

Let's Keep It Healthy

**Policies and Procedures for a
Safe and Healthy Environment**

**BUREAU OF
COMMUNITY AND HEALTH SYSTEMS**

CHILD CARE LICENSING DIVISION

www.michigan.gov/michildcare



It is very common for children and adults to become ill in a child care setting. There are a number of steps child care providers and staff can take to provide a safe and healthy environment and prevent or reduce the incidents of illness among children and adults in the child care setting.

Hand Washing Procedures

Washing your hands is one of the easiest and best ways to prevent the spread of germs and diseases. Hands should be washed *frequently* including after diapering, toileting, caring for an ill child, coming into contact with bodily fluids (such as nose wiping), before feeding, eating and handling food, and any time hands are soiled. It is also important that children's hands be washed *frequently* as well. Refer to the licensing rules for when hand washing is required for caregivers and children. The following are not approved substitutes for soap and running water: hand sanitizers, water basins and pre-moistened cleansing wipes. Hand sanitizer may be used to supplement hand washing.

General hand washing procedure includes the following steps:

- Wet hands under warm running water.
- Apply soap.
- Vigorously rub hands together for at least 20 seconds to lather all surfaces of the hands. Pay special attention to cleaning under fingernails and thumbs.
- Thoroughly rinse hands under warm running water.
- Dry hands using a single-use disposable towel or an air dryer.
- Turn off the faucet with the disposable towel, your wrists or the backs of your hands.



A quick pass under the faucet to dampen hands is not an effective way to wash hands.

Maintain a Sanitary Setting

It is important to maintain a sanitary setting to prevent the spread of germs and illnesses. There are many items and surfaces in a child care setting that must be cleaned and sanitized.

Cleaning and Sanitizing

To clean and sanitize means to wash vigorously with soap and water, rinse with clean water, and wipe or spray the surface with a sanitizing solution. The surface should air dry for at least two minutes.

Examples of sanitizing solutions include but are not limited to:

- Water and non-scented chlorine bleach with a concentration of bleach between 50 – 200 parts per million (one teaspoon to one tablespoon of bleach per gallon of water). This solution must be made fresh daily.
- Commercial sanitizers (products labeled as a sanitizer purchased at a store). Caution should be exercised to assure they are used according to the manufacturer's instructions.

Note: When sanitizing toys and other items children may put in their mouths, including cots and mats:

- The bleach used must have an Environmental Protection Agency (EPA) number indicating an approval for food sanitizing.
- Commercial sanitizers used must specify on the label that they are safe for food contact surfaces.

Remember that any cleaning, sanitizing or disinfecting product must always be safely stored out of reach of children. All sanitizers must be used in a manner consistent with their labeling. If, after reading a label, you question its use, guidance is available from the National Antimicrobial Information Network at 1-800-621-8431 or npic@ace.orst.edu or from the National Pesticide Information Center at 1-800-858-7378.

Caregivers are encouraged to use separate spray bottles containing soapy water, rinse water and a sanitizing solution.

Maintenance of the Environment, Toys and Equipment

It is important to maintain a healthy environment and to keep toys and equipment clean and sanitary. Develop a cleaning schedule to ensure everything is cleaned at regular intervals. You can also implement a checklist for keeping track of what is washed, by whom and when.



Clean and sanitize equipment and toys that are mouthed by a child before they are handled by another child. A good practice is to have a container available and place any mouthed toys or equipment in it immediately to be cleaned and sanitized at a later time, but before they are used again. Toys used by infants and toddlers should be cleaned and sanitized daily. Clean and sanitize all other toys and surfaces when visibly dirty or contaminated with vomit, feces, urine, nasal discharge, etc.

For absorbent items (e.g., stuffed toys, dress-up clothes):

- Use only stuffed toys and dress-up clothing that can be laundered.

- Launder items such as stuffed toys and cloth books used by infants at least weekly and launder dress-up clothes and stuffed toys every two weeks for toddlers and preschoolers. Also, launder when visibly dirty or contaminated with vomit, feces, urine, or other bodily discharges.

When children are resting and playing on floors, extra precautions need to be taken as follows:

- Vacuum or sweep floors daily.
- Wash hard-surface floors at least weekly.
- Clean carpeting at least quarterly by the extraction method.
- Spot clean the floor immediately when an area is visibly dirty or contaminated with vomit, feces or urine.

Maintenance of Sleeping Equipment - Beds, Cots, Mats, Blankets, Sheets, Pillows

All bedding used in a child care center or home must be in accordance with the U.S. Consumer Product Safety Commission (www.cpsc.gov) standards and must be of appropriate size for the child using the equipment. It needs to be clean, comfortable, safe, and in good repair.

Infants (birth until 1 year old) in a child care center or home must rest or sleep in an approved crib or porta-crib with a firm, tight-fitting mattress with a waterproof, washable covering and a tightly fitted bottom sheet. No other bedding may be placed with or under a resting or sleeping infant. Note: Child care homes can use a play yard, such as a Pack n' Play®, when the manufacturer indicates that the play yard can be used for sleeping and the child using the play yard for sleeping cannot climb out of it and is less than 35 inches in height.

In a child care home, children between 1 and 2 years old must be provided with a crib, porta-crib, mat, or cot. Children over 2 must have an individual, age appropriate, clean, comfortable, and safe place to sleep or rest. The floor may be used only when padded, warm, and free from drafts and when there is a mat, sleeping bag, blanket, or similar piece of bedding between the floor and the child.

In a child care center, children between 1 and 3 years old must be provided with a crib, porta-crib, fabric or plastic cot or mat, and a sheet or blanket of appropriate size. A cot or a mat and a sheet or blanket of appropriate size must be provided for children 3 and older in care for five or more continuous hours, for any child who regularly naps or upon a parent's request for any child in care.

It is recommended that you assign each child his/her own separate sleeping area or cot/mat with individual bedding as well as a separate storage container or space for blankets, pillows, etc. Germs can be easily spread when contaminated sleeping supplies come into contact with each other.

To maintain sleeping equipment:

- The bedding and sleeping equipment must be cleaned and sanitized before being used by different children.
- The bedding must be cleaned and sanitized when soiled or weekly at a minimum.
- When sleeping equipment and bedding are stored, sleeping surfaces must not come in contact with other sleeping surfaces or with other bedding.



Note: Laundering bedding in hot water and detergent cleans and sanitizes the items.

Laundered bedding items should be protected from contamination by being properly stored, such as in closet, on a shelf or in a drawer. Do not store items on the floor.

Diapering and Toileting

When thinking of diapering, one of the first things that comes to mind is proper hygiene. Understanding the importance of proper hygiene, sanitation and safety needs is essential for a child's well-being. With careful planning, caregivers can ensure proper hygiene and reduce the spread of germs, diseases and contamination.

Changing areas and food preparation areas must be physically separated to prevent the transmission of disease. The changing pad must have a non-absorbent, smooth, easily sanitized surface. Changing pads and surfaces of the changing table must be checked regularly for tears and cracks or designs where dirt, germs or bacteria can collect. It is unacceptable to use tape to repair cracks or tears. The changing pad must be replaced when needed.

Child Care Homes

Diapering a child must only occur in designated changing areas with access to a hand washing sink that is not used for food preparation. The designated changing area must not be used by children for activities. A changing table is considered a designated changing area even when located in a child use space. Using a changing pad on top of a large vinyl/plastic surface (shower curtain, table cloth, lid from a large plastic container, etc.) on a surface such as a couch, bed, carpeted floor, etc. in a non-child use space is also acceptable.

Child Care Centers

Diapering children must only occur in designated changing areas with a sink within close proximity that is only used for hand washing. Sinks used in the preparation, serving and cleanup of food and bottles must not be used for hand washing. Diapering

must not be done on any sleep surfaces or on the floor. Children 1 year old and older may be changed in the bathroom standing up or on a changing surface placed on the floor. Both the changing surface and the floor must be non-absorbent and easily cleaned and sanitized.

Diapering Procedures

- Be Prepared: Gather all needed supplies. Diapering supplies must be placed within easy reach of the caregiver during diapering, yet be inaccessible to children.
- Remove soiled diaper and set aside on diapering surface. Always keep one hand on the child while he/she is on the table. The child should always be seated or lying down during diaper changes.
- Use a wipe to clean the genital area front to back. Only single use disposable wipes or other single use cleaning cloths may be used to clean a child during the diapering or toileting process. Do not reuse wipes. Place wipe with the soiled diaper. This is the time to notice any rash or reddened areas.
- Diaper ointment provided by the parent may be applied as directed with written permission.
- Remove gloves, if wearing them, and set them aside.
- Place a clean diaper on the child.
- Wash the child's hands with soap and warm running water.
- Fold the soiled diaper, wipes and gloves together and discard in a plastic-lined, tightly covered container exclusively for disposable diapers and diapering supplies. This container must be emptied and sanitized at the end of each day.
- Clean and sanitize the changing surface and let air dry or wipe dry after two minutes. The diaper-changing surface must be cleaned and sanitized after each diaper change, even when disposable paper liners are used. If disposable changing pads are used, then they must be discarded after each diapering.
- The caregiver must thoroughly wash his or her hands with soap and warm water after each diapering.
- Centers must record the diaper change in the child's daily log.



Note: If the changing surface is elevated, it must be protected with a raised edge to prevent children from falling.

It is important to remember to never leave a child unattended when diapering! If an emergency arises, the caregiver should put the child on the floor, in a crib or take the child with him or her. Caregivers should not turn away or move away from the child for any reason while the child is on the changing table.

Disposable Gloves

The use of disposable gloves during diapering does not eliminate the need for hand washing. The use of gloves is not required during diapering. However, if gloves are used, caregivers must still wash their hands after each diaper change to prevent the spread of disease-causing agents. Also, disposable gloves should only be used once for a specific child and be removed and disposed of in a safe and sanitary manner immediately after each diaper change. There are several ways gloves can be removed to prevent the spread of germs. One example is:



- Partially remove the first glove by pinching glove at the wrist, being careful to only touch the glove's outside surface.
- Pull glove toward the fingertips without completely removing it until the glove is inside out.
- Remove the second glove by pinching the exterior at the wrist with the partially gloved hand.
- Pull the second glove toward the fingertips until it is inside out, then remove it completely.
- Finish removing both gloves with your free hand, touching only the clean interior surfaces of the glove.
- Discard the gloves with the diaper and wipes in a covered diaper disposal container.

Example 2:

- Remove each glove carefully. Grab the first glove at the palm and strip the glove off. Touch dirty surfaces only to dirty surfaces.
- Ball up the dirty glove in the palm of the other gloved hand.
- Using your clean hand, strip the glove off from underneath at the wrist, turning the glove inside out. Touch dirty surfaces to dirty surfaces only.
- Discard the dirty gloves with the diaper and wipes in a covered diaper disposal container.

Cloth Diapers

When changing cloth diapers in centers:

1. Each cloth diaper must be covered with an outer waterproof covering. The cloth diaper and waterproof cover must be removed as a singular unit at each diaper change.
2. The center must not reuse the cloth diaper or outer cover until it is cleaned and sanitized at the child's home.
3. Soiled cloth diapers must be placed in a plastic-lined, covered container provided by the parent and must be used only for that child's soiled diapers.
4. Soiled cloth diapers must be stored and handled in a manner which does not contaminate any other child contact items and must be kept inaccessible to children.
5. Soiled cloth diapers must be removed from the facility each day by child's parent.
6. A child's supply of clean cloth diapers must only be used for that child.

In homes, soiled cloth diapers must be placed in an individual, securely tied plastic bag and returned to the parent at the end of each day.

Caregivers must not rinse cloth diapers. Caregivers may dump the fecal contents of cloth diapers into the toilet, but they must not be rinsed.

Potty Chairs

The use of potty chairs at home and in the center facilitates consistency in a child's toilet training routine. If potty chairs are used, they must be constructed of plastic or similar nonporous synthetic products. Wooden potty chairs must not be used even if the surface is coated with a finish.

Non-flushing potty chairs must be emptied, washed, rinsed, and sanitized after each use. They should be used over a surface that is impervious to moisture and stored in a bathroom area.

It is recommended that potty chairs are washed:

- In a utility sink.
- In a sink designated only for cleaning potty chairs.
- With spray bottles with soapy water, rinse water and a sanitizing salutation with disposable towels.

Disinfecting

For cleaning up feces, it is recommended that the changing surface or potty chair be disinfected. A disinfecting solution can be made using water and non-scented chlorine

bleach with a concentration of one-third cup bleach per gallon of water. The bleach solution should be left on the surface for 10 to 20 minutes and then rinsed with clean water.

Obtaining and Maintaining Updated Physicals and Immunizations

At times you cannot see or feel many illnesses and life-threatening problems, such as heart defects, lead poisoning or hearing and vision problems. Routine physical evaluations many times can diagnose problems early and help a child stay healthy. Following the routine medical protocol for immunizations also keeps children safe from vaccine-preventable diseases.

Educating parents as to the importance of routine physical evaluations and immunizing their child can be very helpful in gaining parent cooperation in completing the immunization process. A good resource for parents and providers for information regarding immunizations can be found at the Michigan Department of Community Health (DCH) website at www.michigan.gov/immunize.

Child Care Centers

Prior to a child under school-age attending a center, the child's parent must provide the center with:

- A certificate of immunization showing a minimum of one dose of each immunizing agent specified by the DCH.
- A copy of a waiver addressed to DCH and signed by the parent stating immunizations are not being administered due to religious, medical or other reasons.



When a child under school-age whose immunizations were not up-to-date at the time of enrollment has been in attendance for four months, an updated certificate showing completion of all additional immunization requirements as specified by the DCH must be kept on file unless there is a signed statement by a licensed health care provider stating immunizations are in progress.

A physical evaluation is required within 30 days of initial attendance for infants, toddlers and preschoolers.

- For infants, the physical evaluation must be performed within the preceding three months.
- For toddlers, the physical evaluation must be performed within the preceding six months.
- For preschoolers, the physical evaluation must be performed within the preceding year.

Physical evaluations must then be updated as follows:

- Yearly for infants and toddlers.
- Every two years for preschoolers. **Note:** You may want to consider obtaining an updated physical every year as children have their well-child checkups.

If the parent objects to a physical examination on religious grounds, then the parent must provide a signed statement annually that the child is in good health and that the parent assumes responsibility for the child's state of health while at the center.

For school-age programs, parents may upon enrollment and annually thereafter sign a statement which includes the following:

- The child is in good health with activity restrictions (if there are any).
- The child's immunizations are up-to-date.
- The immunization record or appropriate waiver is on file with the child's school.

If the parent of a school-age child does not sign a statement, then a current physical evaluation and immunization record is required to be on file.

The center must develop a system to track when physical evaluations and immunizations are needed. The younger the children, the more often they will need to be immunized. The center must register with the Michigan Care Improvement Registry (MCIR), as this registry provides immunization information on children who received immunizations from an immunization provider. The immunization provider is required to report immunizations they administer to the MCIR. The website is www.mcir.org.

Child Care Homes

Family and group home providers must have parents complete the Child in Care Statement/Receipt (BCAL-3900) for documentation that the child is in good health or has health restrictions, as well as the child's immunizations have been completed, are in progress, or are not being administered due to religious, medical or other reasons. No other documents are required.

Plan for Observation of General Health of Children

Recognition of Disease Symptoms, Unknown Rashes and Developmental Deficiencies

As child care providers, one of your roles is to assess the general health of the children in your care. All caregivers should have a general knowledge of common communicable diseases in child care facilities. This includes knowing which symptoms may cause a child to be excluded. However, it is important to remember, you are not a physician. You cannot diagnose the cause of fevers, rashes, etc. Diagnoses from a physician should be obtained. A list of common communicable diseases, along with symptoms

and incubation periods, is available in publication Managing Communicable Diseases in Child Care Settings (BCAL Pub 111).

Young children are not able to communicate that they don't feel well. A daily health check could be the first step in recognizing whether a child is too ill to be around other children. When a parent drops off a child, ask the parent about the night before and the morning routine. Questions, such as, "How is Timmy doing this morning?", "How did he sleep last night?", "How was his appetite this morning?", "Did anything different happen?", can be a great source of information. It is recommended that you do the following daily health check:



- **General Appearance** – Observe the child's comfort level, mood, behavior and activity level.
 - Is the child's behavior unusual for this time of day?
 - Is the child clinging to the parent, acting cranky, crying or fussing more than usual?
 - Does the child appear listless, in pain or have difficulty moving?
- **Breathing**
 - Is the child coughing, breathing fast or having difficulty breathing?
- **Skin**
 - Does the child look pale or flushed?
 - Do you see a rash, sores, swelling or bruising?
 - Is the child scratching her skin or scalp?
- **Eyes, Nose, Ears, Mouth**
 - Do the child's eyes look red, crusty, goopy or watery?
 - Does the child have a runny nose?
 - Is the child pulling at his ears?
 - Are there mouth sores?
 - Is the child drooling excessively or having difficulty swallowing?
- **Body** – Gently run the back of your hand over the child's cheek, forehead or neck.
 - Does the child feel unusually warm or cold and clammy?
 - Does the skin feel bumpy?

- **Odors** – Be aware of unusual odors.
 - Does the child’s breath smell foul or fruity?
 - Is there an unusual or foul smell to the child’s stools?

As a child care provider, you should also be aware of developmental milestones. If you feel that a child has deficiencies, talk to the parents. Ask if they have noticed anything. Suggest that they talk with their child’s physician. If you and the parent feel that a referral is necessary, contact Early On® until a child is 3 years old and the local school district for children 3 and older. The licensing website (www.michigan.gov/michildcare > Licensed Providers > Resources) has information regarding developmental milestones and Early On®.

Child Exclusion Policies

Most children with mild illnesses can safely attend child care. But a child may be too sick to attend if:

- The child does not feel well enough to participate comfortably in the program’s activities.
- Caregivers cannot adequately care for the sick child without compromising the care of the other children.
- The child has any of the following symptoms unless a health provider determines that the child is well enough to attend and that the illness is not contagious:
 - Fever (above 100 degrees Fahrenheit axillary or above 101 degrees Fahrenheit orally) accompanied by behavior change and other signs or symptoms of illness (e.g., the child looks and acts sick).
 - Signs or symptoms of severe illness (e.g., persistent crying, extreme irritability, uncontrolled coughing, difficulty breathing, wheezing, lethargy).
 - Diarrhea: Changes from the child’s usual stool pattern-increased frequency of stools, loose/watery stools, stool runs out of the diaper, or child can’t get to the bathroom in time.
 - Vomiting more than once in the previous 24 hours.
 - Mouth sores with drooling.
 - Rash with a fever or behavior change.

When should a child who has been sick be allowed to return to the child care setting? Sometimes, this is a tough call. As providers, you understand the parent’s need to work; however, you are responsible for the well-being of the other children in your care. It is

important that you take precautions for the safety of all the children. Below are some general guidelines regarding when children are able to return to care after being sick:

- Is able to participate fully in the program activities.
- Is fever-free, without fever-reducing medications, for a minimum of 24 hours.
- Uncontrolled coughing has subsided and the child is able to breathe easily.
- Diarrhea has subsided. It has been 24 hours since last loose/watery stool.
- Vomiting has subsided. It has been 24 hours since last vomiting episode.
- Mouth sores with drooling have subsided.
- Rash has been diagnosed as not contagious and/or physician indicates child may be involved in group child care.

Note: The Child Care Center Licensing Rules require centers to have a policy regarding when staff and volunteers must be excluded from the child care. Refer to the publication Managing Communicable Diseases in Child Care Settings (BCAL Pub 111) for more information.

Administering Medication



Licensing regulations do not require caregivers at homes or centers to administer or apply any type of medication. However, most caregivers find they will occasionally need to administer some type of medication to accommodate parents or act in the best interest of a child. If the center or home chooses not to administer medication, it is best practice to notify parents at the time of enrollment.

- Parents must complete the Medical Permission and Instructions (BCAL-1243) form for all oral medications (prescription and non-prescription) and any topical prescription medications. The parent must fill out the Medical Permission form completely, indicating the dosage, times given per day and number of days to be given. It is best practice to have parents be as detailed as possible about when and why to administer a dose of an oral, non-prescription medication.
- The dose on the medication form must match the dose indicated on the prescription label or, for non-prescription medication, must match the dose indicated on the container for the child's age and weight. **Note:** If a non-prescription medication indicates that a physician should be consulted for the dosage, written instructions must be obtained from the physician before administering the medication.
- A separate medication permission form is required for **each medication** for **each individual child**.

- All medication forms must indicate a beginning date (the date you receive the medication) and an end date (the date the child no longer needs the medication). “Ongoing” may be entered as an ending date for ongoing/maintenance medications (e.g., inhalers, Ritalin, insulin, etc.).
- The medication permission form must indicate a beginning date but can have “ongoing” as an ending date and “as needed” for the time the medication will be provided for medications that will only be provided in an emergency (e.g., EpiPen) or for medications that will be provided on an as-needed-basis (e.g., Tylenol when a child complains of a headache or has a fever).
- A blanket “as needed” written parent permission is sufficient for topical non-prescription medication. The date, time and amount of medication given does not need to be documented on the medication permission form.

Topical non-prescription medication includes, but is not limited to:

- Sunscreen.
- Insect repellent
- Diaper rash cream.
- Antibiotic ointment.
- Rubbing alcohol.
- Hydrogen peroxide.

Topical non-prescription medication does not include:

- Hand sanitizer.
- Hand or body lotion, including petroleum jelly based products such as Vaseline®.
- Lip balm.

Any change in the prescription, dose or times to be administered requires a new medication permission form. For ongoing and as needed medications, the younger the child, the more frequently you should review the form with a parent, as dosage may change as the child gets older, or the need may no longer exist. Also, pay close attention to expiration dates on medication containers. The parent must review and re-sign all medication permission forms at least annually.

Medications must always be stored out of the reach of children and not left in backpacks or diaper bags where they may be available to curious children. A caregiver may apply for a variance to allow school-age children, with parental permission, to self-administer medications such as an inhaler or diabetic shots. The variance request must indicate that an adult will supervise and document administration of the medication.

All medication, prescription and non-prescription, needs to be in the original container and clearly labeled for a specific child. Caregivers are prohibited from administering any

medication, prescription or non-prescription, oral or topical, which is not in an original labeled container. Most pharmacies will split a prescription into two pharmacy-labeled containers - one for home and one for child care.

Caregivers must be careful to read the medication permission form and compare it with the instructions on the container of medication. They must administer medications according to the directions on the package or the prescription label, not based solely on a parent's desire. Siblings or other children may not have a medication if the container does not include their name.

Note: The U.S. Food and Drug Administration and the American Academy of Pediatrics have both recommended that cold and cough medicine not be given to children under age 6.

Plan for Handling Injuries

Minor bumps, bruises and cuts happen quite often in child care. When one of these injuries occurs, a plan for handling the situation needs to be in place. Caregivers must assess the injury and determine and provide the type of first aid assistance the child needs.

In child care homes, the caregiver must have documentation that first aid training was completed in the past three years and that CPR training was completed in the past year. Assistant caregivers must have documentation of first aid and CPR training within 90 days of hire. This training must be updated every three years for first aid and every year for CPR. In child care centers, all program directors, site supervisors, lead caregivers and at least one caregiver on duty in the center at all times must have documentation that first aid training was completed in the past three years and that CPR training was completed in the past year.



A serious accident or injury is one in which medical care is received, either when the provider initiates the medical care or the parent. Either way, emergencies are not conducive to calm and composed thinking. Having written plans allows the opportunity to prepare and prevent poor judgments made during an emergency. The licensing rules require providers to have a plan for how to handle serious accidents and injuries which must include:

- Phone numbers for emergency personnel, including Poison Control.
- Location of child information records.
- Location of emergency supplies.
- Steps addressing seeking help for the victim as well as caring for the other children present.

In addition, when an injury or accident occurs, a plan for appropriate care and supervision of the other children must be in place. Therefore, there should be a plan for another caregiver or an emergency person to provide supervision of the remaining children while the injured child is being treated.

Child care home providers must inform each assistant caregiver and emergency person of the overall plan and his or her duties and responsibilities in the event of an emergency. Child care centers must train each staff member at least twice a year on his or her duties and responsibilities in the event of an emergency.

Notifying Parents and Licensing

Notifying Parents

Licensing rules require providers to inform parents when the provider observes changes in the child's health, when a child experiences accidents, injuries or incidents, or when a child is too ill to remain in the group. Child care homes must notify parents promptly. Child care centers must develop and implement a plan for when and how parents will be notified. The plan must address how parents will be notified, such as:

- Written injury report they receive at pickup.
- Phone call.
- Email.
- Text message.

If a parent will be notified differently for different types of situations, this must be addressed in the plan. For example, the plan may require that parents be called when a child has a head injury, but may receive a written injury report at pickup if the child falls and skins her knee. The plan must address the time frames for when parents will be notified and who will notify the parent.

Note: Notification must not be delayed until pickup just because a parent will be picking up the child soon.

Notifying Licensing

The licensing rules require providers to make a verbal report to the department within 24 hours and submit a written report within 72 hours using the Incident Report (BCAL-4605) form if a child receives medical treatment or was hospitalized for an injury, accident or medical condition that occurred while the child was in care. When a provider learns later that a child received medical treatment for an injury that occurred at the home or center, this must also be reported to licensing.

Plan for Daily Record Keeping

Infants and toddlers are not able to communicate like preschool and school-age children. Keeping a record of what occurs during an infant's or toddler's day provides parents with information about their child on a daily basis and is an important part of communication with parents.

Until children in a child care center are 30 months of age, parents must receive a written daily record of food intake, sleeping patterns, elimination patterns, developmental milestones, and changes in the child's usual behavior. Parents of children of any age with special needs may request a written daily record that includes at least all of the above. It is recommended that caregivers in child care homes also keep a written daily record for infants and toddlers.

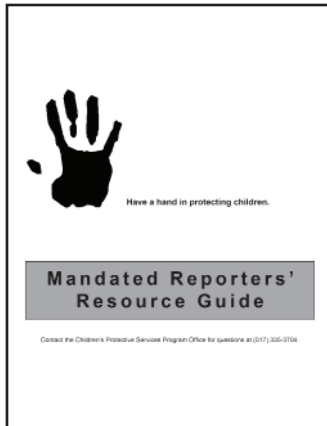
The information must be recorded in a timely manner as each event occurs and includes:

- **Food intake** – The time the child eats, the food eaten and the amount eaten.
- **Sleeping patterns** – When and how long the child slept. The length of time should be recorded in clock hours (e.g., 12:30 p.m. – 2:30 p.m.).
- **Elimination patterns** – The time and type of elimination. This should be recorded as wet or bowel movement. For bowel movements, the consistency should also be noted.
- **Developmental milestones** – Any changes in development by the child that parents can watch for in order to support the new skill.
- **Changes in the child's usual behavior** – The time the changes occurred and any circumstances which may have prompted the changes, if applicable.

A Plan for Reporting Suspected Child Abuse or Neglect

All child care providers (staff and volunteers) are required by law to report any suspected child abuse or neglect. This is mandated by the Michigan Child Protection Law and there are civil and criminal penalties for not reporting suspected child abuse or neglect. All child care centers must have a written procedure to assure compliance with the Child Protection Law. While a written procedure is not required for home child care, it is a good idea if you have assistant caregivers and volunteers working for you.

Your plan for reporting suspected child abuse or neglect should include training caregivers and volunteers to recognize the signs of child abuse and neglect. This may involve having a DHS worker speak at your next staff meeting or going over the Mandated Reporter's Resource Guide (DHS-Pub 112) with caregivers.



The required plan for reporting suspected child abuse/neglect must include the specific time frames set forth in the Child Protection Law for mandated reporters. This includes making an immediate verbal report to CPS Centralized Intake at (855) 444-3911. This hotline is available 24 hours a day, seven days a week. The plan must also include filing a written report within 72 hours. DHS encourages the use of the Report of Suspected or Actual Child Abuse or Neglect (DHS-3200) form which includes all the information required by the law. The written report may be faxed to (616) 977-1154 or (616) 977-1158 or emailed to DHS-CPS-CIGroup@michigan.gov.

Mandated reporters must also notify the head of the child care or school organization that a report of suspected child abuse or neglect has been made. It is important to let caregivers and volunteers know that reporting the suspected child abuse or neglect to the head of an organization or to another staff member does **not** satisfy the legal reporting requirements.

For further information on mandated reporting, as well as a list of indicators of child abuse or neglect, go to the Mandated Reporter's Resource Guide (DHS-Pub 112).



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