

Michigan Child Care Matters

Special Investigations Issue 108

From the Division Director

Spring is almost here! Really! Just ignore the snow except when you are driving. My article is all about the changes to the Child Care Organization Act of 1973. Can you imagine what the original sponsors of this law would think if they could see what has been changed for providers, parents and licensing consultants since 1973? Our latest changes were introduced in February and can be reviewed by clicking on the links to Senate Bills 180, 181, and 182 below. We are being required to change our state laws to meet the requirements of the federal Child Care and Development Act of 2014 (P.L. 113-186).

<http://legislature.mi.gov/doc.aspx?2017-SB-0180>

<http://legislature.mi.gov/doc.aspx?2017-SB-0181>

<http://legislature.mi.gov/doc.aspx?2017-SB-0182>

For clarity, when reviewing these bills:

- As used in sections 3f, 3g, 5e, 5g, 5m to 5s, 11b, 11c, “department” means Department of Licensing and Regulatory Affairs (LARA).
- As used in sections 2c, 2e, 5, 5b, 5c, 5d, 5h, 5i, 5j, 8b, 9, 11a, 14, 14a, 14b, 14c, 14d, 14e, 14f, “department” means Department of Health and Human Services (DHHS).
- As used in sections 2, 2a, 3, 3e, 3h, 4, 5k, 5l, 7a, 7b, 8, 8a, 10, 11, 12, 13, 15, 16, “department” means the department responsible for licensing and regulatory matters of the specific child care organizations addressed in those sections – it could apply to DHHS, LARA, or both.

The confusing part the Child Care Organizations Act is that it includes child placing agencies, child caring institutions, foster homes, and camps, as well as child care. The required federal changes only effect child care so in some areas, requirements for child care had to be moved into their own sections.

I wanted to highlight two of the major proposed changes:

- All child care staff members and unsupervised volunteers, including adult household



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members of child care homes, will need a comprehensive background check, including a FBI fingerprint every 5 years.

- Family child care homes will be licensed instead of registered with a two year license. They will be getting annual visits from licensing consultants – a renewal inspection every other year and an interim inspection in between renewals.

As we determine how the changes to the law and subsequent changes to the licensing rules will be implemented, we will be sending out notices on our child care licensing listserv. To stay informed, subscribe to the department's listserv at www.michigan.gov/michildcare > Stay Connected (on the right) > Sign up for emails from Child Care Licensing.

Mark Jansen
Child Care Licensing Division Director

Special Investigations 101

Catherine Edgar, Licensing Consultant
Genesee County

Adapted from an article in Issue 84 by retired area manager
Kathleen S. Sinnamon



When an allegation that a child care facility is not following the licensing rules or the Child Care Organizations Act (1973 PA 116), a special investigation is initiated. If the allegations are not rule or act related, then there is no basis for a special investigation and it is dismissed.

Once a special investigation is initiated, the consultant may first contact the complainant for additional information. However, in some cases, this is not possible because the complainant is not known. Others who may have knowledge about the allegations, such as caregivers, parents and neighbors, may also be contacted. If the allegations involve specific children, they may be interviewed as a group while at the facility or individually, with parental permission. Sometimes parents refuse to allow their children to be interviewed. In those cases, the parent is asked to interview the child regarding the specific allegations and report back to the consultant.

Typically, an on-site inspection is conducted at the child care facility, and the licensee/registrant is interviewed regarding the allegations. The facility may be inspected and records, policies and procedures reviewed. In some situations, such as allegations

of abuse or neglect of a child, Children's Protective Services (CPS) and/or law enforcement may conduct a joint investigation. See *Special Investigations: Joint Investigations with Children's Protective Services and Law Enforcement* on page 4 for more information regarding joint investigations with CPS.

The consultant has 60 days to investigate the allegations and complete the special investigation report. All reports are reviewed and signed by an area manager and mailed out to the licensee/registrant. If there are no rule or act violations found, the special investigation is closed, and the report does not go on the department's website. This report, however, must go in your licensing notebook.

High Risk Investigations

Complaints involving one or more serious violations are considered a high risk investigation, according to the Child Care Organizations Act (1973 PA 116). Below is a list of allegations that would deem a special investigation a high risk investigation:

- Abuse or neglect is the suspected cause of a child's death.
- Sexual abuse or sexual exploitation.
- Abuse or neglect resulting in severe physical injury to a child. Severe physical injury is an injury to the child that requires medical treatment or hospitalization and that seriously impairs the health or physical well-being of a child.

All high risk special investigations will also be investigated by CPS. When a high risk special investigation is occurring, PA 116 requires registrants/licensees to do all of the following:

- Verbally notify parents of children who were in care at the site at the time the alleged incident occurred that a high risk investigation is being conducted. This verbal notification must occur within 24 hours of becoming aware of the high risk special investigation.
- Provide written notification to parents of children who were in care at the site at the time of the alleged incident occurred that a high risk investigation is being conducted. This written notification must be done within one business day after the verbal notification. Written notification may be by mail, fax or email. The registrant/licensee must keep copies of the written notification provided to each parent in the licensing notebook as verification of compliance with the law.
- If the individual being investigated is still present at the child care facility, oral and written notification must also be given to parents of children who have had contact, or will come into contact, with the individual being investigated. The time frames outlined above apply.

CPS will give the registrant/licensee a copy of the high risk investigation notification requirements. A cover letter for all high risk investigations are posted on the licensing website and must be placed in your licensing notebook.

Having a complaint filed against your facility is never a pleasant experience. The best defense is for you and your staff to know the licensing rules and comply with them at all times. Know all of the paperwork that is required, organize it well, and have it readily available when the consultant arrives. Have a support system of other licensees/registrants that you can turn to with any questions or problems. Also, remember that child care licensing offers both home and center orientations that licensee/registrants can attend as a refresher and receive training hours for. And most importantly, enjoy what you are doing. Children are our most precious gift and they deserve the best care that you can provide. ❖

Special Investigations: Joint Investigations with Children's Protective Services and Law Enforcement

Pamela Walker, Licensing Consultant
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A special investigation is an investigation of allegations or information received indicating possible violation of the Child Care Organizations Act (1973 PA 116) or licensing rules for licensed and registered facilities. The goals of a special investigation are to: 1) ensure the protection of children in child care facilities through determining compliance with the act and the licensing rules for licensed and registered facilities and 2) bring any unlicensed facilities into compliance with the act and the licensing rules. A special investigation is assigned to a child care licensing consultant who determines if a facility is in compliance with the act and licensing rules.

Children's Protective Services (CPS) are program services designed to rectify conditions which threaten the health and safety of children due to the actions or inactions of those responsible for their care. These services include investigation of a child abuse and/or neglect complaint in licensed and registered child care facilities by the CPS-Maltreatment in Care (MIC) unit.

When there are allegations that a child in care was abused or neglected, child care licensing will conduct a joint investigation with CPS-MIC. Child care licensing will assess whether there were any violations of PA 116 or the licensing rules and CPS-MIC will conduct an investigation of the abuse and/neglect allegations. The CPS-MIC investigator will coordinate the investigation with child care licensing and/or law enforcement. Generally, if law enforcement is involved, they will take the lead in joint investigations with CPS-MIC and child care licensing.

Child care licensing, CPS-MIC, and law enforcement approach joint investigations from three very different perspectives:

1. Child care licensing looks for compliance with PA 116 and the licensing rules.
2. Law enforcement looks for a violation of the penal code.
3. CPS-MIC determines whether child abuse and/or neglect occurred under the Child Protection Law (1975 PA 238).

Consequently, a joint investigation involving child care licensing, law enforcement and CPS-MIC may result in differing conclusions. For instance, a CPS-MIC finding of child abuse and/or neglect may or may not result in criminal charges. Likewise, a violation of PA 116 or the licensing rules may not rise to the level of child abuse and/or neglect or criminality. For example, a joint investigation may occur when there are allegations that a child care provider spanked a child in care and left an injury. If the investigation determined that the child was spanked but there were no injuries, CPS-MIC would not find that abuse or neglect occurred, law enforcement would find that no criminality occurred, but child care licensing would find a violation to the child care licensing rules.

If the alleged incident involves child-to-child injury or mistreatment and neither of the minors are serving in a caregiver capacity, the incident is not considered a report of child abuse and/or neglect, unless there is an indication that the caregiver was aware of ongoing child-to-child mistreatment and did not provide appropriate care and supervision. If there is no indication that the caregiver was aware of ongoing child-to-child injury or mistreatment, child care licensing will proceed with a special investigation of possible violations of PA 116 or the licensing rules and may refer the complaint to local law enforcement.

If an allegation of unlicensed/unregistered

child care is received, child care licensing only has the authority to evaluate a violation of PA 116 for providing child care without a license or registration. Child care licensing will refer additional allegations of child abuse and/or neglect and criminality to CPS and/or law enforcement.

If there are allegations of child abuse and/or neglect, expect that multiple entities will conduct an investigation of your facility. These investigations are done jointly to ensure they are coordinated as much as possible and to create as little disruption as possible to providers, families and children. ❖

Mandated Reporter

All child care providers, including all staff and volunteers, are mandated reporters of suspected child abuse or neglect. If you suspect child abuse or neglect, you are required to:

1. Make a verbal report immediately by calling 1-855-444-3911.
2. File a written report within 72 hours.

For more information and to obtain the form for filing a written report, visit www.michigan.gov/mandatedreporter.

Pending Changes to PA 116 Regarding Background Checks

As noted in the article “From the Director” on page 1, changes to the Child Care Organizations Act, PA 116 of 1973, are pending in the legislature. Some of these changes are related to background checks. If enacted, all current child care providers, their staff members, unsupervised volunteers, and adult household members of child care homes, will need a comprehensive background check.

You will need to be re-fingerprinted, even if you were previously fingerprinted:

- For child care licensing (as an applicant, registrant, licensee, licensee designee, or program director).
- Under the School Code to work in a school-based child care center.

You will get notice from Child Care Licensing about how and when to obtain a new background check. **Do NOT** get re-fingerprinted until you receive instructions from licensing.

When Rule Violations are Cited

Erika Bigelow, Area Manager
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If during the course of a special investigation of a child care facility, a licensing consultant finds rule violations, the consultant will request that a corrective action plan be completed. This request is made either while the consultant is at the facility or in the cover letter of the special investigation report (SIR). A corrective action plan, or CAP, is a written document which is prepared, dated and signed by the registrant/licensee/licensee designee addressing each of the following, for each rule cited:

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

Once an acceptable corrective action plan has been submitted, increased monitoring of the facility may be recommended. This involves unannounced on-site inspections to ensure rule compliance and to also assist with rule understanding. Most often this occurs for violations of capacity, ratio, supervision, record keeping, or when multiple violations are cited. A follow-up inspection is always required when there is a safe sleep violation. The licensee/registrant is generally notified of this recommendation at the time of the on-site inspection. It is also noted in the SIR. Once the increased monitoring is completed, a confirming letter is sent which summarizes the findings of those inspections.

Provisional Licenses for Group Child Care Homes and Centers

There are situations in which the consultant recommends that the license be modified to a six month provisional license as a result of the findings of the investigation. An example of such a situation is if the consultant finds

numerous, serious or repeat violations during the investigation. The goal of the provisional period is for licensing to ensure that the licensee understands and has come into compliance with the rules. **Note:** A provisional license is not an option for family child care homes because they are registered, not licensed.

If a provisional license is recommended, the licensee must indicate in writing that the issuance of a provisional license is not contested. The statement indicating this may be part of the CAP or it may be submitted to the consultant as a separate document. If the provisional license is contested, the licensee must notify the consultant in writing that the provisional license is contested. Upon receiving that written statement, the licensing consultant will notify the Disciplinary Action Unit and an administrative hearing will be scheduled. See *Disciplinary Action Unit Overview* on page 8 for more information on the hearing process. Please note that even if the licensee contests the issuance of a provisional license, he/she must still submit an acceptable CAP.

Prior to the expiration of the provisional period, the licensee will submit another application, and most typically another fee. Once the six month period is over, and the application and fee are received, the consultant will go to the facility to complete an inspection. If the consultant finds substantial compliance with the rules, the license is changed back to a regular license, with a two-year expiring period. If the consultant finds that there are still numerous or serious rule violations, the consultant may recommend that the facility be placed on a second or even third provisional license.

The CAP and provisional licenses are one of the many tools licensing consultants can use to ensure that licensees understand and are in compliance with the licensing rules. ❖

Disciplinary Action Overview

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There are times during a special investigation or inspection when licensing determines that an adverse change to the certificate of registration or license status is warranted due to one or more violations of applicable licensing rules or the Child Care Organizations Act (116 PA 1973). When this happens, the licensing consultant recommends a change in the status on either the special investigation report or the licensing study report. The recommendation may be a provisional license (1st, 2nd, 3rd, or 4th; group homes or centers only), refusal to renew, or revocation. In certain cases of imminent harm, a revocation or refusal to renew will accompany an immediate action to summarily suspend the license/registration as allowed under Administrative Procedures Act of 1969.

Similarly, an applicant becomes subject to a disciplinary action if licensing determines that the applicant, a member of their household (in the case of a proposed family/group home) and/or their proposed designee does not meet the minimum standards for registration or licensure. This is a recommendation to deny issuance of the license or certificate of registration.

The Disciplinary Action Unit (DAU) is a unit within the department that handles the cases with a recommendation of a denial of issuance or a change to the status of the certificate of registration or license. An analyst within the unit is assigned to each case and the analyst handles the process.

The DAU will be involved with all recommendations of disciplinary action except when there is a recommendation for a provisional license and the licensee does not appeal the recommendation with a request for an administrative hearing. If there is no appeal, the status of the license will be changed by the local licensing office.

Note: Governmental licensees must agree with any proposed disciplinary action. They are issued an approval under the Child Care Organizations Act (1973 PA 116) and do not have a right to appeal.

The DAU must provide the registrant/licensee due process. Due process ensures the law is followed and protects the licensee's or registrant's rights. Due process has four steps. The steps are:

1. The DAU analyst drafts and sends a Notice of Intent (NOI) document, which is a notice of the action the department intends to take and a notice of facts and conduct which warrant the action. The NOI also outlines the rights and responsibilities related to the intended action.

The licensee or registrant must submit a written appeal of the NOI within the required time frame if in disagreement with the recommendation. If there is no appeal, the intended action will be taken by the department.

2. Accompanying the NOI is a Notice of Compliance Conference. **Exception:** An applicant who has been issued a NOI to deny issuance of a license or registration is not entitled to a compliance conference. Also, if there is a recommendation of summary suspension along with a refusal to renew or revocation, the licensee or registrant is not entitled to a compliance conference.

If the licensee or registrant objects to the violations and submits a timely objection to the intended action, the analyst conducts a compliance conference at which the licensee or registrant is given the opportunity to show compliance with the law and the licensing rules. The compliance conference may be held through a conference call or in person. The

parties who are involved with a compliance conference are the registrant or licensee, the DAU analyst and the licensing consultant. The area manager may also participate, but is not required. The licensee or registrant may also have an attorney present. **Note:** If the licensee or registrant is not in disagreement with the violations, but is only in disagreement with the recommendation of the status change, a compliance conference can be waived, and a request to go directly to an administrative hearing can be made.

The compliance conference could result in an agreement between the parties to resolve the matter without a hearing. The agreement may result in licensing's intended action, a different licensing action allowed by the statutes or no change in the license or registration status.

3. If no agreement is reached at the compliance conference, a hearing will be scheduled. The DAU files the NOI and a Request for Hearing with the Michigan Administrative Hearings System.

4. A Bureau of Hearings administrative law judge conducts a hearing or otherwise disposes of the case by agreement of the parties.

Once the first step of the DAU process is initiated by the department, the next steps will be initiated by the licensee or registrant by appealing the NOI and then requesting an administrative hearing; both must be in writing. Once the case is with the DAU, the licensee or registrant will be provided with the name and phone number of the analyst assigned. The assigned analyst will be available to answer any and all questions throughout the process. ❖

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



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



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



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

A Consultant's Perspective on Special Investigations

Cynthia Jalynski, Licensing Consultant
Oakland County



Most providers have a heartfelt commitment to provide excellent care to children and work hard to achieve it. Understandably, when a licensing consultant shows up and says, "I'm here to investigate a complaint," the first reaction is often one of anger, hurt or disbelief. Insight into the consultant's perspective of this event may make the experience a little less daunting and even help providers avoid actions that trigger or inflame investigations.

The Process

Sometimes when consultants walk through the door, people say, "I was expecting you," then explain how they had recently fired an employee or let a family go because of lack of payment and know who complained. We cannot reveal the complainant's identity and we understand that his or her motives are not always noble or entirely truthful. It's fine to share your perspective on what has led up to the complaint. However, if there is at least one allegation regarding a violation of the rules or act, we need to investigate it.

We are required to come unannounced and complete a thorough investigation no matter how small the concern may seem. We gather information from a variety of sources and weigh it to determine whether the allegation is substantiated—or true, when examined within the context of a specific rule. Even when rule violations are substantiated, it doesn't mean that everything the complainant said is true, only that the information gathered points to a rule violation.

Unlike criminal cases where the offense must be proven beyond a reasonable doubt, our burden of proof is a preponderance of evidence. A preponderance of evidence is found when the evidence of a rule or act violation is of greater weight or more convincing than the evidence offered that a rule or act violation didn't occur. If two people

say something happened and one person says it did not, then there is sufficient evidence to substantiate a violation.

Depending on the nature of the complaint, we may review records, spend time doing observations, and interview staff and parents. Sometimes it may seem like overkill, but we need to take all complaints seriously. Our reports are sometimes later used at court hearings and we need to have the facts to back our findings and recommendations. Small concerns sometimes uncover larger ones. Finally, a thorough investigation increases the odds that complainants will be satisfied that someone has made a diligent effort to address their concern and less likely to file additional complaints with the hope of obtaining a different outcome.

There are several ways in which successful providers respond to complaint investigations. They answer questions honestly with the attitude that, whatever the outcome, they will learn and improve from the experience. When an allegation is true, consultants appreciate walking through the door and hearing a provider admit to the problem and explain what has been done to address it and prevent it from recurring. It means we interview fewer people, often forego interviewing parents, and wrap up the investigation in a single visit.

On the other hand, we sometimes walk into a facility and the provider claims to have no or limited knowledge of a serious concern or despite evidence of a problem, they have done nothing to address the problem. Another cause for a consultant's concern comes when providers do not promptly allow us to enter the building, interview staff or have access to pertinent records. In these cases, it is easy to begin to fear the provider has something to hide. Worse yet is when the reports from those interviewed do not add up or contradict one

another. In cases like these, we often need to interview many people, make multiple visits, and even bring in other agencies. We need to know we have done everything in our power to protect children in an uncertain situation. It will require a longer report with conflicting stories that leaves readers feeling apprehensive about the home or center, at best.

Providers do themselves and others a disservice by being dishonest or failing to admit to known problems. Understandably, this type of response may stem from a need to protect the reputation of the business or fear that parents might remove children from care. In our experience, even under the worst circumstances—such as an allegation of a caregiver hitting a child—the damage is often minimal and the involved child frequently remains in care when the provider is honest with the parents and with us and promptly takes appropriate action to ensure children are safe and to prevent the situation from happening again.

Prevention

Anyone can file a complaint for any reason, but there are ways to reduce this likelihood. Appreciate the importance of managing all concerns and conflict as responsibly and professionally as possible, not just the ones specifically related to licensing rules. When interviewing the complainant, it is often clear that the real reason for the call is something more personal. Money disagreements are a common trigger. Well-written and clearly communicated policies related to things like sick days, snow days and fees, go a long way to avoid potential conflict. Complainants who do not feel they are able to get a fair response from the provider, may turn to us for answers or as a means of retaliation.

A Known Presence

Depending on the child care setting and hours of operation, providers and program directors may not be required to be on site from open to close. Still, being present and available to address parent and child concerns is required

at centers and may prevent problems from escalating in homes as well. Whenever possible, it is a good idea to be present during drop-off and pick-up times—or at least one or the other, for the opportunity to interact with parents. Parents like to see familiar faces, know who is looking after their children, and be assured that someone is always in charge.

The Value of Empathy and Honesty

When parents call us to report a serious accident that occurred or problem encountered, the anger, hurt and disappointment they express stems more from the way the provider handled the situation rather than the negative event itself. Parents say things like, “They didn’t even call to see how Johnny was doing” or “No one would tell me what happened.” They sometimes tell us the blame was shifted to the child or to them—he’s always climbing on things or he’s lying—or suggest the parent is overreacting. These responses are typically unhelpful. When there is a problem, parents want to be able to promptly reach someone who cares about what they have to say. They want their concerns to be validated and to know how the problem is going to be resolved and prevented from recurring. When these needs are not met, they may reach out to a licensing consultant.

In some ways, the answer is simple—do the right thing. Although licensing consultants investigate rule violations, complaints are often triggered by other basic human needs for empathy, security and reassurance of children’s well-being. Taking the time to address staff and parent concerns with professionalism and sensitivity is a worthwhile investment. Nonetheless, despite your best efforts, complaints may still occur. Challenges are inevitable in every business. The question is how you will navigate through them. Use it as an opportunity to build positive relationships with parents and consultants and to find workable solutions that strengthen your business and your ability to provide quality care. ❖

Child and Adult Care Food Program Administrative and Site Reviews

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Consultant, Child and Adult Care Food Program



Child Care providers who participate in the Child and Adult Care Food Program (CACFP) are required to maintain current and accurate records to comply with program requirements. Records must be maintained for three years plus the current fiscal year and be readily available.

The following is a list of common findings identified during administrative and site reviews:

1. Meal attendance forms with missing dates or including only the first name or nickname of the child.

Requirement: The month, day, year, and the specific meals and snacks served are a CACFP requirement for meal attendance. A child must be listed by first and last name.

Best Practice: For centers who utilize Income Eligibility Statements (IES) for Category A (free) and B (reduced) children, it is recommended that the child's name listed on the IES match the meal attendance record.

2. Utilizing daily attendance to reconstruct meal attendance or meal attendance to reconstruct daily attendance.

Completing meal attendance at the beginning or end of the day based on center staff memory, on usual attendance patterns of a child, or at any time other than during meal service is not allowed. Meals claimed without valid Point of Service (POS) meal attendance cannot be claimed and are subject to downward claim amendments.

Requirement: Daily center attendance is required to support claimed meals and snacks. POS meal attendance is a CACFP requirement and must be completed while children are seated at the table and participating in a meal/snack service.

Best Practices: Visibly looking at the child to ensure they are present and mark an X on meal attendance accordingly. You may also call out the child's name for them to indicate if they are present and allow children the opportunity to practice name recognition. Leave the space blank if a child is absent or not participating in the meal service. Double check your meal attendance totals again during the meal service to verify your attendance total and to ensure that you have not left out a child that may have arrived in the middle of the meal service but is still participating in the meal.

3. Meal count sheets that aren't completed properly.

Such as, meal count sheets contain partial and faded slash marks written in pencil or slash marks extending outside of the square causing the meal to be counted twice when totaling the column.

Requirement: Meal count sheets support claimed meals and snacks.

Best Practice: Have a second employee double-check all meal count totals prior to submitting your claim. Use "x" instead of a check mark to ensure the correct square is marked.

4. Insufficient documentation of milk purchases. CACFP regulations require each participant's breakfast, lunch, or supper to include fluid cow's milk. For children, the breakfast meal pattern requires a serving of fluid milk be served as a beverage, poured on cereal or used in part for each. For lunch and supper, the serving of milk must be as a beverage. For children ages 3-5 years, the serving is 3/4 cup, but reviewers often find staff are pouring less than the required serving into cups to avoid spillage and waste. Staff should verify the amount they serve to be sure the correct amount is being served for the age group.

Requirement: Receipts and invoices are reviewed to determine if the amount of milk purchased is sufficient for the number of breakfasts, lunches, and suppers claimed for the review month. If the amount of milk purchased is less than the amount required, corrective action may include disallowing meals claimed, claim amendments and recoupment of reimbursement.

Best Practices: Train staff who are responsible for purchasing milk to turn in all receipts for documenting on the Record of Milk Purchases form. If your center receives donated milk or approved non-dairy beverages, record the type and amount of milk donated and keep donation records with your monthly claim records. If the parent receives WIC, he/she cannot donate milk to the facility. Costs related to your CACFP claim must be supported by receipts/billings each claim month. Receipts/billings must show the date, vendor name, each item, and its price. Summarize costs each month on the "Summary of Costs" form. This is an optional form, but is a great way to keep track of costs each claim month. Use this form to break down your purchases into food, non-food and other costs. Entering each purchase or transaction on this form saves time at the end of the month when compiling claim information.

In addition, the "Record of Milk Purchases" worksheet is another optional form which documents milk purchases each month. It assists in determining how much milk to purchase based on the numbers of meals and snacks served to ensure meal pattern requirements are met. Keep a record of milk receipts/invoices by filling in the date the milk was purchased, the vendor name, and the number of gallons purchased/donated. Keep the completed worksheet with monthly cost documentation for record keeping. Both forms are located on the MDE CACFP website (www.michigan.gov/cacfp) under Forms & Instructions – Independent Centers and Sponsors of Centers.

5. Non-compliance with fluid milk requirements.

Requirements: Fluid milk served in CACFP to participants two years of age and older must be of the fat-free and low-fat (1/2% or 1%) options: milk, lactose reduced milk, lactose free milk, buttermilk, or acidified milk. Milk served must be pasteurized fluid milk that meets Michigan and local standards and may be flavored or unflavored. Whole milk and reduced-fat (2%) milk may not be served to participants over two years of age. Whole milk is required for children age one (between 12-23 months of age).

Best Practice: Reduce added sugars by serving only unflavored milk to children in care.

Information regarding these common findings is being provided to ensure common errors are avoided. Most importantly, these findings need to be prevented to receive full reimbursement, to ensure healthy meals and snacks are provided for children, and to avoid the serious deficiency process. The serious deficiency process may lead to termination and disqualification from the program. Please contact the CACFP at 517-373-7391 for additional assistance. ❖

Changes to the Child Development and Care Time and Attendance Review Process

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Michigan Department of Education



The Child Development and Care (CDC) Time and Attendance review process has changed! In an effort to become more customer-friendly, yet continue to meet our program monitoring requirements, we have revised the CDC Time and Attendance review process. These changes took effect in January 2016. We hope you've noticed some of these changes. Just in case you haven't, they are explained below:

- Providers are randomly selected for Time & Attendance reviews.
- Parent records are only requested if verification of care hours provided by a specific provider is necessary.
- Only two pay periods are requested and reviewed for the initial review. If it is suspected that the provider intentionally overbilled, additional pay periods, up to one year, are requested.
- Providers will be asked to review training modules that should assist with reducing billing errors.

An unintentional or inadvertent error made by a CDC provider who reported incorrect information or failed to report information to the Michigan Department of Education (MDE) is considered a provider error. Provider errors will always trigger a Program Violation Notice (PVN). A PVN is a written notice from MDE detailing the program violation. Providers may receive multiple PVNs versus being disqualified for a suspected Intentional Program Violation.

Suspected Intentional Program Violations go through a thorough review process conducted by MDE's Intentionality Review Team. The purpose of the review is to determine if the action of the provider was intentional. If deemed intentional, a recommendation for disqualification is made and the provider

may be disqualified. If the action is deemed unintentional, the provider is sent a PVN.

It is considered a Provider Intentional Program Violation when the provider is:

- Billing for more hours than a child is actually in attendance.
- Maintaining Time & Attendance records that do not accurately capture the actual attendance of a child
- Billing in such a way that he/she is intentionally receiving higher payments than he/she is entitled to.

Examples of a Provider Intentional Program Violation include:

- Billing for children while they are in school.
- Billing for children who are no longer in care.
- Knowingly billing for children not in care or more hours than children were in care.
- Maintaining records that do not accurately reflect the time children were in care.
- Failing to respond to two or more requests for Time & Attendance records.

It is important that all child care providers who receive the CDC subsidy take the following actions:

- Review the CDC Handbook; it is generally updated quarterly and is available online at www.michigan.gov/childcare.
- Comply with all CDC program guidelines.
- Respond to all Central Reconciliation Unit requests for information.

Call 1-866-990-3227 if you have questions or billing issues. We are here to assist you! ❖

Child Development and Care Program

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

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

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

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

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

Changes to the Child Care Organizations Act

On January 5, 2017 Governor Snyder signed into law changes to the Child Care Organizations Act, PA 116 of 1973. The changes amended Section 15 [MCL 722.125] and effect child care home providers only. These changes officially take effect on April 6, 2017. Please see the memo from the Child Care Licensing Division Director regarding these changes on www.michigan.gov/michildcare-ta > Letters from the Child Care Licensing Director > Child Care Homes - Memo Series 2017-01.

A Providers' Perspective on Special Investigations

Laura Stidham, Licensee Designee
Community Day Care & Pre-school Center Inc.
Washtenaw County



Receiving notice from your licensing consultant that your center is under investigation is probably one of the hardest and most stressful experiences for a child care provider. However, from the perspective of someone who has been through it, the process itself can strengthen your relationship with your center, your staff and your families, and yes, even your licensing consultant.

The most important component to remember when facing an investigation is that you and your licensing consultant are on the same side. Your licensing consultant is there to support you, but most importantly they are there to make sure the children in your care are safe and to help you improve. Remember, you and your licensing consultant BOTH want what's best for children.

So what happens when there is an investigation? Your licensing consultant will complete an on-site inspection and interview you, your staff, and if applicable, parents of the children involved. I found it's important to have all staff involved document in writing what happened: what they saw, actions they took and how the incident occurred, and to do this as soon after the event as possible. Encourage staff to use as much exact language about what they said and what they heard as possible. Your licensing consultant may also conduct an observation of the program; making sure they understand exactly how your center operates.

After documentation and observations, you and your licensing consultant will meet. I know it can be stressful, but remember, this important meeting allows the licensing consultant to gain information, hear all perspectives and understand what happened. This is exactly how we as caregivers solve problems and

resolve issues with children. We listen to all sides, offer suggestions, and help resolve the problem. Through our experience, our licensing consultant made several suggestions and offered feedback that substantially strengthened our program. With our licensing consultant's support, we were able to train staff better, make strategic plans going forward, and ultimately created a better program for the children in our care.

As providers, we have difficult and challenging roles. Not everything that happens in your program is under your control. You rely on your staff to provide loving, supportive care and you offer training and support when needed. You constantly encourage your staff to improve and grow. This too is the role of your licensing consultant. They are there as support and to help create environments for children and caregivers that are healthy, strong and, most importantly, safe. Your consultant can be an effective and reliable partner in caring for the families we serve. ❖

Renewal Inspections for Family Child Care Homes

Family Child Care Homes Only: The Child Care Organizations Act (116 PA 1973) requires licensing to conduct on-site renewal inspections on at least 10% of the registered family child care homes in each county. Due to requirements of the Child Care and Development Act of 2014 (P.L. 113-186) that go into effect in 2017, beginning January 2017, licensing will conduct an on-site renewal inspection on 100% of family homes prior to renewing the registration.

If you have any questions, please contact your licensing consultant.

Injury, Accident, Illness, Death, and Fire Reporting

Thanh Biehl, Licensing Consultant
Livingston County



When an injury, accident, illness, death, or fire occurs at a child care home or center, licensing requires providers to make a verbal report to the department within 24 hours, and submit a written report within 72 hours. The information obtained allows the department to determine if an investigation is warranted based on the circumstances of the incident.

Child Care Centers

Centers must report the following incidents:

1. A child is lost or left unsupervised. Some examples of when a child is considered lost or unsupervised are:

- When returning from a field trip and it is discovered that a child is missing.
- When the child leaves the building unnoticed.
- When a child is found unattended separate from his or her group.
- When a child is left outside or on the bus.

2. An incident involving an allegation of inappropriate contact. Some examples of an incident involving an allegation of inappropriate contact are:

- Alleged sexual contact between children or a child and a staff member or volunteer.
- Physical discipline of a child by a staff member or volunteer.

3. The death of a child in care.

4. A fire on the premises that requires the use of fire suppression equipment or results in loss of life or property.

5. The center is evacuated for any reason. The center does not have to report when the center is evacuated for a routinely scheduled drill, such as a fire drill.

6. If a child received medical treatment or was hospitalized for an injury, accident, or medical condition that occurred while the child was in care. A medical condition that occurs while the child is in care does not include common illnesses, such as strep throat, ear infections, colds, or the flu. 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.
- A serious allergic reaction.
- Treatment for an injury that occurred at the center. This must be reported, even if the injury occurred several days prior to the child receiving treatment.

Child Care Homes

The caregiver must report a serious injury, accident, illness, or medical condition of a child, occurring while a child is in care, which results in emergency medical treatment or hospitalization at a health facility, or which results in a death. Any injury that occurs at the child care home that later receives emergency medical treatment must be reported. Any medical care received as a result of an accident or injury is considered emergency medical care.

Any fire that occurs in the child care home that results in the loss of property or personal injury, including fires that occur during non-child care hours, must also be reported to the department.

Child care centers and homes may call or leave a voice message to their licensing consultant with the details of the report, except for the death of a child. In the event of a child's death, the caregiver must speak to a representative of the department.

The Incident Report (BCAL-4605) must be used for the written report. This form is available on the department's website at www.michigan.gov/michildcare-forms.

If you are in doubt whether you need to contact the department, contact your licensing consultant. ❖

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

These recalls have been added since Issue 107 (Winter 2016):

- Little Tikes recalls toddler swings due to fall hazard.
- Britax recalls strollers due to fall hazard.
- Aria Child recalls strollers due to laceration and fall hazards.
- Playworld recalls stainless steel playground slides due to amputation hazard.
- Baby bath seats/chairs recalled due to drowning hazard; made by Lexibook.

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

Online Applications for Child Care Licensing

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

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

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

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Michigan Child Care Matters

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