive consequences happen when children act in a way that is expected. Negative consequences happen when children act in ways that are not acceptable. The expectations should be clear to the children as well as the consequences if the rules are broken. The consequences should be realistic, consistent and related to the behavior.

When a rule is broken, a first reaction may be to punish the child by keeping him/her from participating in an activity, such as playing outdoors or going to the gross motor room; however, this does not teach the child the expected behavior, it only punishes the child.

Children cannot be excluded from outdoor play or participation in large gross motor activities as a behavioral consequence. Examples of this include:

- Not allowing a child to go outside because of misbehavior during small group time.
- Excluding the child from the entire outdoor period for throwing sand.
- Excluding the child from gym activities for not eating their lunch. Children cannot be excluded from daily learning experiences.

This does not include age appropriate discipline techniques, such as:

- Redirecting a child from the block area after throwing blocks.
- Having a child participate in small group time in a way that benefits the child and doesn't disrupt the group, such as having the child sit a few feet away.

A consequence should be either natural or logical. Both types teach children the connection between their actions and the results of their actions. A natural consequence occurs without any adult interference. An example is when a child plays rough with a toy, the child will experience a natural consequence when the toy breaks and it can no longer be used. A logical consequence occurs when an adult gets involved. An example of a logical consequence is when a child does not pick up a game when she is done using it, the adult will tell the child that she cannot move on to the next activity until it is picked up and put away.

When using positive methods of discipline instead of punishment, children will learn the rules more quickly and will be more likely to follow them. They will also know what to expect if they act in a certain way .     ♦



## **Infant Care**

Erika Bigelow, Area Manager  
Southcentral Region



Questions are often asked about caring for infants. Additionally, there is often some misunderstanding of requirements for caring for infants. Some of the more common misunderstandings of infant care are:

- Parents can sign a statement so infants may sleep on their stomachs with a blanket.
- Infants who fall asleep in a swing are allowed to sleep there for a determined period of time before they have to be moved.
- Caregivers must not wear shoes in the infant room.
- Infants must be six weeks to six months old before they can go to a licensed child care facility.

The above misunderstandings are common for both home and center facilities. It is important that licensees, program directors, caregiving staff and parents understand the requirements of infant care.



### **Infant sleep guidelines are as follows:**

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 shall cover a firm mattress with no additional padding placed between the sheet and mattress.

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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.

A blanket 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 covered by soft bedding, soft objects and pillows. 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.

**Parents can sign a statement so infants may sleep on their stomachs and/or with a blanket.**

If an infant has a disability or illness that requires the infant sleep in a 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. It must also name a disability or illness. A parent's signed statement alone will not allow a child to sleep on their stomach and/or with a blanket.

**Infants who fall asleep in a swing are allowed to sleep there for a determined period of time before they have to be moved.**

Children under 24 months are not allowed to sleep in any of the following: infant car seats, infant seats, infant swings, bassinets, highchairs, waterbeds, adult beds, soft mattresses, sofas, bean-bags, or other soft surfaces.

If children fall asleep in any of the above spaces, they must be immediately moved to appropriate sleeping equipment. Additionally, if a child arrives at the facility asleep in any of the above spaces, they must be moved to appropriate sleeping equipment.

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. Infant must be moved from the swing, car seat, etc., to appropriate sleeping equipment.

**Caregivers must not wear shoes in the infant room.**

The rules surrounding infant care do not specify whether shoes may or may not be worn in the infant room. One reason for not wearing shoes could include that it helps keep the floor clean from dirt and debris for those infants learning to roll, crawl and walk. Some facilities provide disposable paper "shoes" for employees and guests to help keep the floors clean. Other facilities require that shoes be removed. In the end, it is the facility's own choice whether shoes are allowed in the infant room or not.

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### **Infants must be six weeks to six months old before they can go to a licensed child care facility.**

There is nothing in the Administrative Rules for either centers or homes that states that a child must be six weeks to six months old before that child may attend child care. The rules allow for a child age starting at birth to be allowed into a facility for care. The licensee of the facility may decide the age of children that will be accepted into care. ◇

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## **Medication Facts and Fiction**

Cynthia Jalynski, Licensing Consultant  
Oakland County



Licensing rules apply to all prescription and nonprescription medication, commonly known as over-the-counter or OTC meds. In child care settings, medication includes to everything applied to children's skin, such as diaper ointment or insect repellent, and anything given by mouth. Some medication rules distinguish between requirements for prescription and nonprescription meds. Otherwise, the same standards apply to all types of medication.

Staff must obtain prior written permission before passing medication. The idea that staff should give meds in whatever dose or frequency the parent instructs is a common source of confusion. Staff are required to pass medication according to the pharmacy label or the instructions on the original bottle of nonprescription meds for a specific child. The parent's instructions for giving medication must be consistent with those on the pharmacy label or original container. For example, a tube of cream may indicate to apply to the affected area one to four times daily every four to six hours. If the parent instructs staff to apply the cream to their child's hands twice daily at 10:00 a.m. and 2:00 p.m., the instructions are consistent with those on the container and should be followed. If the parent's written instructions indicate to apply the cream every hour and staff follow these directions, the facility is violating licensing rules. Staff must follow the instructions on the original container unless a written order is obtained from the child's physician that authorizes staff to administer it in a different way.



There is often a similar misunderstanding with OTC pain relievers for infants. The instructions frequently indicate a physician must be consulted to determine the proper dosage for children under age two. Instead, staff sometimes administer whatever the parent requests or rely on weight charts to determine what to give the child. A physician's order is always needed in this case.

Another frequent medication error relates to epi-pens. These are prescribed medications that require pharmacy labels, but the box with the label are often thrown away or never obtained from parents. It's also a common mistake with inhalers.

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## Medication (continued from page 11)

Many providers like to remove these products from the box for ready access but keep the labeled box (often flattened) in a clear plastic bag with the epi-pen, which is an acceptable practice. Upon request, some pharmacies will print extra pharmacy labels.

Sometimes the proper use of medication can be unclear even when staff are doing their best to follow prescription and OTC medication labels. Many children are prescribed both, an OTC med, such as Benadryl, and an epi-pen. Staff do not always know how to use these two medications together. Do they provide both at the same time? Do they give one for a mild reaction and one for a severe reaction? If so, what does a mild or severe reaction look like? Many facilities have health care plans, approved by parents, to help clarify these needs.

### What is not required but may be good practice

Providers are not required to pass any type of medication, though most do. Some providers will pass only what is absolutely necessary or what the parents may not be able to realistically provide, like an epi-pen. Some facilities choose to pass only prescribed medication or to exceed licensing regulations by requiring a physician's order for nonprescription meds. These options are all consistent with licensing rules which provide minimum safety standards when meds are passed. If the use of a medication relates to a special need, other state and federal laws may apply. In this case, contact your consultant for input or obtain legal counsel to ensure compliance with all applicable standards. If your facility's policy prohibits staff from passing medication or requires stricter standards than licensing rules require, sharing this information with parents prior to enrollment is recommended.

*“If your facility’s policy prohibits staff from passing medication or requires stricter standards than licensing rules require, sharing this information with parents prior to enrollment is recommended.”*

Providers sometimes say, “I thought we had to keep medication locked.” Licensing rules do not require locking meds or specify where to keep them. They only need to be out of children's reach to comply with our rules. However, many accrediting or quality-improvement agencies have different requirements.

Locked or unlocked, appropriate care means knowing where to find them and having access to that place. To help staff quickly locate medication, some facilities label the drawer or cabinet or place a symbol, like a red cross, on it to show staff

where they are stored. If medication is kept outside of the classroom, that room or office always needs to be accessible to staff. In some cases, with severe allergies or asthma, it may be best to keep medication in the classroom. When in doubt, seek input from a parent.

Passing medication is an important responsibility. If a facility chooses to do this, it is important to understand and follow applicable rules. A few commonly misinterpreted licensing requirements were reviewed. Please see the medication rules for homes and centers for additional requirements. ◇



# When Do I Need to Contact My Licensing Consultant?

Cynthia Jalynski, Licensing Consultant  
Oakland County



“I added a new play room for the children. They love playing in that new space! Am I supposed to let the licensing consultant know about the new space?”

“ Ms. ABC was hired as the program director. Am I supposed to report this to the licensing consultant?”

When do I need to call my licensing consultant? As a child care provider, there may be times when you’re not certain if a phone call is necessary. When you’re in doubt, call your licensing consultant! Good communication between you and your consultant is essential. It is important to keep your consultant informed of what is happening at your child care home or center. The consultant may assist you with rule compliance and answer any questions or concerns.

Here are a few circumstances that require the consultant to be notified:

## **Child Care Homes**

### **Caregiver and child care home family:**

Prior to a household member turns 18 years old or new adult moves in to the home, please contact your consultant to obtain the proper documentation such as the Licensing Information Request (CC-01) form.

**Please note:** If anyone age 14 or older has moved into the home, you will need to submit evidence of a negative tuberculosis test result for this person.

The provider should contact the consultant within seven business days of the following occurring for you or any current or new household member to report these changes:

- (i) Arrests or convictions.
- (ii) Involvement in substantiated abuse or neglect of children.
- (iii) Court-supervised parole or probation of the caregiver or any member of the household.
- (iv) Been admitted to, or released from, a correctional facility, or hospital, institution, or facility for the treatment of an emotional, mental, or substance abuse problem.

The provider should contact the consultant within three business days of arraignment of the provider, any adult household member and any assistant caregivers for the crimes listed in Child Care Organizations Act (1973 PA 116).

**Note:** Arraignment is when an individual is formally charged and appears in a court of law and enters a plea.

### **Indoor space; play equipment and materials:**

The provider should contact the consultant if there’s a change in the use of child care space. Only space that has received prior approval for child use by the department may be used for child care. The Request for Modification of the Terms of the License form (BCAL 5054) should be submitted.  
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## **Consultant** (continued from page 13)

### Department notification of injury, accident, illness, death, or fire:

The provider should make a verbal report to the department within 24 hours of a serious injury, accident, illness, or medical condition of a child, occurring while a child is in care, which results in emergency medical treatment or hospitalization at a health facility, or which results in a death.

**Please note:** The provider may call or leave a voice message to their licensing consultant, except for the death of a child. In the event of a child's death, the caregiver must speak to a representative of the department.

The provider should make a verbal report to the department within 24 hours after the occurrence of a fire in the licensed home which results in the loss of property or personal injury, including fires that occur during non-child care hours.

The provider should submit a written report to the department within 72 hours. Any injury that occurs at the home that later receives emergency medical treatment must be reported. Any medical care received as a result of an accident or injury is considered emergency medical care. The Incident Report (BCAL 4605) must be used to report the incident.

### **Child Care Centers**

#### Licensee:

The licensee must report to the department within three business days after he or she has been arraigned for one or more crimes as specified in the Child Care Organizations Act (1973 PA 116). An employee of a center must report to the center within three business days after he or she has been arraigned for one or more crimes.

Within five business days, the licensee should notify the department of the separation of a program director or a central administrator and a plan for replacement of the program director or central administrator.

The licensee should contact the consultant and submit the Request for Modification of the Terms of the License form (BCAL 5054) before making any changes in the terms of the license, including but not limited to, adding use space, changing age groups served, changing program components, changing the capacity of the center, or making changes to a room or well-defined space that will result in a change in capacity of the room or well-defined space. Written approval from the department should be obtained prior to the changes.

#### Program director qualifications; responsibilities:

Before hiring a new program director, the licensee should submit the credentials of the proposed program director to the licensing consultant for review and approval.

The department should be notified when a substitute program director is appointed. A substitute program director may be appointed for a program director who has left employment or has a temporary absence that exceeds 30 consecutive workdays until return or replacement. A substitute program director should at least meet the qualifications of lead caregiver. (continued on page 15)

(continued from page 14)

Incident, accident, injury, illness, death, fire reporting:

A center should make a verbal report to the department within 24 hours of the occurrence of any of the following:

- (a) A child is lost or left unsupervised.
- (b) An incident involving an allegation of inappropriate contact.
- (c) The death of a child in care.
- (d) A fire on the premises of the center that requires the use of fire suppression equipment or results in loss of life or property.
- (e) The center is evacuated for any reason.

Please note: The licensee may call or leave a voice message to their licensing consultant, except for the death of a child. In the event of a child's death, the licensee must speak to a representative of the department.

The center should also submit a written report to the department within 72 hours of the verbal report to the department. The Incident Report (BCAL 4605) must be used to report the incident.

A center should make a verbal report to the department within 24 hours of notification by a parent that a child received medical treatment or was hospitalized for an injury, accident, or medical condition that occurred while the child was in care. The center should also submit a written report to the department within 72 hours of the verbal report to the department. The Incident Report (BCAL 4605) must be used to report the incident.

So, you're reading this article and just realized there's a form called the Request for Modification of the Terms of the License form (BCAL 5054). What is it and do you need it?

A modification request is needed any time a child care home or center plans to make changes, including, but not limited, to the following:

- Capacity,
- Ages served
- Program components, such as adding food service, adding the provision of transportation,

use of space, including when a 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.

All requests must be submitted in writing to your consultant for processing.

It is also recommended that you contact your consultant prior to remodeling or renovating. Your consultant will help ensure you obtain the proper inspections such as an environmental health inspection, a fire safety inspection and/or a lead hazard risk assessment. Your licensing consultant will notify you if these inspections are needed.

If the modification request requires an on-site inspection, the consultant will call and schedule an appointment. The consultant will make a recommendation to either approve or deny the requested change. Please remember that the requested change must be approved **before** it becomes effective.

The Child Care Organizations Act (1973 PA 116) and all child care forms may be found on the Department of Licensing and Regulatory Affairs website: [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).

If you need assistance with licensing rules or have questions regarding your child care program, please contact your licensing consultant. If you don't know who your licensing consultant is or the phone number, you can call the Information Support Unit at 866-685-0006. ◇

## Consultants and Providers – Myth Busters

Jackie Sharkey, Area Manager  
Oakland County

Parts taken from the article **Licensing Can Help! Issue 48** and **The Purpose of Child Care Consultant's Visit Issue 69**

When your licensing consultant is at the door for an onsite inspection, how do you respond? Do you start to panic and feel anxious? Do the following words flash in your mind: It's the child care police? Or, do you feel relaxed and genuinely happy to see your licensing consultant? Do you think: good information, crisis intervention and honest exchange of ideas?

It is the second part above that licensing consultants want you to feel. Child care licensing is one part of a team that is there to help child care providers provide quality care for children and operate a successful business. Licensing inspections should be seen as an opportunity to receive objective feedback about all that is going well and to improve or enhance services to the children and their families. Licensing consultants are there to assure you are meeting minimum standards established by the State of Michigan. The purpose of these standards is to protect the safety of children.

You may ask, "What can the licensing consultant do for me?" You may not realize the educational and professional experiences of licensing consultants. All the licensing consultants have a master's degree in Child Development, Early Childhood Education, Guidance and Counseling or Social Work. Many of them have experience teaching children in a variety of settings. Several have directed child care centers. Others worked with children and families in social work situations.

Licensing consultants are great resources to answer questions you may have. In addition, they may be available to train you and your staff. The fact that they inspect a variety of child care facilities (family homes, group homes and child care centers) means they see many creative ways of handling situations that they can share with you. Your licensing consultant can also send you helpful follow-up materials.

***But I heard that if you call a consultant with a question, they will show up at your facility.***

Consultants will go to a facility if the question involves something that your consultant needs to see in order to answer the question. The consultant will typically schedule a day and time for this.

If the question involves a situation in which you are required to contact your consultant, such as an injury to a child that required medical treatment, a lost or unsupervised child or inappropriate contact between a staff member and a child, the consultant may open an investigation and will make an unannounced onsite inspection. Otherwise, consultants come to your facility for an original, renewal, interim, follow-up or a special investigation inspection as required by Public Act 116 of 1973, as amended (PA 116).

***Consultants must cite providers for something, or they get in trouble.***

Licensing consultants share your goal to have children in quality child care settings. The child care licensing rules are in place for the safety and education of the child care children. When consultants are at your facility conducting an inspection, they may cite rule violations to remind you of the rules that are in place to protect the children as well as your business. When consultants regulate the child care licensing rules, they are required to be thorough. Consultants are thrilled when they can say that no violations occurred.

(continued on page 17)



## **Consultants and Providers** (continued from page 16)

***Consultants cite rules that no other consultant ever told me about before, and it is the first time I have ever heard of the rule.***

There are many rules and statutes, which makes it difficult to remember everything that is in the rule book and PA 116. As a licensee you are responsible for knowing all the rules and statutes. It is a lot of information, so it is very important to review the information on a regular basis and to make sure you ask questions.

A consultant may have not seen that rule violation in previous inspections, so it was not cited or even mentioned in the past. It may seem like it is the first-time hearing about it, but if it is in the rules, it must be followed.

Licensing also has a tool called the technical assistance and consultation manual to assist with coming into compliance with the licensing rules. This manual helps explain the rationale for each rule and answer many questions that licensees have regarding each rule. This manual gets updated periodically as new questions are answered.

You may call, email or text your licensing consultant for any needs you may have. You can also wait for your consultant to come to your facility for an inspection.

***I have been waiting for my consultant to complete my renewal inspection and I have submitted my application and fee, but I have not seen my licensing consultant, and now my license is overdue. Does this mean my license is no longer valid, or it will be closed?***

If you are expecting your consultant because your license is expiring and you submitted a timely application (before the expiration date), your license will remain open, and your consultant will complete the inspection as soon as possible. When the license expires, you will be sent a letter that extends the expiration of the license. Once you receive this letter, you should post it next to your license. In order to make sure your consultant can complete the inspection before your license expires, it is important to submit your application as soon as possible, and at least 45 days prior to your expiration date. If your application is not received by the expira-

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## **Naptime! Who Needs It?**

Erika Bigelow, Area Manager  
Southcentral Region



Naptime and rest time are important times of the day for children as it allows them opportunity for quiet and rest. The time required for napping is often misunderstood by caregivers and parents. It is a common belief that there is a set length of time that children must take naps.

When it comes to nap or rest time, children must be given the opportunity to nap or rest. Children under 18 months must be allowed to sleep on demand. This means that these young children are allowed to sleep whenever they want. For children older than 18 months but under school-age, nap or rest time shall be provided for those children who are in attendance five or more continuous hours. For home providers, children must be allowed to rest or nap, regardless of the age.

Contrary to common beliefs, there is not a set length of time that children must nap or rest and children do not have to sleep. Not all children will fall asleep. Children who don't want to sleep should be provided quiet activities to do, such as coloring or looking at books. The quiet time will still allow children to recharge their batteries for activities yet to come. ◇

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## Background Check Update

More than 80,000 fingerprints have been completed by providers, staff, and adult household members. The backlog of prints pending is very small and expected to be completed in a matter of days. If you have questions or need to get your fingerprints completed, please call the Child Care Background Check Program at 1-844-765-2247.

Child Care Background Check Program web link: <https://miltcpartnership.org/childcareportal>

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

- A link to recalls specific to child care licensing will be available under the Michigan Child Care Matters website at [www.michigan.gov/mccmatters](http://www.michigan.gov/mccmatters).
- 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.