

5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must

describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

Note: When responding to questions in this section, the OCC recognizes that each state/territory identifies and defines its own categories of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below? Check, identify, and describe all that apply, and provide a citation to the licensing rule.

a. Center-based child care.

i. Identify the providers subject to licensing:

MCL 722.111 A facility, other than a private residence, receiving 1 or more children under 13 years of age for care of less than 24 hours a day, where parents or guardians are not immediately available to the child.

ii. Describe the licensing requirements:

A child care center license allows a provider to care or supervise one or more preschool or school age children for care for periods of less than 24 hours a day, where the parents or guardians are not immediately available to the children. It includes a facility that provides care for not less than two consecutive weeks, regardless of the number of hours of care per day.

iii. Provide the citation:

Child Care Organizations Act, MCL 722.111, et seq. (PA 116 as amended in 2018) (public act of Michigan Compiled Laws).

b. Family child care. Describe and provide the citation:

i. Identify the providers subject to licensing:

Family child care is a private residence in which the licensee permanently resides, caring for up to 12 children for periods of less than 24 hours.

ii. Describe the licensing requirements:

A family child care home license allows a provider to care or supervise from one to six minor children in a private home (where the licensee permanently resides as a member of the household) for less than 24 hours a day unattended by a parent or legal guardian. The limit on the number of children at a family home does not include children who are related to an adult member of the family by blood, marriage, or adoption. It includes care to an unrelated minor child for more than four weeks in a calendar year. A group home license allows a provider to care or supervise from seven to twelve minor children in a private home for less than 24 hours a day unattended by a parent or legal guardian. The limit on the number of children does not include children who are related to an adult member of the family by blood, marriage, or adoption. It includes care to an unrelated minor for more than four weeks in a calendar year.

iii. Provide the citation:

Child Care Organizations Act, MCL 722.111, et seq. (PA 116 as amended in 2018).

c. In-home care (care in the child's own) (if applicable):

i. Identify the providers subject to licensing:

ii. Describe the licensing requirements:

iii. Provide the citation:

5.1.2 Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.

a. License-exempt center-based child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

In Michigan there are military and tribal centers who are exempt from licensing because they are located on federal land. They each operate under their own licensing rules and regulations, which include rules to ensure the health and safety of children. For those who also serve Child Care and Development Fund (CCDF) children they are asked to annually self-certify that they meet the health and safety requirements through their own monitoring systems.

ii. Provide the citation to this policy:

Bridges Eligibility Manual (BEM 704) pages 1 and 5

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

For those programs who also serve CCDF children they are asked to self-certify that they meet all of the CCDF health and safety requirements through their own rules, regulations, and monitoring systems.

b. License-exempt family child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

n/a

ii. Provide the citation to this policy:

n/a

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

n/a

c. In-home care (care in the child's own home by a non-relative): Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non-relative) providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.

Prior to providing care, an enrolled license exempt unrelated provider is an adult (18 years or older) who provides care for no more than six children at one time where the child(ren) lives.

ii. Provide the citation to this policy:

BEM 704, page 3

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

License exempt unrelated providers are enrolled by the department and must complete: an application, a phone interview, a 7-hour health and safety training (Great Start to Quality Orientation (GSQO)) prior to providing care, and pass all required criminal history background checks before they are approved to provide care and receive the Child Development and Care (CDC) subsidy reimbursement. In addition, the first health and safety coaching visit is scheduled within 90 days from the start of

care.

5.2 Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

5.2.1 Describe how the state/territory defines the following age classifications. For instance, Infant: 0-18 months.

a. Infant. Describe:

Birth until one year.

b. Toddler. Describe:

One year until 30 months.

c. Preschool. Describe:

30 months until eligible to attend kindergarten.

d. School-Age. Describe:

A child eligible from kindergarten until 13 years old.

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

a) Licensed CCDF center-based care

i. Infant

A. Ratio:

1:4

B. Group size:

12

ii. Toddler

A. Ratio:

1:4

B. Group size:

12

iii. Preschool

A. Ratio:

1:8 for 30 months until three years old. 1:10 for three-year-olds. 1:12 for four-year-olds.

B. Group size:

16 for children 30 months until three years old.

iv. School-age

A. Ratio:

1:18

B. Group size:

The rules state in **R 400.8182(3)(c)-(e)** state "not applicable" for maximum group size for the children over 3 years old.

v. Mixed-Age Groups (if applicable)

A. Ratio:

If mixed-ages, ratio is determined by the youngest child.

B. Group size:

If mixed-ages, group size is determined by the youngest child.

vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.

In Michigan, license exempt child care centers are those programs located on federal/tribal land or on federal land/military. These programs have their own monitoring and licensing rules and determine their own ratio and group sizes.

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

b. Licensed CCDF family child care home providers:

i. Mixed Groups

A. Ratio:

Each caregiver can care for up to 6 children.

B. Group size:

For each member of personnel, not more than 4 children shall be under the age of 30 months, with not more than two of the four children under the age of 18 months.

ii. Infant

A. Ratio:

1:6

B. Group size:

Each caregiver can only have four children under 30 months and of the four, only two children can be 18 months or younger.

iii. Toddler

A. Ratio:

1:6

B. Group size:

Each caregiver can only have four children under 30 months and of the four, only two can be 18 months or younger.

iv. Preschool

A. Ratio:

1:6

B. Group size:

6 for children 30 months until three years old.

v. School-age

A. Ratio:

1:6

B. Group size:

6

vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.

n/a

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

c. Licensed in-home care (care in the child's own home):

i. Mixed Groups (if applicable)

A. Ratio:

n/a

B. Group size:

n/a

ii. Infant (if applicable)

A. Ratio:

n/a

B. Group size:

n/a

iii. Toddler (if applicable)

A. Ratio:

n/a

B. Group size:

n/a

iv. Preschool (if applicable)

A. Ratio:

n/a

B. Group size:

n/a

v. School-age (if applicable)

A. Ratio:

n/a

B. Group size:

n/a

vi. Describe the ratio and group size requirements for license-exempt in-home care.

Ratio 1:6 and group size is 6.

5.2.3 Provide the teacher/caregiver qualifications for each category of care.

a. Licensed Center-Based Care

i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care:

Be at least 19 years old, have a high school diploma or general education degree (GED), infant and toddler teachers are required to have three semester hours or 4.5 continuing education units (CEU) in infant/toddler development within six months of hire and prevention of sudden infant death syndrome and use of safe sleep practices training. All lead teachers are required to have training in prevention of shaken baby syndrome, abusive head trauma, and child maltreatment, and infectious disease training, including immunizations. One of the following is also required: bachelor's degree or higher in early childhood education, child development, or a child-related field; associate degree or higher in early childhood education or child development; Montessori credential with 480 hours experience; valid child development associate credential with 480 hours experience; high school diploma or GED with 12 semester hours and 960 hours experience; high school diploma or GED with a combination of 12 semester hours and/or 18 CEUs to equal 180 clock hours with 1,920 hours

experience; high school diploma or GED with a combination of six semester hours and/or nine CEUs to equal 90 clock hours with 3,840 hours experience. Assistant teacher qualifications: must be at least 18 years old.

ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed:

Early childhood program directors must be at least 21 years of age, have a high school diploma or GED, prevention of infectious disease training, including immunizations; shaken baby syndrome, abusive head trauma, and child maltreatment; recognition and reporting of child abuse and neglect; and must meet one of the following: Bachelor's degree or higher in Early Childhood Education, or Child Development; Bachelor's degree or higher in child related field with 18 semester hours in Early Childhood Education or Child Development with 480 hours of experience; associate degree or higher in early childhood education or child development with 18 semester hours in early childhood or child development with 480 hours experience; Montessori credential with 18 semester hours in Early childhood education or child development with 480 hours of experience; valid child development associate credential with 18 semester hours in early childhood education or child development with 960 hours experience; sixty semester hours with 18 semester hours in early childhood education or child development with 1,920 hours experience. School-age only program directors must be at least 21 years old, have a high school diploma or GED, valid cardiopulmonary resuscitation (CPR) and first aid training, shaken baby syndrome, abusive head trauma, child maltreatment training, prevention of infectious disease including immunization training, blood-borne pathogen training, and one of the following: bachelor's degree or higher in child-related field; associate degree or higher in child-related field with 480 hours experience; Montessori credential with 12 semester hours in child-related field with 480 hours experience; valid Michigan school-age/youth development credential with 12 semester hours in child-related field with 480 hours experience; sixty semester hours with 12 semester hours in child-related field with 720 hours experience; high school diploma/GED with six semester hours in child-related field with 2,880 hours experience.

iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers:

These are set by the tribal program or the military program based on their own

rules/regulations.

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

https://www.michigan.gov/documents/lara/BCAL_PUB_8_3_16_523999_7.pdf; pages 7 & 8.

b. Licensed Family Child Care

i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care:

Licensee must be 18 years or older, have a high school diploma, GED, or the 30-hour alternative training track from MiRegistry; reside in child care home, proof of valid certification of infant/child/adult CPR and first aid, prevention and control of infectious disease training, including immunizations, and attend licensing orientation. They must also have prevention of sudden infant death syndrome and use of safe sleep practices, prevention of shaken baby syndrome, abusive head trauma, and child maltreatment training prior to caring for children.

Child care staff member must be 18 years or older, have valid certification of infant/child/adult CPR and first aid; prevention and control of infectious disease, including immunizations, prevention of sudden infant death syndrome and use of safe sleep practices, prevention of shaken baby syndrome, abusive head trauma, and child maltreatment prior to caring for children.

Child care assistant qualifications: must be 14 years of age or older. Child care assistants under 18 years old shall always work under the supervision of the licensee or childcare staff member at the site where care is being provided. They must also have proof of valid infant/child/adult CPR and first aid certification.

ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:

n/a

iii. If applicable, provide the website link detailing the family child care home provider qualifications:

https://www.michigan.gov/documents/lara/lara_BCAL_PUB-724_0715_494800_7.pdf

c. Regulated or registered In-home Care (care in the child's own home by a non-relative)

i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:

A license exempt unrelated provider must be an adult (18 years or older), provide care for no more than six children at one time, and provide care where the child(ren) lives.

ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:

n/a

5.3 Health and Safety Standards and Training for CCDF Providers

5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(I)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii)). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety standards

for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(l)) identified in questions 5.3.1 - 5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

For licensed child care, before unsupervised contact with children, each licensee, child care staff member and unsupervised volunteer who work directly with children shall complete prevention and control of infectious disease training, including immunizations. At the time of initial attendance, one of the following shall be obtained and kept on file and accessible in the center for children under school-age: (a) a certificate of immunization showing a minimum of one dose of each immunizing agent specified by the Michigan Department of Health and Human Services (MDHHS) and (b) a copy of a waiver addressed to the Department of Health and Human Services and signed by the parent stating immunizations are not being administered due to religious or medical reasons. A center that enrolls a homeless child pursuant to

section 722 of the McKinney-Vento act will not be cited for noncompliance when a homeless child is unable to produce health and immunization records. Regardless of provider assignment, to be eligible for CCDF payments in Michigan, the child's parent must self-certify that the child is up to date on immunizations (shots) or that the child is not up to date based on a medical or religious objection.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Center: Documentation that the child is up to date, in progress, or has a waiver must be on file; Homes: Self-certification that the child is up to date, in progress, or has a waiver.

Health and safety topics are reviewed for license exempt child care providers at the seven-hour GSQO training. License exempt unrelated and license exempt parent-on-site providers must comply with completion of GSQO training and an annual health and safety coaching visit at the location of care in which follow-up information may be provided. Prevention and control of infectious diseases (including immunization) is covered in the training and followed up on at the health and safety coaching visit. The full GSQO training and binder can be found at <http://www.greatstarttoquality.org/great-start-quality-orientation>

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Child care licensing rules (center) R400.8131(4); R 400.8143(3) and (homes) R400.1907(1). BEM 202 (CCDF eligibility including licensed and license exempt).

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

BEM 704; Homes: R 400.1904a(c), R 400.1904b(3)(c); Centers: R 400.8131(4).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed centers and family child care (FCC) homes receive the same training on this topic. The variation is that license exempt providers complete the seven-hour GSQO which includes prevention and control of infectious disease training.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

In 2020, Michigan implemented a required ongoing health and safety refresher course that targets four of the 12 required topics each year. These annual health and safety refresher trainings are required for both licensed and license exempt child care providers and were developed to meet the ongoing health and safety requirement for each of the required topics.

The state communicates any new and updated information through the child care listserv bulletins that are sent out frequently. Licensing also conducts as needed statewide informational web calls for providers to get the most up to date information.

Record of completion of the ongoing health and safety requirement is available in MiRegistry for licensing consultant review, and we have a data exchange to support evidence of license exempt provider completion.

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All child care staff members and child care assistants are required to have prevention of sudden infant death syndrome (SIDS) and the use of safe-sleep practices training before caring for infants and toddlers. Cribs and porta-cribs are required to have firm fitting mattresses with tight fitted sheet. Soft objects, including bumper pads, stuffed toys, blankets, quilts, comforters, or other objects cannot be in the crib with the infant. Blankets cannot be draped over or within reach of the cribs when in use. Infants must be placed on their back to sleep. Infants that cannot easily roll from stomach to back must be placed on their back when found face down. Infants that can roll easily from stomach to their back shall be placed on their back initially, but then allowed to adopt whatever position they prefer to sleep. Infant breathing shall be monitored frequently.

R 400.8188(10 & (11): (10) Toddlers shall rest or sleep alone in cribs, porta-cribs, or on mats or cots. (11) Infants and toddlers who fall asleep in a space that is not approved for sleeping shall be moved to approved.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Centers: (1) All bedding and sleeping equipment must be appropriate for the child, clean, comfortable, safe, and in good repair. (2) Heavy objects that could fall on a child, such as shelving and televisions, must not be above sleeping equipment. (3) A crib or porta-crib must be provided for all infants in care. (4) A crib, porta-crib, cot, or mat, and a sheet or blanket of appropriate size must be provided for all toddlers and preschoolers under 3 years of age in care. (5) A cot or a mat and a sheet or blanket of appropriate size must be provided as follows: (a) For all preschoolers 3 years of age and older in care for 5 or more continuous hours. (b) For any child in care who regularly naps. (c) Upon a parent's request for any child in care. (6) Car seats, infant

seats, swings, bassinets, and play yards are not approved sleeping equipment. (7) Documentation from the child's health care provider is required if a child has a health issue or special need that requires the child to sleep in something other than a crib or porta-crib for infants or toddlers, or cot or mat for toddlers. The documentation must include specific sleeping instructions and time frames for how long the child needs to sleep in this manner, including an end date. (8) Swaddling with a sleep sack swaddle attachment or swaddle wrap is allowed only for infants up to 2 months of age. If a child has a health issue or special need that requires the child use a swaddle attachment or swaddle wrap after the child is 2 months of age, documentation from the health provider is required. The documentation must include specific sleeping instructions and time frames for how long the child needs to sleep in this manner, including an end date. (9) A center shall not use stacking cribs. (10) Cribs and porta-cribs must comply with the federal product safety standards issued by the United States Consumer Product Safety Commission, which are available at no cost at the commission's website, www.cpsc.gov. (11) A crib or porta-crib must have a firm, tight-fitting waterproof mattress. (12) A tightly fitted bottom sheet must cover the crib or porta-crib mattress with no additional padding placed between the sheet and mattress. (13) Soft objects, bumper pads, stuffed toys, blankets, quilts, comforters, and other objects that could smother a child must not be placed in, or within reach of, a crib or porta-crib with a resting or sleeping infant. (14) Blankets must not be draped over cribs or porta-cribs when in use. (15) Cots and mats must be constructed of a fabric or plastic that is easily cleanable. (16) All sleeping equipment and bedding must be washed, rinsed, and sanitized when soiled, between uses by different children, and at least once a week regardless of use by different children. (17) When sleeping equipment and bedding are stored, both of the following apply: (a) Sleeping surfaces shall not come in contact with other sleeping surfaces. (b) Bedding must not come in contact with other bedding. (18) All occupied cribs, porta-cribs, cots, and mats must be placed in such a manner that there is a free and direct means of egress and must be spaced as follows: (a) Cribs and porta-cribs must be at least 2 feet apart. Cribs or porta-cribs with solid-panel ends may be placed end-to-end. (b) Cots and mats must be at least 18 inches apart.

Homes: The licensee shall assure that child care staff members and child care assistants have training that includes information regarding safe sleep practices to prevent sudden infant death syndrome and shaken baby syndrome, abusive head

trauma, and child maltreatment prior to caring for children.

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

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

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

(4) If a child has a health issue or a special need that requires the child sleep in an alternate position or in something other than a crib, porta-crib, or play yard for infants and toddlers, or cot or mat for toddlers, documentation from the child's health care provider is required. The documentation must include specific sleeping instructions and time frames for how long the child needs to sleep in this manner and include an anticipated end date.

(5) Personnel shall maintain supervision and monitor infants' breathing, sleep position, bedding, and possible signs of distress, except as provided in R 400.1922. (6) Video surveillance equipment and baby monitors must not be used in place of subrule (5) of this rule Health and Safety topics are reviewed for license exempt child care providers at the seven-hour orientation training.

License exempt unrelated and license exempt parent-on-site providers must comply with completion of GSQO training and an annual health and safety coaching visit at the location of care in which follow up information may be provided. SIDS and safe sleep practices are covered in the orientation and followed up on at the visit. The full GSQO training and binder can be found at <http://www.greatstarttoquality.org/great-start-quality-orientation>.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Child care center licensing rules R 400.8131(2); 400.8176(6)-(14); R 400.8188(3)-(11). Family and group home licensing rules: R 400.1912(1)-(6). BEM 704 (license exempt).

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

R 400.1905(3)(a).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Centers: before any child care staff member can care for infants and toddlers, they are required to have this training. All child care home licensees, child care staff members, and child care assistants are required to take this training.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Michigan Department of Education (MDE) requires an annual health and safety refresher training course containing updates on this topic. All licensed child care providers and staff are required to take the annual health and safety refresher. License exempt providers must also complete the annual health and safety refresher training.

The state communicates any new and updated information through the child care listserv bulletins that are sent out frequently. Licensing also conducts as needed statewide informational web calls for providers to get the most up to date information.

5.3.3 Administration of medication, consistent with standards for parental consent.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

R 400.8152(3),(4),(5); R 400.1918(3),(4),(5): (3) All medication must be in its original container, stored according to instructions, and clearly labeled for a named child, including all nonprescription topical medications described in subrule (8) of this rule. (4) Prescription medication must have the pharmacy label indicating the physician's name, child's first and last name, instructions, name and strength of the medication, and must be given according to those instructions. (5) A child care staff member shall keep all medication out of the reach of children and shall return it to the child's parent or destroy it when the parent determines it is no longer needed or it has expired.

A licensee or child care staff member shall give or apply medication, prescription or nonprescription, only with prior written permission from a parent.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There is no variation in the standard by category of care between the ages of the children.

Medication administration standards are covered for license exempt child care providers in the seven-hour health and safety orientation training. Standards include: (1) Make sure all medicines (even over the counter) are labeled, kept in the original child-safe container and out of reach of children, (2) Read and follow manufacturer's directions or prescription label for giving medicine, (3) Obtain parent permission and maintain a record of dispensing.

License exempt unrelated and license exempt parent-on-site providers must comply with completion of GSQO training and have an annual health and safety coaching visit at the location of care in which follow up information may be provided. Administration of medication, consistent with standards for parental consent are covered in the GSQO orientation and followed up on at the visit. The full GSQO training and binder can be found at <http://www.greatstarttoquality.org/great-start-quality-orientation>.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers. R 400.8152(2) (centers); R 400.1918(2) (homes); and BEM 704 (license exempt).

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Homes: R 400.1905(4)(b); Centers: R 400.8131(5)(a) for Licensed Exempt providers and BEM 704 for licensed exempt providers.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed centers and FCC homes receive the same training on this topic. No variations between centers and homes. License exempt providers complete the seven-hour GSQO which includes administration of medication training.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

MDE requires an annual health and safety refresher training course containing updates on this topic. All licensed child care providers and staff are required to take the annual health and safety refresher. License exempt providers must also complete the annual health and safety refresher training.

The state communicates any new and updated information through the child care listserv bulletins that are sent out frequently. Licensing also conducts as needed statewide informational web calls for providers to get the most up to date information.

5.3.4 Prevention of and response to emergencies due to food and allergic reactions.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Parents identify (on the child information record) any allergies a child may have. Clear communication between the parent and the provider is necessary for children on special diets. Parents may have to provide food if the facility, after exploring all community resources, is unable to provide the special diet. Facilities are required to 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. Examples of medical conditions that occur while the child is in care and for which the child later receives medical treatment or is hospitalized include, but are not limited to, seizures or a serious allergic reaction. All providers-licensed and license exempt are required to complete training on prevention and response to emergencies due to food and allergic reactions. Training addresses common food allergies, the difference between allergies

and intolerances; symptoms, what to do if an allergic reaction occurs, how to use an epi-pen, and creating a care plan.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

A center shall assure a child with special dietary needs is provided with snacks and meals in accordance with the child's needs and with the instructions from the child's parent or licensed health care provider.

Homes: child care home providers have parents sign a Child in Care Statement/Receipt that addresses any medical conditions the child may have, including allergies.

Health and safety topics are reviewed for license exempt child care providers during the GSQO training. License exempt unrelated and license exempt parent-on-site providers must comply with completion of GSQO training and an annual health and safety coaching visit at the location of care in which follow up information may be provided. Prevention of and response to emergencies due to food and allergic reactions are covered in the GSQO orientation and followed up on at the visit. There are no variations by age. The full GSQO training and binder can be found at <http://www.greatstarttoquality.org/great-start-quality-orientation>.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

. R 400.8158(2); R 400.8330(4) (centers); R 400.1907(1)(a) & (b) (homes); BEM 704 (license exempt).

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

BEM 704 (license exempt). Centers: 400.8131(5)(b); Homes: R 400.1905(4)(c).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no variations in the training. All child care staff members and child care assistants are required to take this training. Licensed centers and FCC homes receive the same training on this topic. No variations between centers and homes. The variation is that license exempt providers complete the seven-hour GSQO for this topic.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

MDE requires an annual health and safety refresher training course containing updates on this topic. All licensed child care providers and staff are required to take the annual health and safety refresher. License exempt providers must also complete the annual health and safety refresher training.

The state communicates any new and updated information through the child care listserv bulletins that are sent out frequently. Licensing also conducts as needed statewide informational web calls for providers to get the most up to date information.

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

The appropriateness, safety, cleanliness, and general adequacy of the premises, including maintenance of adequate fire prevention and health standards to provide for the physical comfort, care, and well-being of the children received. The premises shall be maintained in a clean and safe condition and shall not pose a threat to health or safety.

The outdoor play area must be protected from hazards, when necessary, by a fence or natural barrier that is at least 48 inches in height. A licensee shall ensure that barriers exist to prevent children from gaining access to any swimming pool, drainage ditch, well, natural or constructed pond, or other body of open water located on or adjacent to the property where the child care home is located. These barriers must be a minimum of 4 feet in height and appropriately secured to prevent children from gaining access to such areas.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Center playgrounds must be approved by a certified playground safety inspector.

Homes: The caregiver must ensure that barriers exist to prevent children from gaining access to any swimming pool, drainage ditch, well, natural or constructed pond or other body of open water located on or adjacent to the property where the child care home is located. Such barriers shall be of a minimum of four feet in heights and appropriately secured to prevent children from gaining access to such areas.

There is no variation in the age of children.

Health and safety topics are reviewed for license exempt child care providers at the seven-hour GSQO training. License exempt unrelated and license exempt parent-on-site providers must comply with completion of GSQO training and an annual health and safety coaching visit at the location of care in which follow up information may be provided. Building and physical premises safety, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic are covered in the GSQO orientation and followed up on at the visit. The full GSQO training and binder can be found at <http://www.greatstarttoquality.org/great-start-quality-orientation>.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers. R 400.8380(1) and R 400.8501R 400.8510(3) (centers); R 400.1932(1) and R 400.1942 (homes); BEM 704 (license exempt).

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Homes: R 400.1905(4)(f); Centers: R 400.8131(5)(c), BEM 704 for License exempt providers.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations between centers and homes. Licensed centers and FCC homes receive the same training on this topic. The variation is that license exempt providers complete the seven-hour GSQO which includes administration of medication training.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

MDE requires an annual health and safety refresher training course containing updates on this topic. All licensed child care providers and staff are required to take the annual health and safety refresher. License exempt providers must also complete the annual health and safety refresher training.

The state communicates any new and updated information through the child care listserv bulletins that are sent out frequently. Licensing also conducts as needed statewide informational web calls for providers to get the most up to date information.

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All licensed caregivers, child care staff members and child care assistants, are required to be trained in the prevention of shaken baby, and abusive head trauma before caring for children. Child maltreatment is included as part of recognizing and reporting suspected child abuse or neglect; but is specifically called out in the proposed licensing rules.

Health and safety topics are reviewed for license exempt child care providers at the

seven-hour orientation training. License exempt unrelated and license exempt parent-on-site providers must comply with completion of GSQO training and an annual health and safety coaching visit at the location of care in which follow up information may be provided. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment are covered in the GSQO orientation and followed up on at the visit. The full GSQO training and binder can be found at <http://www.greatstarttoquality.org/great-start-quality-orientation>. In the mandated reporter training, providers are given the Michigan Department of Health and Human Services (formerly DHS) Central Intake: 855-444-3911 number (open 24/7) for reporting suspected child abuse or neglect. They are specifically told they are mandated reporters. Information is shared on the signs of abuse and neglect and providers are encouraged that if they are uncertain if what they are observing is neglect or abuse, to err on the side of caution and make the call. In the health and safety orientation for license exempt providers, they are provided with the mandated reporter guide and there is a short video that addresses this topic.

The providers are aware they are held accountable by being required to report any signs of child abuse, neglect, and child maltreatment. Also, providers are made aware of the discipline rules: (2) All of the following means of punishment are prohibited:

- (a) Hitting, spanking, shaking, biting, pinching, or inflicting other forms of corporal punishment.
- (b) Placing any substances in a child's mouth, including but not limited to, soap, hot sauce, or vinegar.
- (c) Restricting a child's movement by binding or tying him or her.
- (d) Inflicting mental or emotional punishment, such as humiliating, shaming, or threatening a child.
- (e) Depriving a child of meals, snacks, rest, or necessary toilet use.
- (f) Excluding a child from outdoor play or other gross motor activities.
- (g) Excluding a child from daily learning experiences.
- (h) Confining a child in an enclosed area, such as a closet, locked room, box, or similar enclosure.
- (i) Time out must not be used for children under 3 years of age. If a provider hurts a child or violates the discipline rule above, the license could be closed during a suspension for an investigation. If a violation was found, the license would be closed for good and the provider might be put on central registry and go through the court

system for child abuse, neglect, or child mal treatment.

Standards are enforced by annual and unannounced health and safety visits. Provider penalties can include corrective action plans and license suspension or revocation.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Centers: Child care staff members shall have training that includes information about the prevention of sudden infant death syndrome and the use of safe sleep practices before caring for infants and toddlers. All child care staff members who work directly with children shall have training on prevention of shaken baby syndrome, abusive head trauma, and child maltreatment. They must also have training on recognition and reporting child abuse and neglect. (5) A written statement shall be signed and dated by staff and volunteers at the time of hiring or before volunteering indicating all of the following information: The individual is aware that abuse and neglect of children is against the law. (b) The individual has been informed of the center's policies on child abuse and neglect. (c) The individual knows that all staff and volunteers are required by law to immediately report suspected abuse and neglect to children's protective services.

Homes: The caregiver shall assure that assistant caregivers have training that includes information regarding safe sleep practices to prevent sudden infant death syndrome and prevention of shaken baby syndrome, abusive head trauma, and child maltreatment, and recognition and reporting of child abuse and neglect prior to caring for children.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

R 400.8131(3) and - (c) (centers); R 400.1905(3)(b)&(c) (homes); BEM 704 (license exempt).

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

R 400.8131(3) (centers); R 400.1905(3)(c) (homes).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Variations based on the age of children in care: Our current center rules focus the requirement for training on shaken baby syndrome to staff that are caring for infants and toddlers. In the proposed rules, this has been amended to be inclusive of all staff, regardless of the age of children they are serving. No variations between centers and homes. All child care staff members and child care assistants are required to be trained on this topic.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

MDE requires an annual health and safety refresher training course containing updates on this topic. All licensed child care providers and staff are required to take the annual health and safety refresher. License exempt providers must also complete the annual health and safety refresher training.

The state communicates any new and updated information through the child care listserv bulletins that are sent out frequently. Licensing also conducts as needed

statewide informational web calls for providers to get the most up to date information.

5.3.7 Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Emergency procedures.

1. Written procedures for the care of children and staff for each of the following emergencies shall be developed and implemented:

- Fire.
- Tornado.
- Other natural or man-made disasters.
- Serious accident/illness/injury.
- Crisis management including, but not limited to, intruders, active shooters, bomb threats, and other man-caused events.

2. The written procedures shall include all of the following:

- A plan for evacuation.
- A plan for safely moving children to a relocation site.
- A plan for shelter-in-place
- A plan for lockdown
- A plan for contacting parents and reuniting families.
- A plan for how each child with special needs will be accommodated during each type of emergency.
- A plan for how infants and toddlers will be accommodated during each type of emergency.
- A plan for how children with chronic medical conditions will be accommodated during each type of emergency.

- 3. The plans required by subrule (1)(a) to (d) shall be posted in a place visible to staff and parents.**
- 4. The crisis management plan shall be maintained in a place known and easily accessible to staff.**
- 5. A fire drill program consisting of at least 1 fire drill quarterly shall be established and implemented.**
- 6. A tornado drill program consisting of at least 2 tornado drills between the months of April and March through November shall be established and implemented.**
- 7. A written log indicating the date and time of fire and tornado drills shall be kept on file at the center.**
- 8. Each staff member shall be trained at least twice a year on his or her duties and responsibilities for all emergency procedures referenced in subrule (1) and (2) of this rule.**
- 9. If cribs are used in emergency evacuations, then all doors within the means of egress shall be wide enough to readily accommodate the crib evacuation.**

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Centers: R 400.8161(1)-(9)

Homes: R 400.1945(1) - (6).

Emergency procedures. (1) written procedures for the care of children and staff for each of the following emergencies shall be developed and implemented: Fire, tornado, other natural or man-made disasters, serious accident/illness/injury, crisis management including, but not limited to, intruders, active shooters, bomb threats, and other man-caused events. The written procedures shall include all of the following: <http://www.greatstarttoquality.org/great-start-quality-orientation>.

Variations based on age of children: Emergency plans must include provisions to support the specific needs of infants and toddlers and how their needs will be accommodated in each type of emergency.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

R 400.1945 (homes); R 400.8161 (centers); BEM 704 (license exempt).

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Homes: R 400.1905(4)(g); Centers: R 400.8131(5)(d).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations, all licensees, child care staff members, and child care assistants are required to take this training.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

MDE requires an annual health and safety refresher training course containing updates on this topic. All licensed child care providers and staff are required to take the annual health and safety refresher. License exempt providers must also complete the annual health and safety refresher training.

The state communicates any new and updated information through the child care listserv bulletins that are sent out frequently. Licensing also conducts as needed

statewide informational web calls for providers to get the most up to date information.

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Containers of poisonous or toxic materials shall be clearly labeled for easy identification of contents and stored out of reach of children. Health and safety training on this topic includes toxic substances, mistaken identity items and proper disposal of hazardous materials.

A plastic-lined, tightly covered container must be used exclusively for soiled disposable diapers and training pants and diapering supplies. The container must be emptied and sanitized at the end of each day. Soiled cloth diapers must be placed in a plastic lined covered container, wet bag, or other waterproof container, and used only for that child's soiled diapers. All dangerous and hazardous materials or items shall be stored securely and out of the reach of children.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Centers: All child care staff members who work directly with children have 90 days of being hired to complete the hazardous materials training.

Homes: The licensee, child care staff member, and child care assistant shall complete hazardous material training within 90 days of being licensed or hired. All dangerous and hazardous materials or items shall be stored securely and out of the reach of children. Health and Safety topics are reviewed for license exempt child care providers at the seven-hour orientation training.

License exempt unrelated and license exempt parent-on-site providers must comply with completion of GSQO training and an annual health and safety coaching visit at

the location of care in which follow up information may be provided. Handling and storage of hazardous materials and the appropriate disposal of bio- contaminants are covered in the GSQO orientation and followed up on at the visit. The full GSQO training and binder can be found at <http://www.greatstarttoquality.org/great-start-quality-orientation>.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

R 400.8385 R 400.8137(4) & (9); Homes: R 400.1923(2)(g) & (5)(c), R 400.1932(2) BEM 704 (license exempt).

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Centers: R 400.8131(5)(e); Homes: R 400.1905(4)(d), BEM 704 for license exempt providers.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations in training, all licensees, child care staff members, and child care assistants are required to take this training.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

MDE requires an annual health and safety refresher training course containing updates on this topic. All licensed child care providers and staff are required to take the annual health and safety refresher. License exempt providers must also complete the annual health and safety refresher training.

The state communicates any new and updated information through the child care listserv bulletins that are sent out frequently. Licensing also conducts as needed statewide informational web calls for providers to get the most up to date information.

5.3.9 Precautions in transporting children (if applicable).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Before each time a child is transported in a vehicle, parent permission must be on file, unless it is routine transportation (defined as regularly scheduled travel on the same day, at the same time, to the same destination). Child information cards and a first aid kit must be in the vehicle with the child care staff members when transporting children.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Centers: Parent's written permission shall be obtained annually for routine transportation. Parent's written permission for any transportation not considered routine shall be obtained before each trip. Centers that use multifunction school activity buses and school buses to transport children to and from school shall do all of

the following: (a) Contact the department of state police to determine if an annual inspection by the department of state police is required under section 39 of the pupil transportation act, 1990 PA 187, MCL 257.1839. (b) If directed by the department of state police, obtain an annual inspection by the department of state police. A copy of the inspection shall be kept on file at the center. The use of passenger vans with a rated seating capacity of 11 or more, including volunteer vehicles, is prohibited. Motor vehicle seats used by children, staff, and volunteers shall not face sideways. All motor vehicles used to transport children shall carry all of the following safety equipment: (a) Three bidirectional emergency reflective triangles properly cased and securely stored in the motor vehicle. (b) A first aid kit shall be securely stored in an accessible location in the driver compartment. (2) Any motor vehicle with a manufacturer's rated seating capacity of more than 10 occupants used to transport children shall carry both of the following additional safety equipment: (a) Not less than three 15-minute flares or an approved battery-operated substitute properly cased and securely stored in the driver's compartment. (c) Fire extinguisher of dry chemical type rated not less than 2A-10BC mounted in an accessible place in the driver's compartment. The fire extinguisher shall be inspected and maintained in accordance with NFPA-10. The fire extinguisher shall bear a tag indicating the last date of inspection or service and the initials of the person who performed the inspection or service. The ratio of staff/volunteers to children in transit, including children related to the staff member/volunteer, licensee, or driver, shall be based on the following provisions: (a) For infants and toddlers, there shall be 1 staff member/volunteer for 4 children. The child under 36 months of age is transported.

Homes: A vehicle used to transport children in care shall be maintained in a good, safe working condition. The caregiver shall assure that the driver of a vehicle transporting children shall be an adult, have a valid driver's license, valid vehicle registration, and proof of current no fault insurance. The caregiver shall notify the parents when drivers other than caregiving staff are used to transport children. Each child passenger restraint device and each safety belt shall be installed, anchored, and used according to the manufacturer's specifications and shall be maintained in a safe working condition. Each child transported shall remain seated and properly restrained by the passenger restraint device appropriate for his or her age as defined by 1949 PA 300, MCL 257.710d(1), MCL 257.710e(3), (4), and the manufacturer's rated seating capacity. Drivers shall be provided with a copy of the child information card, or

comparable facsimile, for the children being transported in their vehicles. Health and safety training includes child passenger safety guidelines, car seat basics, and loading and unloading children safely. The

driver shall not count in the staff/ volunteer to child ratio. (b) For preschoolers under three years of age, there shall be 1 staff member/volunteer for 8 children. The driver shall not count in the staff/volunteer to child ratio. (c) For 3-year-olds, there shall be 1 staff member/volunteer for 10 children. The driver may count in the staff/volunteer to child ratio. (d) For 4-year-olds, there shall be 1 staff member/volunteer for 12 children. The driver may count in the staff/volunteer to child ratio. (e) For school-agers, there shall be 1 staff member/volunteer for 18 children. The driver may count in the staff/volunteer to child ratio. This requirement does not apply when school-age children are transported to and from school utilizing school transportation or are using public transportation. (f) An additional staff member/volunteer is not required if only one.

Health and Safety topics are reviewed for license exempt child care providers at the seven-hour orientation training. License exempt unrelated and license exempt parent-on-site providers must comply with completion of GSQO training and an annual health and safety coaching visit at the location of care in which follow up information may be provided. Precautions in transporting children (if applicable) are covered in the GSQO orientation and followed up on at the visit. The full GSQO training and binder can be found at <http://www.greatstarttoquality.org/great-start-quality-orientation>.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

R 400.1951(1)-(9) (homes); R 400.8149(1)-(3), R 400.8720(1)-(9) and R 400.8760(1)-(5) (centers); BEM 704 (license exempt).

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Homes: R 400.1905(4)(e); Centers: R 400.8131(5)(f). BEM 704.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations in training, all licensees, child care staff members, and child care assistants are required to take this training.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

MDE requires an annual health and safety refresher training course containing updates on this topic. All licensed child care providers and staff are required to take the annual health and safety refresher. License exempt providers must also complete the annual health and safety refresher training.

The state communicates any new and updated information through the child care listserv bulletins that are sent out frequently. Licensing also conducts as needed statewide informational web calls for providers to get the most up to date information.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

A child care center, group child care home, and family child care home shall have individuals present, as prescribed in the child care licensing regulations, who have current certification in first aid and cardiopulmonary resuscitation obtained through the American Red Cross, the American Heart Association, or an equivalent organization or institution approved by the department. All child care staff members who work directly with children are required to be trained in first aid and pediatric, child, and adult CPR.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Center: PA 116 requires at least one individual present who has valid certification in CPR and First Aid. Licensing rules require all child care staff members who work directly with children shall be trained in CPR and First Aid within 90 days of being hired and at least 50% of the child care staff members must have valid certification in CPR and First Aid.

Homes: The licensee must have valid First Aid and CPR certification before receiving a child care license.

License exempt unrelated and license exempt parent-on-site providers must comply with completion of GSQO training and an annual health and safety coaching visit at the location of care in which follow up information may be provided. License exempt providers are trained in pediatric first aid and CPR as part of their required, seven-hour orientation training. There is no variation based on the age of children in care. The full GSQO training and binder can be found at <http://www.greatstarttoquality.org/great-start-quality-orientation>.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

PA 116 722.112a; R 400.8131(10) (centers); R 400.1902(1)(d); R 400.1904(1)(c)(homes); BEM 704 (license exempt).

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

R 400.8131(10) (centers); R 400.1902(1)(d); R 400.1904(1)(c)(homes) BEM 704.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Homes: Licensee, child care staff member, and child care assistant are required to be certified in CPR/FA.

Centers: All child care staff members are required to be trained in CPR/FA within 90 days of being hired, at least 50% of the child care staff members are required to be certified in CPR and first aid for license issuance and renewals.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

MDE requires an annual health and safety refresher training course containing updates on this topic. All licensed child care providers and staff are required to take the annual health and safety refresher. License exempt providers must also complete the annual health and safety refresher training.

The state communicates any new and updated information through the child care listserv bulletins that are sent out frequently. Licensing also conducts as needed statewide informational web calls for providers to get the most up to date information.

5.3.11 Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All staff and volunteers in licensed child care facilities and homes are responsible for recognizing and reporting any suspected child abuse and/or neglect. They are considered mandated reporters and must comply with section 3 of the child protection law, 1975 PA 238, MCL 722.623. All License Exempt providers are also considered mandated reporters and they are responsible for recognizing and reporting any suspected child abuse.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Centers: (a) The individual is aware that abuse and neglect of children is against the law. (b) The individual has been informed of the center's policies on child abuse and neglect. (c) The individual knows that all staff and volunteers are required by law to immediately report suspected abuse and neglect to children's protective services.

Homes: A written statement signed and dated by the assistant caregiver at the time of hiring indicating all of the following information: (i) The individual is aware that abuse and neglect of children is unlawful. (ii) The individual knows that he or she is mandated by law to report child abuse and neglect. (iii) The individual has received a

copy of the discipline policy.

Health and Safety topics are reviewed for License Exempt child care providers at the GSQO training. License exempt unrelated and license exempt parent-on-site providers must comply with completion of GSQO training and an annual health and safety coaching visit at the location of care in which follow up information may be provided. Recognition and reporting of child abuse and neglect are covered in the GSQO orientation and followed up on at the visit. The full GSQO training and binder can be found at <http://www.greatstarttoquality.org/great-start-quality-orientation>.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers. R 400.8125(5); R 400.1906(1)(g)(i)-(iii) (homes); BEM 704 (license exempt).

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Homes: R 400.1902(1)(e)(i), R 400.1905(3)(b); Centers: R 400.8131(3) BEM 704.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations in training requirements. Licensees, child care staff members, and child care assistants are required to take this training.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

MDE requires an annual health and safety refresher training course containing updates on this topic. All licensed child care providers and staff are required to take the annual health and safety refresher. License exempt providers must also complete the annual health and safety refresher training.

The state communicates any new and updated information through the child care listserv bulletins that are sent out frequently. Licensing also conducts as needed statewide informational web calls for providers to get the most up to date information.

5.3.12 PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

a. PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

i. Please enter 'NA' below

n/a

ii. Please enter 'NA' below

n/a

iii. Please enter 'NA' below

n/a

5.3.12 Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning

(98.44(b)(1)(iii)).

b. Pre-Service and Ongoing Training

i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers

Child development training covers the basic milestones of children through the early childhood years related to physical, cognitive, social, and emotional development. The training is split into two age groups: early childhood and school age. Staff are required to take the training that is appropriate to the age of children in their care. Centers: R 400.8131(5)(g); Homes: R 400.1905(4)(a)

ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Training requirements vary by age group. Early childhood and school age. Staff are required to take the training appropriate to the age of the children in their care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

MDE requires an annual health and safety refresher training course containing updates on this topic. All licensed child care providers and staff are required to take the annual health and safety refresher. License exempt providers must also complete the annual health and safety refresher training.

The state communicates any new and updated information through the child care listserv bulletins that are sent out frequently. Licensing also conducts as needed statewide informational web calls for providers to get the most up to date information.

5.3.13 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):

a. Licensed child care centers:

16

b. License-exempt child care centers:

License exempt parent-on-site providers are required to complete ongoing health and safety training which covers the required health and safety topics. Training is between 2-3 hours annually. Otherwise, tribal providers and those located on military/federal land set their own training requirements.

c. Licensed family child care homes:

A licensee is required to have 10 hours of annual training. A child care staff member and a child care assistant is required to have 5 hours of annual training.

d. License-exempt family child care homes:

n/a

e. Regulated or registered In-home child care:

n/a

f. Non-regulated or registered in-home child care:

License exempt related and unrelated providers are required to complete ongoing health and safety training which covers the required health and safety topics. Training is between 2-3 hours annually. These providers can also take 10 additional annual training hours which gives them a higher pay rate.

5.3.14 In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)

a. Nutrition:

Describe:

Children's nutritional needs are met through providing meals and snacks as required by the minimum meal requirements of the child care food program, as administered by MDE. All child care staff members who work directly with children shall complete 16 clock hours of professional development annually on topics relevant to job responsibilities that include, but are not limited to, any of the following subjects: (b) Health, safety, and nutrition.

R 400.8131(6)(b) (centers and homes); BEM704 (license exempt).

b. Access to physical activity:

Describe:

The daily activity program includes appropriate opportunities for children have a variety of play opportunities indoor and outdoor using small and large muscles. R 400.8170(3) and R 400.8179(2-4(g)) (centers); R 400.1914(2-3(b)) (homes); BEM704 (license exempt).

c. Caring for children with special needs:

Describe:

Caregivers shall work with parents and medical professionals to provide care in accordance with the child's specific individual needs. R 400.8146(3-4); R 400.8161(2)(f); R 400.8179(12); R 400.8330(4) (centers); R400.1914(7); R 400.1945(2)(h) (homes); BEM 704.

d. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)).

Describe:

R 400.8131(6)(a) & (b): All child care staff members who work directly with children shall complete 16 clock hours of professional development annually on topics relevant

to job responsibilities that include, but are not limited to, any of the following subjects:
(a) Child development and learning. (b) Health, safety, and nutrition.

5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards as described in Section 5.3.

Before issuance of the original license, a center license applicant shall comply with applicable child care center administrative rules. To ensure providers comply with all applicable state and local health and safety requirements. Licensing consultants review documents from the providers, inspect the facility, review the inspections from environmental health and fire inspections, and work with the provider on corrective actions.

For license exempt unrelated and license exempt parent-on-site providers, health and safety visit are conducted annually.

b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Training as described in Section 5.3.

During the annual inspections of the center license, the child care consultants review the required training to assure requirements have been met by all applicable staff. Prior to issuance of the original license, child care home applicants must complete the required preservice health and safety training. At all annual inspections, the health and safety training will be reviewed for the licensee, the child care staff member, and the child care

assistant if applicable.

Licensed exempt providers receive notices about the required ongoing training by email, through the on-line billing system, the CDC Handbook, CDC webpage and from their health and safety coach. Each year's training segment must be completed by December 20th of the current calendar year. Reports are generated to inform the CDC office of providers who have completed the training. Providers who have not completed the training by the deadline will be closed through an automated data match. Access to the Michigan ongoing health and safety refresher training and further information can be found at:

https://www.michigan.gov/documents/mde/CDC_Handbook_7-2013_428431_7.pdf,

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

Centers: prior to original license issuance, a child care consultant will review the documentation, environmental health inspection, the fire safety inspection, and the lead hazard risk assessment, an inspection of the facility and required documentation to determine compliance with the rules. Every year following, the consultant will conduct unannounced inspections to assure compliance with the rules and the law.

Homes: Prior to original license issuance, the child care consultant will review the environmental health inspection, the inspection of the flame or fuel fired equipment (water heaters, furnaces, and wood stoves), and the radon test results. The consultant will inspect the home and review the documentation of the licensee. Each year following, the consultant will conduct an unannounced inspection to assure compliance with the rules and law.

License exempt unrelated and license exempt parent-on-site have an unannounced health and safety visit conducted annually as well as an annual health and safety refresher training.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a. Licensed CCDF center-based child care

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

Prior to becoming licensed, programs are required to have environmental health inspections, a lead hazard risk assessment, fire inspection, (exception: if the center is located in a building operating as a school that has been approved by the state fire marshal or similar authority PA 116 of 1973, 722.112 exempts the center from the fire safety rules) inspection by the licensing consultant.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

An annual inspection of a child care organization licensed under this act shall be unannounced and monitors for all child care licensing rules and provisions, including health and safety, unless the department, in its discretion, considers its necessary to schedule an appointment for an inspection.

Due to COVID-19: From 3/19/20 through 7/8/20, portions of annual inspections of child care licensees were conducted off-site; with consultants completing reviews of paperwork, staff credentials, and background checks remotely. Under State law, annual inspections must be completed, and the inspection cycle for each child care licensee varies based on their initial licensure date. With the current rise of COVID-19 cases, and the COVID-related closure of individual child care settings, in-person inspections are not possible for all licensees and remote inspection work will continue to the extent possible. The in-person portion of each inspection is expected to be completed by June 1, 2021.

iii. Identify the frequency of unannounced inspections:

- A. Once a year
- B. More than once a year

Describe:

n/a

iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

The licensing consultant may use the Child Care Center Compliance Records (BCAL 4601) to make notes and observations during the inspection. The licensing consultant will review the following documents during the on-site inspection: medical forms for any assistant caregivers; Tuberculosis (TB) test results for any assistant caregivers (copies of the actual test results are required, if not, documented on the Licensing Medical Clearance Request form); discipline policy; emergency procedures, including floor plan; and proof of required training. Before leaving, the licensing consultant discusses cited rule violations with the applicant. If the child care home is substantially non-compliant or is in violation of specific health and safety rules to assure the provider is in compliance with the health and safety requirements, follow up unannounced inspections may take place as needed. Annual interim inspections include observing caregiving staff during interactions with the children and assuring positive interactions, the daily activity program is appropriate, ratio and capacity rules are followed, diapering procedures and safe sleep practices are followed, smoke detectors still work, and fire extinguishers are current. Training requirements for

ongoing training and professional development are inspected.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

MCL 722.113(h)

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

b. Licensed CCDF family child care home

i. Describe your state/territory's requirements for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards

Licensed family homes are required to have environmental health inspections if they have septic and well, a lead hazard risk assessment, and furnaces, flame producing or heat producing equipment shall be inspected by a licensed contractor for furnace, water heater or mechanical inspector. Family child care homes shall be inspected by a licensing consultant to assure compliance with child care rules prior to receiving a license to care for children. Prelicensure inspections in homes include environmental health inspections if they have septic and well, a lead hazard risk assessment.

Furnaces, flame producing or heat producing equipment shall be inspected by a licensed contractor for furnace, water heater or mechanical inspector. Prior to licensure, a licensing consultant shall inspect the home. The consultant inspects the health and safety of the sleeping/bedding equipment, play equipment (indoor and outdoor), medication storage location and procedures, that firearms are stored appropriately, first aid kit availability, exits, windows, smoke detectors/fire extinguishers, and emergency plans. Training records for training required prior to licensure is inspected.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.

An annual inspection of a child care organizations licensed under Public Act 116 shall be unannounced, unless the department, in its discretion, considers it necessary to schedule an appointment for an inspection.

An announced visit would be used for purposes of viewing specific paperwork or items that had to be fixed from the previous inspection, such as a correction required by fire safety, a lock on a cabinet, paperwork that had to be fixed, etc. Follow up visits for health and safety violations are not announced visits, such as safe sleep, ratio, and capacity violations).

iii. Identify the frequency of unannounced inspections:

- A. Once a year
- B. More than once a year

Describe:

n/a

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

The licensing consultant may use the Child Care Home Checklist (BCAL 4601) to make notes and observations during the inspection. The licensing consultant will review the following documents during the on-site inspection: medical forms for any assistant caregivers; TB test results for any assistant caregivers (copies of the actual

test results are required, if not, documented on the Licensing Medical Clearance Request form); discipline policy; emergency procedures, including floor plan; and proof of required training. Before leaving, the licensing consultant discusses cited rule violations with the applicant. If the child care home is substantially non-compliant or is in violation of specific health and safety rules, follow up unannounced inspections may take place as needed. Annual interim inspections include observing caregiving staff during interactions with the children and assuring positive interactions, the daily activity program is appropriate, ratio and capacity rules are followed, diapering procedures and safe sleep practices are followed, smoke detectors still work, and fire extinguishers **are current. Training requirements for ongoing training and professional development are inspected.**

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

722.113(4) of PA116 of 1973.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

c) Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the child's own home)?

No (Skip to 5.4.3 (a)).

Yes. If yes, answer A-D below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

n/a

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.

n/a

C. Identify the frequency of unannounced inspections:

1. Once a year

2. More than once a year

Describe:

n/a

D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

n/a

E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

n/a

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no

fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

LARA- CCLB - Child Care Licensing.

5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

For License Exempt - Parent-on-site an annual visit is conducted by a contractor for the Lead Agency, which includes a health and safety review, based on the initial health and safety training (GSQO). Initial visits are announced. Ongoing visits are unannounced. During the annual health and safety visit, coaches review a health and safety checklist

for compliance, which covers mandatory health and safety training topics taught in the GSQO training. They also connect the license exempt providers to additional resources and training. Tribal and Military programs complete an annual certification that indicates they conduct annual monitoring visits.

i. Provide the citation(s) for this policy or procedure

BEM 704 page 10, BEM 706 page 14

b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

n/a

i. Provide the citation(s) for this policy or procedure

n/a

5.4.4 Inspections for license-exempt in-home care (care in the child's own home).

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

For License Exempt - Unrelated providers an annual visit is conducted by a contractor for the Lead Agency, which includes a health and safety review, based on the initial health

and safety training (GSQO). Initial visits are announced. Ongoing visits are unannounced. During the annual health and safety visit, coaches review a health and safety checklist for compliance, which covers mandatory health and safety training topics taught in the GSQO training. They also connect the license exempt providers to additional resources and training.

b. Provide the citation(s) for this policy or procedure.

BEM 704, page 10, BEM 706, page 14.

c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

Early Childhood Investment Corporation (ECIC).

5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

All child care licensing consultants have a master's degree in early childhood education, child development, or related field. Upon being hired, all licensing consultants attend a week-long new consultant training that covers PA 116 of 1973, child care center licensing rules, child care family and group home rules, role of a regulator, policies, inspections, required paperwork, disciplinary action for providers, and the database of licensed providers information. All consultants also attend training twice a year to receive updates and policy changes.

b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

New child care licensing staff receive 5 days of training on the requirements in the child care licensing rules, PA116, and policy manual. The health and safety requirements are included in these trainings. To receive current and updated information on the health and safety requirements, as well as other topics relevant to their position, all child care licensing staff attend training twice a year, one full day in the spring, two full days in the fall. All current child care staff must take the specific health and safety training required in the block grant by September 1st of this year and ongoing at hire. Child consultants are required to take the health and safety training that is also required for the child care providers.

c. Provide the citation(s) for this policy or procedure.

https://www.michigan.gov/documents/ChildDayCareConsultant_12391_7.pdf.

5.4.6 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

Michigan's child care licensing system is organized into eight regions with 11 child care licensing consultants in each of the regions. In addition, there are two licensing consultants who "float" between regions as needed to address special investigations or to support pre-licensure and annual monitoring visits. Michigan continues to strive for consultant/provider ratios that meet the needs of all child care providers to assure children are safe and healthy in child care. As part of the performance agreement between Child Care Licensing Bureau (CCLB) and the Department, monthly reports are

received that provide the consultant/provider ratio by region in order to ensure we are maintaining caseloads of at least 1:95.

b. Provide the policy citation and state/territory ratio of licensing inspectors.

Michigan does not have a policy, however, numbers are tracked monthly with facility reports and posted in map format at

https://www.michigan.gov/documents/lara/CDC_AM_coverage_10_30_15_Compatibility_Mode_504522_7.pdf.

In addition, the Department (in coordination with Licensing and Regulatory Affairs (LARA) provides a bi-annual report to the legislature in which we report the consultant/provider ratios.

5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF

services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

a. Components of In-State Background Checks

i. Criminal registry or repository using fingerprints in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

I MCL 722.115c ,MCL 722.115n, MCL 722.115o, and MCL 722.115p.

All other providers eligible to deliver CCDF Services

Citation:

For License Exempt providers, the Federal Authority under 98.43(a)(1)(i) and 98.16(o).

ii. Sex offender registry or repository check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

MCL 722.115d (2) & 722.115g and 722.115r (a).

All other providers eligible to deliver CCDF Services

Citation:

For License Exempt providers, the Federal Authority under 98.43(a)(1)(i) and 98.16(o) is used for conducting the components of the comprehensive background check.

iii. Child abuse and neglect registry and database check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

722.115q.

All other providers eligible to deliver CCDF Services

Citation:

For License Exempt providers, the Federal Authority under 98.43(a)(1)(i) and 98.16(o) is used for conducting the components of the comprehensive background check.

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for

all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services

(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

b. Components of National Background Check

i. FBI Fingerprint Check

Licensed, regulated, or registered child care providers

Citation:

MCL 722.115n

All other providers eligible to deliver CCDF Services

Citation:

For License Exempt providers, the Federal Authority under 98.43(a)(1)(i) and 98.16(o) is used for conducting the components of the comprehensive background check.

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

Licensed, regulated, or registered child care providers

Citation:

MCL 722.115r (a) and federal language

All other providers eligible to deliver CCDF Services

Citation:

For License Exempt providers, the Federal Authority under 98.43(a)(1)(i) and 98.16(o) is used for conducting the components of the comprehensive background check.

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for

all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services

(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

c. Components of Interstate Background Checks

i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

Licensed, regulated, or registered child care providers

Citation:

MCL 722.115n and 722.115r.

All other providers eligible to deliver CCDF Services

Citation:

For License Exempt providers, the Federal Authority under 98.43(a)(1)(i) and 98.16(o) is used for conducting the components of the comprehensive background check.

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.

Licensed, regulated, or registered child care providers

Citation:

MCL 722.115n.

All other providers eligible to deliver CCDF Services

Citation:

For License Exempt providers, the Federal Authority under 98.43(a)(1)(i) and 98.16(o) is used for conducting the components of the comprehensive background check.

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

Note: This is a name-based search

Licensed, regulated, or registered child care providers

Citation:

MCL 722. 115q.

All other providers eligible to deliver CCDF Services

Citation:

For License Exempt providers, the Federal Authority under 98.43(a)(1)(i) and 98.16(o) is used for conducting the components of the comprehensive background check.

5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per Â§ 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in Â§ 98.43(g) and the web site of local lead agencies.

- a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

For licensed providers, Michigan is utilizing a comprehensive background check system referred to as the Child Care Background Check (CCBC) system. This system is operated by the CCLB.

Licensed child care providers are required to log into the CCBC system and enter themselves, all adult members of the household, child care staff, and volunteers with unsupervised access to children. MDE is required to log in into the CCBC system and enter license exempt unrelated and license exempt parent-on-site providers and child care staff. Upon completing an individual profile, a fingerprint appointment is scheduled. Once the individual has been fingerprinted, the scanned result is forwarded electronically to Michigan State Police (MSP), then the Federal Bureau of Investigation (FBI) and then returned to MSP. MSP then checks the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) and provides the response to the department. Once an individual has completed fingerprinting, the CCBC System notifies the analyst that the result has been received. The analyst can then log into a secure system under the authority of MSP to view the result and make an eligibility determination based upon the state and federal fingerprint response.

Next, the analyst will conduct the registry checks which are required. The analyst will also view the profile entered to ensure that all aliases identified via the registry checks, match with aliases submitted to the CCBC system by the applicant and provider. This is crucial because some registry checks are name-based. If an applicant provides false information or omits information in connection with a background check, the applicant shall be made Ineligible for that application and can re-apply submitting to a new fingerprint and registry checks.

In Michigan, the department will check the following:

- Database of individuals with previous disciplinary action within a child care center, group child care home, or family child care home, or an adult foster care facility.
- Conduct a check of Michigan's Public Sex Offender Registry.
- Conduct a check of Michigan's Child Abuse and Neglect registry under Michigan Statewide Automated Child Welfare Information System (MiSACWIS) to determine if the individual has been identified on Central Registry as a perpetrator of child abuse or neglect.

When a licensee and MDE is entering an applicant into the CCBC System, they must indicate, whether the individual has resided outside of the state of Michigan during the past 5 years. If an individual indicated a residency outside of Michigan during the past 5 years, the individual would receive the additional background check components prior to being determined eligible:

- National Sex Offender Public Website (NSOPW).
- Child Abuse and Neglect Registry for any state the individual has lived in during the past 5 years.
- State Criminal History Check for any state the individual has lived in during the past 5 years unless the state is a National Fingerprint File (NFF) state. The department does not do an additional out of state criminal history check for NFF states.

The applicant is sent an additional Information letter informing them that the department needs specific information returned to make an eligibility determination. The letter includes specific instructions detailing requirements such as forms and fees for the state(s) identified. If an applicant fails to submit the information, forms, fees required for completing the out of state criminal history check and/or child abuse/neglect registry check, the applicant will be found Ineligible. The applicant is responsible for any fee(s) necessary to process a required out of state background check component. This includes fees for an additional fingerprint if the state requires another print to process. Applicants

are provided 45 days to complete the out of state paperwork. If an applicant is working with the department actively to complete the necessary steps, they department provides some flexibility to the 45-day requirement. If an applicant submits the out of state background check information well outside of the 45-day time frame, and has not contacted the department, the applicant will be required to submit to a new comprehensive background check including updated fingerprints and updated registry checks.

If an applicant has resided out of the United States within the past 5 years, the applicant is required to additionally provide the equivalent registry checks and criminal history check or sign a self-certifying statement that he or she is not ineligible to receive a license, be an adult member of the household, or to be a child care staff member as prescribe by sections 5q and 5r.

The CCBC unit will maintain copies of out of state background check supporting documentation received for verification that any out of state background checks required were completed.

Finally, any applicant who provides false information or knowingly omits information in the self-certification statement is ineligible for that application under MCL 722.115n. (2).

Note: On occasion, an individual is unable to have a Live Scan fingerprint. The department has had some individuals who are considered medically fragile and are unable to leave the home. These individuals are typically adult household members who are not acting as child caregivers. In such circumstances, the department sends an analyst to the licensee's home to hard card fingerprint the individual. The results are then forward to the fingerprint vendor, MSP and then the FBI. Oftentimes, these fingerprint results take more than 45 days to process because of the poor-quality print. However, the department processes an eligibility determination within 45 days receipt of the results from MSP and the FBI.

Child care provided by specified relatives is exempt from licensing requirements. However, those child care providers and their adult household members are required to undergo statewide pre-enrollment and ongoing background checks, including Internet Criminal History Access Tool (ICHAT), the Offender Tracking Information System (OTIS),

the Public Sex Offender Registry (PSOR), and Michigan's child abuse and neglect Central Registry. These additional steps provide an assurance for health and safety. Because these individuals are related, we work to empower parents to set up safety protocols with those individuals who the children are already around.

Care provided by license exempt unrelated providers must undergo comprehensive background checks, including fingerprinting, as well as an annual health and safety visit at the location of care. In addition, Michigan does not require tribal providers or military programs to be licensed due to the fact that they have their own program requirements and licensing rules to ensure the health and safety of children. For those who also serve CCDF children they are asked to self-certify that they meet the health and safety requirements through their own systems. This policy can be found at <https://dhhs.michigan.gov/OLMWEB/EX/BP/Public/BEM/704.pdf> .

b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

Neither Michigan's lead agency nor child care licensing division charge fees for the processing of comprehensive background checks. Under MCL 722.115n the department of state police may charge the department a fee for a criminal history check required that does not exceed the actual and reasonable cost of conducting the check. The department may pass along to the individual fingerprinted the actual cost of fee charged by the department of MSP, the Federal Bureau of Investigation (FBI) or a vendor approved by the department of state police for performing a criminal history check. Currently, the cost of the fingerprinting for the criminal history check is: \$64.25. The breakdown for this cost is \$30 for the MSP fee, \$13.25 for the FBI fee, and \$21 for Idemia, the state contracted fingerprint vendor. Additionally, Michigan has received funds to assist child care providers with the cost of fingerprinting staff. When Michigan receives these funds, fingerprinting is paid for via a coupon code process.

MSP also the Michigan Public Sex Offender Registry (PSOR). This check does not carry

any fees to process by the department. Individuals requiring placement on an in-state public sex offender registry can be found on PSOR. Additionally, MSP does not charge the department any additional fees for providing the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR). MSP packages up the NCIC NSOR response to the department along with the fingerprint results.

Michigan child care licensing division has access to the MiSACWIS. This is the database in Michigan which houses Central Registry, a list of all individuals identified as a perpetrator of child abuse or neglect requiring placement on a registry. There is no cost passed on to the applicant for the processing this check.

Michigan does require applicants to pay any fees required of another state in order to process the out of state components of the comprehensive background check.

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy:

Michigan allows for prospective staff members to begin working once a staff member has received satisfactory results from their fingerprint check. However, this is only allowed under specific circumstances. First, the department must receive the fingerprint results from the FBI and MSP, with no disqualifying result. These results are returned to the department simultaneously. Secondly, the prospective staff member must be always supervised by an individual who has completed the comprehensive background check and been determined eligible. Provision to work supervised is in MCL 722.115n (8). This provision does not apply to an individual who wishes to move into a child care home. These individuals must complete the comprehensive background check and be determined eligible prior to moving into a licensed home.

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

Licensees are responsible for entering all applicants (licensees, licensee designees, child care staff, adult household members and unsupervised volunteers) into the CCBC System. The individuals are referred to as applicants.

Licensees and licensee designees are also required to enter themselves into the CCBC system.

MDE is responsible for entering all license exempt unrelated and license exempt parent-on-site applicants (staff) into the CCBC System. This excludes license exempt tribal and license exempt military applicants and staff. Michigan does not require tribal providers or military programs to be licensed due to the fact that they have their own program requirements and licensing rules to ensure the health and safety of children. For those who also serve CCDF children they are asked to self-certify that they meet the health and safety requirements through their own systems. This policy can be found at <https://dhhs.michigan.gov/OLMWEB/EX/BP/Public/BEM/704.pdf> .

Every individual entered in the CCBC System and fingerprinted is required to complete a Consent and Disclosure form. This form must be completed accurately by the applicant and includes information as to whether, or not he or she has resided outside of the state of Michigan during the past 5 years. If the applicant indicates previous residency outside of Michigan during the past 5 years, the licensee and MDE will enter the previous addresses, states, and countries in which the applicant has resided. This information is the logged into the CCBC system and viewed by the analyst processing the comprehensive background check.

Upon receipt of the fingerprint results, the CCBC analyst will analyze the MSP and FBI fingerprint responses, which also include the results of the NCIC/NSOR. After completing these three checks, the CCBC analyst will process the additional in state registry checks. The data feed will alert the analyst of any out of state addresses entered in the system for the applicant. The analyst will then complete the following components prior to the applicant being determined eligible:

- National Sex Offender Public Website (NSOPW).
- Child Abuse and Neglect registry for any state the individual has lived in during the past 5 years.
- State criminal history check for any state the individual has lived in during the past 5 years unless the state is a National Fingerprint File (NFF) state. The department

does not do an additional out of state criminal history check for NFF states.

The CCBC analyst mails the applicant an additional information letter informing them that the department requires specific information returned in order to make an eligibility determination. The letter includes specific instructions detailing requirements such as forms and fees for the state(s) identified.

If an applicant fails to submit the required forms, fees or information requested for completing the out of state criminal history check and/or child abuse/neglect registry check, the applicant will be found Ineligible. The applicant is responsible for any fee(s) necessary to process a required out of state background check component. This includes fees for an additional fingerprinting should the state require another print to process.

Applicants are allowed 45 days to complete the out of state paperwork and provide the required documentation to the CCBC Unit. If an applicant is working with the CCBC Unit actively to complete the necessary steps, the department provides some flexibility to the 45-day requirement. If an applicant submits the out of state background check information well outside of the 45-day time frame, and has not contacted the department, the applicant will receive an Ineligible determination.

Should the applicant wish to pursue an eligibility determination outside of the 45 days, a new comprehensive background check including updated fingerprints and updated registry checks may be required.

If an applicant has resided out of the United States within the past 5 years, the applicant is required to additionally provide the equivalent registry checks and criminal history check or sign a self-certifying statement that he or she is not ineligible to receive a license, be an adult member of the household, or to be a child care staff member as prescribe by sections 5q and 5r.

The CCBC unit will maintain copies of documents returned for out of state background checks. This will provide supporting documentation that any out of state background checks required were completed.

Finally, any applicant who provides false information or knowingly omits information shall

be determined ineligible for that application under MCL 722.115n. (2). Examples of providing false information or knowingly omitting information in this scenario are failing to disclose previous names, and or previous states of residency during the past 5 years.

e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

Currently, Michigan does not participate in the federal rap back subscription. Michigan has been in ongoing discussion with the MSP about the potential for Michigan to participate in the FBI Rap Back subscription. In 2018, Michigan included language in PA 116 as Amended under MCL 722.115k (2). This states that when the department of state police can participate with the FBI's automatic notification system similar to the system administered by the department of state police under subsection (1), all fingerprints submitted to the FBI may be stored and retained. When a subsequent criminal arrest fingerprint care submitted into the system matches a set of fingerprints for an individual retained in accordance with the act, the department of state police shall immediately notify the department. The department shall immediately contact the child care organization with which the individual is associated if a conviction results from the arrest. Except for child placing agencies, the criminal history record information shall only be released to the individual to who the criminal history record information pertains.

As MSP does not currently participate in the federal rap back system, a final determination has not been made as to how the department and MSP will conduct the 5-year fingerprinting requirements, nor the NCIC NSOR check. MSP has discussed plans to resubmit the department's current applicants in a batch to the FBI, for a match, storage, and retention into the federal Rap Back subscription. However, it may be determined by MSP and the FBI that individuals who were printed 5 years ago will require an entirely new print.

The department is in the early stages of how to process applicants, which also include license exempt unrelated and license exempt parent-on-site applicants, whose

comprehensive background checks are 5 years old. Michigan will not begin to hit the five-year mark until 03/28/2023.

If Michigan is not able to participate in federal rap back, the CCBC system will have to calculate a date of expiration for 5 years from the completion of the last background check. The CCBC Unit will update the following checks for applicants:

1. Disciplinary Action Database.
2. In-State Child Abuse/Neglect registry check.
3. In-State Michigan State Police Public Sex Offender Registry (PSOR).
4. Out of state registry checks for any applicant who resides outside of the state of Michigan.
5. Out of state registry checks for applicants who have resided outside the state of Michigan since the last Registry checks were completed.
6. Out of state registry checks include:
 1. State Criminal History for Non-NFF states.
 2. Child Abuse and Neglect registry check.

National sex offender public website check.

License exempt tribal providers and military providers receiving CCDF subsidy payments must self-certify they meet all required health and safety requirements through their own monitoring and tribal rules/laws through an annual certification process. Allowing these two provider types to self-certify reflects the fact that they have their own requirements that are in place for the programs, often in addition to state requirements.

Michigan exempts tribal providers, military providers, and care situations with parents on site during the entire time of care from child care licensing. Tribal providers and military providers receiving CCDF subsidy payments must self-certify they meet all required health and safety requirements through their own monitoring and tribal rules/laws through an annual certification process. Allowing these two provider types to self-certify reflects the fact that they have their own requirements that are in place for the programs, often in addition to state requirements.

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

Child care licensees are required under R400.1925 (d) and (e) and R 400.8112 (e) and (f) to accurately complete and maintain the connection, disconnection, or withdrawn status of each individual associated with their license, as well as immediately disconnect

each individual from the system once he or she is no longer a licensee, licensee designee, adult household member, child care staff or unsupervised volunteer.

MDE is responsible to accurately complete and maintain the connection, disconnection, or withdrawn status of license exempt - unrelated and license exempt - parent-on-site applicants and staff from the CCBC System. Background check clearances based on fingerprints remain valid 180 days from the date the provider stops providing child care. An of out of state move voids background check clearances based on fingerprints.

The CCBC System is designed to automatically turn off the rap back notifications, 180 days after an individual is disconnected or withdrawn from all child care facilities. If an individual has had their Rap Back subscription turned off, and is re-entered into the CCBC system, the system will automatically prompt a new fingerprint and a full comprehensive background check is required. If the individual completed out of state criminal history and registry checks and was previously determined eligible, the applicant does not need to repeat the out of state registry checks if they have not moved outside of Michigan since the previous checks were processed. The CCBC Unit maintains an electronic copy of out of state documentation received. However, the applicant would require all in state registry checks to be processed, as those results would be stale.

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

. https://www.michigan.gov/mikidsmatter/0,9220,7-376-87928_88671---,00.html

5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for

employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components
- How the Lead Agency is informed of the results of each background check component
- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.
- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

Procedures can be found at www.michigan.gov/MiKidsmatter. Once an applicant has been fingerprinted, the fingerprint vendor will submit the fingerprints to MSP. MSP will return the results of the state police criminal history record information to the department. The criminal history analyst will review and process the criminal history record information to determine if the individual has any disqualifying criminal convictions from records submitted to MSP.

Child care provided by specified relatives is exempt from licensing requirements. However, those child care providers and their household members are required to undergo statewide pre-enrollment and ongoing background checks, including Internet Criminal History Access Tool (ICHAT), the Offender Tracking Information System (OTIS), the Public Sex Offender Registry (PSOR), and Michigan's child abuse and neglect Central Registry. These additional steps provide an assurance for health and safety. Because these individuals are related, we work to empower parents to set up safety protocols with those individuals who the children are already around. Care provided by license exempt unrelated providers must undergo comprehensive background checks, including fingerprinting, as well as an annual health and safety visit at the location of care. In addition, Michigan does not require tribal providers or military programs to be licensed due to the fact that they have their own program requirements and licensing rules to ensure the health and safety of children. For those who also serve CCDF

children they are asked to self-certify that they meet the health and safety requirements through their own systems.

b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.

The procedure is the same for the FBI fingerprint response. However, MSP packages up the NCIC NSOR response, and enters it into the criminal history record information received. The NCIC NSOR response can be found at the bottom of the MSP response.

c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. (Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state(s) within the previous five years).

Licensees are responsible for entering all applicants (licensees, licensee designees, child care staff, adult household members and unsupervised volunteers) into the CCBC system. The individuals are referred to as applicants. Licensees and licensee designees are also required to enter themselves into the CCBC system.

MDE is responsible for entering all license exempt unrelated and license exempt parent-on-site applicants (staff) into the CCBC System. This excludes license exempt tribal and license exempt military applicants and staff. Michigan does not require tribal providers or military programs to be licensed due to the fact that they have their own program requirements and licensing rules to ensure the health and safety of children. Military and tribal providers have their own oversight agencies, and those oversight agencies certify they have met the health and safety requirements. MDE does an annual recertification process with the oversight agencies and providers. This policy can be found at <https://dhhs.michigan.gov/OLMWEB/EX/BP/Public/BEM/704.pdf>.

Every individual entered in the CCBC system and fingerprinted is required to complete a consent and disclosure form. This form must be completed accurately by the applicant and includes information as to whether, or not he or she has resided outside of the state of Michigan during the past 5 years. If the applicant indicates previous residency outside of Michigan during the past 5 years, the licensee will enter the previous addresses, states, and countries in which the applicant has resided. This information is logged into the CCBC system and viewed by the analyst processing the comprehensive

background check.

Upon receipt of the fingerprint results, the CCBC analyst will analyze the MSP and FBI fingerprint responses, which also include the results of the NCIC/NSOR. After completing these three checks, the CCBC analyst will process the additional in state registry checks. The data feed will alert the analyst of any out of state addresses entered into the system for the applicant. The analyst will then complete the following components prior to the applicant being determined eligible:

- National Sex Offender Public Website (NSOPW).
- Child Abuse and Neglect Registry for any state the individual has lived in during the past 5 years.
- State criminal history check for any state the individual has lived in during the past 5 years unless the state is a National Fingerprint File (NFF) state. The department does not do an additional out of state criminal history check for NFF states.

The CCBC analyst mails the applicant an additional information letter informing them that the department requires specific information returned to make an eligibility determination. The letter includes specific instructions detailing requirements such as forms and fees for the state(s) identified.

If an applicant fails to submit the required forms, fees or information requested for completing the out of state criminal history check and/or child abuse/neglect registry check, the applicant will be found Ineligible. The applicant is responsible for any fee(s) necessary to process a required out of state background check component. This includes fees for an additional fingerprinting should the state require another print to process.

Applicants are allowed 45 days to complete the out of state paperwork and provide the required documentation to the CCBC Unit. If an applicant is working with the CCBC Unit actively to complete the necessary steps, the department provides some flexibility to the 45-day requirement. If an applicant submits the out of state background check information well outside of the 45-day time frame, and has not contacted the department, the applicant will receive an Ineligible determination.

Should the applicant wish to pursue an eligibility determination outside of the 45 days, a new comprehensive background check including updated fingerprints and updated registry checks may be required.

If an applicant has resided out of the United States within the past 5 years, the applicant is required to additionally provide the equivalent registry checks and criminal history check or sign a self-certifying statement that he or she is not ineligible to receive a license, be an adult member of the household, or to be a child care staff member as prescribe by sections 5q and 5r.

The CCBC unit will maintain copies of documents returned for out of state background checks. This will provide supporting documentation that any out of state background checks required were completed.

Finally, any applicant who provides false information or knowingly omits information shall be determined ineligible for that application under MCL 722.115n. (2). Examples of providing false information or knowingly omitting information in this scenario are failing to disclose previous names, and or previous states of residency during the past 5 years.

[d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.](#)

The CCBC unit is required to make an eligibility determination within 45 days. The CCBC unit can process an eligibility determination within 45 days of receiving the fingerprint results from MSP and the FBI. That has been the date that the department has used for beginning the 45-day timeframe. MSP and FBI fingerprint results are returned very quickly to the CCBC unit provided that the individual does not have poor fingerprint quality. The MSP rejection rate of fingerprints is approximately fluctuating between .1 % and .01 %. The FBI fingerprint rejection rate is under .45%. Therefore, most results are received very quickly.

Upon receipt of the fingerprint results, the analysts process the remaining registry checks and criminal history results. Individuals requiring additional information due to residing out of state in the past 5 years, are mailed a letter with specific instructions for forms and fees required to complete the out of state checks. If an applicant does not follow through timely by providing the required forms, fees and information requested, they will be made Ineligible. Applicants who can provide the appropriate documentation within 30 days of being found ineligible, may submit, and be granted a re-determination.

e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

The department has a process for applicants to submit an out of state fingerprint result. This process can be found at www.michigan.gov/ccbc. The process requires a hard card of the fingerprint be submitted to Idemia, the contracted fingerprint vendor for the State of Michigan. Idemia then electronically transmits the fingerprints to MSP to begin processing. Idemia is developing a new platform which will allow individuals in some states to electronically transfer their fingerprints via Idemia to MSP directly. This will improve the fingerprint quality and lead to a reduction in rejected fingerprints. This new platform is in early stages and has not been rolled out to all states.

5.5.4 State designation as a "Compact State" and participation in the National Fingerprint File program.

a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: <https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory a Compact State?

No

Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the

most up-to-date NFF Participation map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory an NFF State?

No

Yes

5.5.5 Procedures for a Lead Agency to Respond to Interstate Background Checks:

a. Interstate Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

Instructions for other states obtaining a response from Michigan can be found at www.michigan.gov/MiKidsmatter.

Neither the lead agency nor CCLB process registry checks for other states as criminal history information for civil purposes can be requested from different departments.

Michigan Criminal History Check:

A Michigan criminal history check can be obtained via the MSP website called Internet Criminal History Access Tool (ICHAT). This is a name-based criminal history check of the MSP. The current cost for running an ICHAT is \$10 per search.

- ICHAT search results are available to view and print online immediately once payment is approved. The results are available that day and for the next seven days; after the seventh day they will be deleted. The results are NOT mailed.
- The search result means that a check of the MSP criminal history file has been completed and is ready to view. It does not mean that a criminal record was or was not found that matched your entry.
- ICHAT reports may not be accepted by all organizations. Check with the agency requiring the background check before paying for an ICHAT search.
- Social security numbers and driver license numbers are not searchable.
- Users must verify their data is correct before submitting it. If a user submits inaccurate data (such as a duplicate search, a misspelled name or wrong gender) they should correct it before checking out of the shopping cart.

To begin an ICHAT search, click [here](#):

Note: All appeals or requests for correction to a MSP criminal history record, must be

addressed with MSP and not the CCLB.

Michigan Public Sex Offender Registry:

The Michigan Public Sex Offender Registry is a free search of individuals listed or required to be listed on Michigan's Public Sex Offender Registry. Click [here](#) to begin a free search.

Michigan Child Abuse & Neglect Registry:

Michigan's Child Abuse and Neglect Registry is maintained by MDHHS. Individuals who have been substantiated as a perpetrator for a Category I or II child abuse or neglect finding are placed on Central Registry.

To obtain a Child Abuse & Neglect Registry Check for an individual who resided in Michigan during the last 5 years, see instructions below under Section IV. Other Out-of-State Entities.

Children's Protective Services program office will conduct Central Registry clearances for any of the following out-of-state entities:

1. Law enforcement agencies conducting a child abuse/neglect investigation.
2. Child welfare agencies conducting a child abuse/neglect investigation.
3. Child (day) care licensing agency.
4. Physician who is treating a child whom the physician suspects may be abused or neglected.
5. Court or grand jury that determines the information is necessary to decide an issue before the court or grand jury.
6. Fatality review team, citizen review panel, or foster care review board for the purposes of meeting the requirements and carrying out the duties of the group.
7. Agency charged with completing child custody/parenting time matters for divorced, separated, or unwed parents (such as Friend of the Court, etc.).
8. Lawyer-guardian ad litem or other attorney for the child or parent(s).
9. A person/entity legally authorized to place a child in protective custody when the person/entity is confronted with a child whom the person/entity reasonably suspects may be abused or neglected, and the information is necessary to determine whether to place the child in protective custody.

Out-of-state entities requesting Central Registry clearances for the above (1-9) reasons must complete the [Central Registry Clearance Request - DHS-1929 form](#).

Mail or fax all requests to:

Michigan Department of Health and Human Services
Children's Protective Services Program

P.O. Box 30037
235 South Grand Ave., Suite 510
Lansing, Michigan 48909
Fax: 517-763-0280
Phone: 517-335-3704

A response will be sent within ten (10) working days indicating whether or not the subject of the inquiry is on the Central Registry.

All appeals and expunction requests will be handled by the Michigan Department of Health and Human Services.

b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

MSP maintains a public sex offender registry. This registry can be accessed at:

https://www.communitynotification.com/cap_main.php?office=55242/

There is no charge to conduct a search of individuals listed on Michigan's Public Sex Offender Registry (PSOR). This website provides access to information needed by other states to verify the requirement of an individual to register on a state sex offender registry. There are individuals required to register on non-public registries that may only be accessed by law enforcement or judicial branches.

c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

States can request a search of Michigan's Central Registry through MDHHS. Central Registry is a database which houses the names of individuals who are currently on a Central Registry as the perpetrator for child abuse or neglect. Currently, individuals are placed on Central Registry if they have a Category I or II substantiation as the

perpetrator of abuse or neglect. On occasion, individuals with a Category III finding of child abuse or neglect may be placed on Central Registry if they are a licensed provider under a child care organization.

Central Registry is a name-based search, so it is imperative that the applicant list all names and aliases when requesting a search.

The Central Registry search requires the applicant to submit a form in writing to the MDHHS. Typically, the turn-around time for a Central Registry check is two to three weeks. Appeals for incorrect information on a Central Registry check are processed through the MDHHS. Individuals seeking an expunction from Central Registry must make also make their request through MDHHS.

5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

Note: The links provided below should be a part of your consumer education website identified in 2.3.11.

a. Interstate Criminal Background Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- viii. Forms
- ix. Fees
- x. Is the state a National Fingerprint File (NFF) state?
- xi. Is the state a National Crime Prevention and Privacy Compact State?
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

[MiKidsMatter - Licensed Providers \(michigan.gov\)](#)

b. Interstate Sex Offender Registry (SOR) Check:

- i. Agency Name

- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- viii Forms
- ix. Fees
- Direct URL/website link to where this information is posted.

Enter direct URL/website link:

https://www.michigan.gov/mikidsmatter/0,9220,7-376-87928_88671---,00.html

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

- i. Agency Name
- ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?
- iii. Address
- iv. Phone Number
- v. Email
- vi. FAX
- vii. Website
- viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- ix. Forms
- x. Fees

xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse and neglect.

xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

[MiKidsMatter - Licensed Providers \(michigan.gov\)](#)

5.5.7 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option) - a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

No

Yes.

If yes, describe other disqualifying crimes and provide the citation:

Michigan added a list of additional crimes which will carry ten-year, seven-year, or five-year exclusions from being eligible to work in a licensed or license exempt childcare program/location. MCL 722.115r (4), (5) and (6) (licensed) and Bridges Eligibility Manual (BEM 705) - license exempt) detail which additional crimes will carry an exclusion and the length of time for each offense. These crimes include some misdemeanors and felonies in the following categories: controlled substances, breaking and entering, computer crimes, embezzlement, extortion and

money laundering, fraud and related crimes, larceny, receiving or concealing stolen property, robbery, and weapons crimes. Some misdemeanor charges were included in categories of mandatory lifetime exclusion categories for felony charges. In addition, Michigan has added one crime which will result in a mandatory lifetime exclusion from child care (human trafficking or involuntary servitude). Michigan does have a crime of Police Officer-Assault, Resist, Obstruct. For this offense, the CCBC analyst will obtain a copy of the police report to determine if an assault occurred, or whether the applicant simply resisted or obstructed.

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

Once an applicant's comprehensive background check has been completed, the CCBC unit sends the licensee and the MDE an email notification to check their CCBC Account for results. In CCBC the licensee and MDE can obtain a finding of "eligible" or "ineligible" for the applicant. The licensee and MDE will also receive a hard copy of the Ineligibility letter in the mail. They will not receive a hard copy of an eligible letter; however, they can print a copy of the eligible letter from the CCBC system.

At the bottom of the licensee's ineligibility letter, it states the following, "*Information is confidential; therefore, the department will not provide any details as to why an individual was found ineligible.*"

The department will not discuss or provide the reason why an individual was found Ineligible to anyone but the applicant the background check was completed on.

Any applicant found ineligible is provided with the reason for their ineligibility via a letter in the mail. Ineligibility reason may include but is not limited to, Failure to Submit Additional Information, Criminal History, Disciplinary Action Registry Check, Criminal History, Child Abuse and Neglect Registry placement. The applicant is informed of which component of the comprehensive background led their Ineligibility. A Re-determination (appeal) form is mailed to the applicant with the ineligibility letter.

Applicants who are found eligible will be notified by the licensee that they were found eligible. The licensee will the "connect" them to their facility via the CCBC System.

Connecting, disconnecting or withdrawing an applicant is the final step in the background check process. It is required under R 400.8112 (2) (e) and (f) as well as R 400.1925 (2)

(e) and (f).

The process for license exempt providers found ineligible for the comprehensive background check is the same. The provider is notified directly. MDE is only notified that the applicant is found ineligible, reason for ineligibility is not shared with MDE. Providers who are found eligible are notified of their approval through Bridges with the DHHS-4481, CDC License Exempt Provider Confirmation form.

c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2-4).

Under MCL 722. 115r (5) an individual is ineligible to be connected with a child care facility if they have been convicted of a felony drug offense, an attempt or conspiracy to commit a felony drug offense, or any other state or federal equivalent, unless 7 years have lapsed since the conviction. Because Michigan excludes for 7 years, a review process is not required.

5.5.8 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal
- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report
- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime

-- The appeals process is completed in a timely manner for any appealing child care staff member

-- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))

-- The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and **may** have different appeal processes than agencies that conduct the state CAN and state SOR checks.

Any applicant found Ineligible is provided with the reason on their ineligibility letter.

ineligibility reason may include but is not limited to:

- Failure to Submit Additional Information,
- Disciplinary Action Registry Check,
- Criminal History,
- Child Abuse and Neglect Registry placement.

In addition to providing the applicant the reason for their ineligibility, a re-determination (appeal) form is mailed with the ineligibility letter.

The individual may request (in writing) a copy of their Criminal History Record Information (CHRI) for the purpose of challenging their record. If an applicant requests of a copy of their CHRI, the request is logged in a secondary dissemination log.

The re-determination process is one way a person can appeal. The redetermination form must be submitted to the CCBC Unit, along with supporting documentation that their findings were incorrect due to an incorrect, expunged, or set aside conviction and/or registry placement.

The second way an individual can appeal is directly with MSP or the FBI. This is when they wish to challenge the accuracy of their criminal history record. As part of this process the applicant is provided with the guidelines for how to appeal their criminal history record with the FBI and MSP if they feel that there is an error. The child care background check staff will review all appeal documents. Based on PA 116 of 1973, the staff will make a recommendation to the director of CCLB. The director will make the final determination based on whether a person is approved based on all the information available.

If an individual is found ineligible based upon a registry check such as a child abuse and neglect registry check or NCIC NSOR, the individual would have to follow up with the appropriate department to correct the record.

License exempt providers who are found ineligible through the statewide pre-enrollment checks (ICHAT, OTIS, PSOR and Central Registry) can request an administrative review to appeal that decision. They would need to provide proof to MDE that the findings were inaccurate or should be overturned.

License exempt unrelated and license exempt parent-on-site providers who are found ineligible through the comprehensive fingerprint checks are notified on the ineligibility letters and they follow the same appeal process as licensed providers.

b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

Any applicant found ineligible due to an interstate criminal history check or registry placement must correct their record, obtain an expunction, or have a conviction set aside in order to be granted a redetermination.

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

Any applicant found ineligible due to interstate child abuse and neglect registry placement must correct their record, obtain an expunction, to be granted a redetermination.

5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

5.6.1 Licensing Requirements (as described in Section 5.1)

- a. Relative providers are exempt from all licensing requirements.
- b. Relative providers are exempt from a portion of licensing requirements.

Describe:

n/a

- c. Relative providers must fully comply with all licensing requirements.

5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)

- a. Relative providers are exempt from all health and safety standard requirements
- b. Relative providers are exempt from a portion of health and safety standard requirements.

Describe:

They are required to participate in GSQO and the annual health and safety refresher training. They are allowed to care for up to six children in their own home. Relative providers and their adult household members are excluded from the comprehensive

FBI fingerprints but are required to complete the state's criminal background checks (ICHAT, PSOR, OTIS and Central Registry).

- c. Relative providers must fully comply with all health and safety standard requirements.

5.6.3 Health and Safety Training (as described in Section 5.3)

- a. Relative providers are exempt from all health and safety training requirements.
- b. Relative providers are exempt from a portion of all health and safety training requirements.

Describe:

n/a

- c. Relative providers must fully comply with all health and safety training requirements.

5.6.4 Monitoring and Enforcement (as described in Section 5.4)

- a. Relative providers are exempt from all monitoring and enforcement requirements.
- b. Relative providers are exempt from a portion of monitoring and enforcement requirements.

Describe:

n/a

- c. Relative providers must fully comply with all monitoring and enforcement requirements.

5.6.5 Background Checks (as described in Section 5.5)

- a. Relative providers are exempt from all background check requirements.
- b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives

must complete:

- i. Criminal registry or repository using fingerprints in the current state of residency
- ii. Sex offender registry or repository in the current state of residency
- iii. Child abuse and neglect registry and database check in the current state of residency
- iv. FBI fingerprint check
- v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
- vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
- vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
- viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.
- c. Relative providers must fully comply with all background check requirements.