

PURPOSE OF THE TECHNICAL ASSISTANCE AND CONSULTATION MANUAL

The Child Care Licensing Bureau provides a Technical Assistance and Consultation Manual on the Licensing Rules for Child Care Centers and the Licensing Rules for Family and Group Child Care Homes. This manual is on the rules for family and group homes. For each rule, you will typically find a rationale section, a technical assistance section and a best practice section. The rationale section describes the reason the rule was enacted. The technical assistance section outlines how to comply with the rule. The best practice section contains recommendations and best practices for going beyond rule requirements to improve the quality of care provided.

Version: May 12, 2026

PART 1. DEFINITIONS, LICENSING PROCESS, PROCEDURES, AND RECORDS

R 400.1901: Definitions

R 400.1901a: Adoption of federal standards

R 400.1902: Applicant; licensee; requirements

R 400.1903: Licensee requirements

R 400.1905: Concurrent Licensing

R 400.1906: Child care home records

R 400.1907: Child's record

R 400.1908: Variance

PART 2. SPACE AND EQUIPMENT

R 400.1909: Indoor space; play equipment and materials

R 400.1910: Bedding and sleeping equipment

R 400.1911: Telephone

R 400.1912: Outdoor play area and equipment

R 400.1913: Child care home maintenance and safety

R 400.1914: Water supply; sewage disposal; water temperature

R 400.1915: Heating; ventilation; lighting; radon

R 400.1916: Firearms

R 400.1917: Animals and pets

R 400.1918: Smoking or vaping

PART 3. STAFFING

- R 400.1919: Comprehensive background check; fingerprinting
- R 400.1920: Child care staff member; employment requirements
- R 400.1921: Child care assistant; requirements
- R 400.1922: MiRegistry
- R 400.1923: Child care home new hire training
- R 400.1924: Professional development
- R 400.1925: Capacity
- R 400.1927: Ratio of staff to children in family child care homes
- R 400.1928: Ratio of staff to children in group child care homes
- R 400.1929: Care; supervision; children
- R 400.1930: Infant; child; resting; sleeping; supervision

PART 4. GENERAL HEALTH AND SAFETY

- R 400.1931: Medication; administration; procedures
- R 400.1932: Biocontaminants
- R 400.1933: Communicable disease; immunization; mental and physical health; physician attestation
- R 400.1934: Water hazards; water activities
- R 400.1935: Diapering and toilet learning
- R 400.1936: Handwashing
- R 400.1937: Food allergy plan
- R 400.1938: Food preparation and service
- R 400.1939: Emergency preparedness and response planning procedures
- R 400.1940: Parent notification required; incidents; accidents; illness; disease; isolation
- R 400.1941: Department notification required; incidents; injury; accident, illness, death, or fire

PART 5. PROGRAM AND CARE

- R 400.1942: Discipline
- R 400.1943: Daily activity program
- R 400.1944: Nighttime care

PART 6. FIRE SAFETY

R 400.1945: Heat-producing equipment

R 400.1946: Electrical service; maintenance

R 400.1947: Exit requirements for each floor level used by children

R 400.1948: Smoke detectors; fire extinguishers

PART 7. TRANSPORTATION

R 400.1951: Transportation

R 400.1952: Child transportation; parent permission; child information card; required when off-premises

R 400.1901 Definitions

Rule 1901 (1)

(1) As used in these rules:

- (a) "Act" means 1973 PA 116, MCL 722.111 to 722.128.
- (b) "Adult" means an individual 18 years of age or older.
- (c) "Applicant" means an individual who applies for a license to operate a family or group child care home.
- (d) "Basement" means a story of a building or structure having $\frac{1}{2}$ or more of its clear height below average grade for not less than 50% of the perimeter.
- (e) "Before and after school hours" means the hours before school hours or the hours after school hours during weekdays of the school year.
- (f) "Biocontaminant" means bodily fluids such as urine, feces, saliva, vomit, blood, nasal discharge, eye discharge, and injury or tissue discharge.
- (g) "Child care assistant" means an individual who is 14 to 15 years of age, participates in child care activities in a family or group child care home, and does not have unsupervised access to or provide unsupervised care or supervision of children. A child care assistant cannot be a child care staff member pursuant to the age requirement of a child care staff member as defined in section 1a of the act, MCL 722.111a.
- (h) "Child care background check system" means the database maintained by the department to document comprehensive background checks and eligibility determinations, pursuant to section 5n of the act, MCL 722.115n.
- (i) "Child care home" means a family child care home and a group child care home.
- (j) "Child passenger restraint device" means a device that is used to restrain, seat, or position a child weighing 65 pounds or less that meets the requirements as specified in R 400.1901(a).
- (k) "Child-use space" means the rooms and floor levels of the child care home approved by the department for child care.
- (l) "Clean" means removing dirt, food, soil, and other types of debris by scrubbing and washing with a detergent solution and rinsing with water.
- (m) "Combustible" means materials that ignites and burns when subjected to a fire or excessive heat.
- (n) "Comprehensive background check" means a department review of an individual as required in section 5n of the act, MCL 722.115n.
- (o) "Department" means the department of lifelong education, advancement, and potential.
- (p) "Disinfect" means destroying any remaining germs on surfaces after cleaning using a stronger bleach solution or a United States Environmental Protection Agency registered disinfect as described on the label.

- (q) "Field trip" means children and staff leaving the child care home premises for an excursion, trip, or program activity.
- (r) "Foster child" means an individual who resides in a foster home, was placed in the foster home by a placing agent, is not living with a parent or legal guardian, is less than 18 years of age or becomes 18 years of age while residing in the foster home and continues to reside in the foster home as a dependent adult, and is not related to an adult member of the foster family by blood, adoption, or marriage.
- (s) "Fuel-fired" means a device that burns solid, liquid, or gaseous fuel or a combination thereof.
- (t) "Heat-detector" means a single or multiple station alarm responsive to heat.
- (u) "Independent service provider" means an individual who is not a child care staff member, but who renders professional, therapeutic, or enrichment services within a child care home. Independent service providers include, but are not limited to, dance instructors, gymnastic or sports instructors, computer instructors, speech therapists, nutritionists, early interventionists, nurses and other licensed healthcare professionals, intermediate school district staff, local school district staff, departmental staff other than those responsible for inspecting child care homes, maintenance personnel, electricians, plumbers and photographers, and other outside service providers. Independent service providers are not considered contract employees or self-employed as described in the act if supervised at all times while at the child care home when children are present, by an eligible child care staff member.
- (v) "Infant" means birth until 1 year.
- (w) "Means of egress" means the exit route from any point in the home to the outside at ground level.
- (x) "Media" means use of electronic devices with a screen, including but not limited to, televisions, computers, tablets, multi-touch screens, interactive white boards, mobile devices, cameras, movie players, e-book readers, and electronic game consoles.
- (y) "Minor" means an individual less than 18 years of age.
- (z) "MiRegistry" is the electronic data system for child care providers that is maintained by the department to verify and track employment, training, and educational accomplishments.
- (aa) "Nighttime care" means child care provided between midnight and 5:00 a.m.
- (bb) "Nonprescription medication" means any over-the-counter medication that may be orally ingested or applied to the skin, including but not limited to: aspirin, acetaminophen, cold and flu medicines, mosquito repellants, antiseptics, ointments, powders, and diaper rash products.
- (cc) "On file" means accessible at the child care home, as specified in these rules via hard copy or electronically, unless otherwise stipulated in the rule.

- (dd) "Parent" means a child's natural or adoptive parent who is legally responsible for the child or the child's legal guardian.
- (ee) "Permanently resides" means the address is the individual's primary residence and the individual's presence in the child care home is not contingent on caring for children.
- (ff) "Personnel" means a licensee, child care staff member, and child care assistant. It does not include therapeutic professionals and independent service providers.
- (gg) "Play-yard" means a framed enclosure that includes a floor and has mesh or fabric side panels primarily intended to provide a play or sleeping environment for children. It may fold for storage or travel.
- (hh) "Portable crib" means a crib that can be folded or collapsed, without disassembly, to occupy a space less than it occupies when it is used. Products with mesh, fabric, or non-rigid sides, such as a bassinet or play-yards, are not considered portable cribs.
- (ii) "Premises" means the location of the child care home where the licensee and family reside and includes the attached yard, garage, basement, non-child use space, and any other outbuildings.
- (jj) "Routine transportation" means regularly scheduled travel on the same day of the week, at the same time, to the same destination. Any deviation is non-routine transportation.
- (kk) "Safety belt" means an automobile lap belt or lap-shoulder belt combination designed to restrain and protect a passenger or driver of a vehicle from injury.
- (ll) "Sanitized" means reducing the number of germs on surfaces after cleaning the item by using heat, sanitizing sprays as directed on the label, or a weakened bleach solution.
- (mm) "School hours" means the hours that school is in session during weekdays of the school year. It does not include summer months, holidays, closure days, or early dismissal days.
- (nn) "Serious injury" means an injury that occurred while a child was in care that resulted in a child receiving medical attention by a healthcare provider.
- (oo) "Smoke detector" means a device that detects visible or invisible particles of combustion.
- (pp) "Staff" means personnel and unsupervised volunteers. An individual who is 16 years of age or older, provides services for a child care home that are not compensated, and who is supervised at all times when children are in care.
- (qq) "Standard precautions" means the use of barriers to handle potential exposure to biocontaminants, the process to clean and disinfect contaminated surfaces, and the process to dispose of biocontaminants.
- (rr) "Supervised volunteer" means an individual who is 16 years of age or older, provides services for a child care home that is not compensated, and who is

supervised at all times when children are in care. A supervised volunteer cannot be counted in child to staff ratios.

- (ss) “Therapeutic professionals” means an independent service provider who provides therapeutic services in a child care home including, but not limited to, speech therapists, nutritionists, early interventionists, nurses and other licensed health care professionals who are employed by an intermediate school district or local school district to provide services in a child care home to a child with a disability that has an individualized education program or individualized family service plan.
- (tt) “Toddler” means activities in residential pools, lakes, ponds, or other bodies of water. Water activities do not include water play activities such as water table play, slip and slide activities, wading pools, or playing in sprinklers.
- (uu) “Transportation” means the taking of children by means of a vehicle to or from a family or group child care home and to and from all other activities planned by or through the family or group child care home.
- (vv) “Unsupervised volunteer” means an individual that is 16 years of age or older, who provides services for a child care home that is not compensated, who was determined eligible by the department to be unsupervised with children, and may be counted in child to staff ratios.
- (ww) “Vehicle” means an automobile, truck, or van that transports individuals on a highway or road.
- (xx) “Volunteers” means a supervised and unsupervised volunteer.
- (yy) “Water activities” means activities in residential pools, lakes, ponds, or other bodies of water. Water activities do not include water play activities such as water table play, slip and slide activities, wading pools, or playing in sprinklers.

Rule 1901 (2)

(2) A term defined in the act has the same meaning when used in these rules.

R 400.1901a Adoption of federal standards

Rule 1901a (1)(a)

(1) The following standards are incorporated by reference in these rules:

- (a) “Child restraint systems,” 49 CFR 571.213. Copies of these standards may be obtained without charge from the Code of Federal Regulations at www.ecfr.gov and the National Highway Traffic Safety Administration, United States Department of Transportation, at www.nhtsa.gov. They are also available for inspection and distribution without charge at the Department of Lifelong Education, Advancement, and Potential, Child Care Licensing Bureau, 105 West Allegan Street, Lansing, Michigan 48933.

Rationale

The purpose of this standard is to reduce the number of child deaths and injuries in motor vehicle crashes.

Technical Assistance

This standard applies to passenger cars, multipurpose passenger vehicles, trucks, and buses, and to child restraint systems for use in motor vehicles and aircraft, manufactured before December 5, 2026.

This standard focuses on four main areas to ensure a child's safety during a crash, including car seat requirements and safety testing:

Crash Testing & Performance

- Injury Limits - During crash testing, sensors in crash dummies measure forces on the head and chest. The car seat must keep these forces below specific safety limits to prevent serious injury.
- Front Impact Protection - Every car seat must pass a test that simulates a 30-mile-per-hour frontal collision.
- Crash Movement Limits - This standard limits how far a child's head and knees can move forward during a crash to prevent them from hitting the inside of the vehicle.

Physical Design & Materials

- System Integrity - The seat's structure must stay secure and should not break or separate during a crash.
- Padding & Surfaces - All seats must have protective padding, especially for infants, and avoid sharp edges or protrusions that could cause injury.
- Seat Belts & Buckles - All car seat belt straps must meet strict strength requirements and resist wear from sunlight, bacteria, and everyday exposure. Buckles must be easy for an adult to release but secure enough to stay latched during a crash.

Installation & Compatibility

- LATCH System - Most seats must include hardware for the LATCH system (Lower Anchors and Tethers for Children) to ensure a secure fit without relying solely on vehicle seat belts.
- Harness Requirements - The seat harness must be adjustable to fit a child securely based on their height and weight.

Labeling & Instructions

- Required Information - Every seat must have a permanent label in English (at least 10-point font) showing the manufacturer, date of manufacture, and a certification statement.
- Height & Weight Limits - Seat labels must clearly state the minimum and maximum height and weight for the child using the seat.
- Airbag Warnings - Rear-facing seats must show a specific warning label about the dangers of placing the seat in front of an active airbag.

Note: This standard is periodically updated, including improvements to the dummy test seat assembly to better reflect modern vehicles.

Rule 1901a (1)(b)

- (1) The following standards are incorporated by reference in these rules:
- (b) “Safety Standard for Full-Size Baby Cribs,” 16 CFR 1219; “Safety Standard for Non-Full-Size Baby Cribs,” 16 CFR 1220; and “Safety Standard for Play Yards,” 16 CFR 1221. Copies of these standards may be obtained without charge from the Code of Federal Regulations at www.ecfr.gov and the United States Consumer Product Safety Commission at www.cpsc.gov. They are also available for inspection and distribution without charge at the Department of Lifelong Education, Advancement, and Potential, Child Care Licensing Bureau, 105 West Allegan Street, Lansing, Michigan 48933.

Rationale

The purpose of these standards is designed to prevent injuries and deaths from falls, entrapment, suffocation, or structural failure.

Technical Assistance

This standard applies to safety requirements for full-size and non-full-size cribs and play yards.

This standard focuses on safety requirements for multi-size cribs and play yards:

- Safety standards for Full-Size Baby Cribs (16 CFR 1219)

- Crib Drop-Sides - Traditional drop-side cribs (where one side slides down) are strictly prohibited due to the moving parts that can break or loosen, creating dangerous gaps where a baby can get trapped.
- Secure Slats - Slats must be made of durable wood to prevent them from breaking or splintering.
- Slat Spacing - The distance between slats must be no more than 2 3/8 inches (about the width of a soda can), so a baby's head or body cannot slip through.
- Mattress Support & Size - The mattress support must be durable enough to withstand impact. The mattress must be at least 27 1/4" x 51 1/4" and no more than 6 inches thick to prevent gaps where a baby can be injured.
- Hardware Safety - All hardware must be secured with special locking features, such as lock washers or locking nuts, to prevent screws and bolts from loosening over time.
- Raised Corner Posts - Crib corner posts cannot be higher than 1/16th of an inch to prevent a baby's clothing from being snagged and reduce the risk of strangulation.
- Headboard/Footboard Cutouts - Decorative cutouts and openings are prohibited if they are large enough to trap a baby's head.
- Safety standards for Non-Full Size Baby Cribs (16 CFR 1220)
 - Drop-Sides - Traditional drop-side cribs (where one side slides down) are strictly prohibited due to the moving parts that can break or loosen, creating dangerous gaps where a baby can get trapped.
 - Secure Slats - Slats must be made of durable wood to prevent them from breaking or splintering.
 - Slat Spacing - Slats must be no more than 2 3/8 inches apart (about the width of a soda can) so a baby's head or body cannot slip through.
 - Hardware Safety - Hardware must be secured with special locking features, such as lock washers or locking nuts, to prevent bolts and screws from loosening over time.
 - Durable Mattress Supports - The mattress supports must be durable enough to handle the weight and movement of a growing child without collapsing.
 - Corner Posts - Corner posts cannot be higher than 1/16th of an inch. This prevents a baby's clothing from getting snagged.
 - No Cutouts - Decorative cutouts in the headboard or footboard are prohibited because they can trap a baby's head or limbs.
 - Safety Testing - Crib manufacturers must use third-party laboratories to prove their cribs meet these standards before they can be sold.
 - Mattress Size Requirements - To prevent gaps where a baby could get stuck, a full-size crib mattress must be at least 27 1/4" x 51 1/4" and no more than 6 inches thick.
- Safety standards for Play Yards (16 CFR 1221)

- Structural Integrity & Stability - Play yards must pass tests to ensure they do not tip over. Floors should be strong enough to support a child without breaking or creating gaps.
- Locking Mechanisms - Latches must be secure so the play yard cannot fold accidentally while a child is inside.
- Entrapment Prevention - Rails, mesh sides, and attached accessories (such as bassinets) must not have openings large enough for a child's head to become stuck.
- Safe Side Heights - The sides on a play yard must be high enough to prevent children from climbing out.
- Hinge Safety - Top rails that fold must use specific hinges to avoid creating a "V" or diamond shape that could trap a child's neck.
- Mattress Safety - Only the original mattress provided by the manufacturer should be used. Adding supplemental mattresses can create suffocation gaps.
- Hazardous Parts - Equipment must be free of sharp edges, small parts that could be swallowed, or long cords that pose a strangulation risk.
- Mandatory Testing - All play yards must be tested by a Consumer Product Safety Commission (CPSC)-accepted laboratory before being sold. Each play yard has a certificate and a CPSC requirement on the label.

R 400.1902 Applicant; licensee; requirements

Rule 1902 (1)

- (1) An applicant and a licensee shall meet all of the following requirements:
- (a) Be 18 years of age or older.
 - (b) Have a high school diploma, general educational development diploma, or approved training track and hours for child care home providers through MiRegistry.
 - (c) Permanently reside in the child care home as a member of the household.
 - (d) Have proof of certification in: pediatric first aid and pediatric, infant, child, and adult cardiopulmonary resuscitation (CPR) training.
 - (e) Have documentation of completed training in both of the following:
 - (i) Recognition and reporting of child abuse and neglect.
 - (ii) Prevention and control of infectious disease, including immunizations.
 - (f) Attend an orientation provided by the department.

Rationale

The purpose of this rule is to establish age, base education, training requirements, and permanent residency to ensure a licensee understands the rules and responsibilities to provide for the safety and well-being of children.

Technical Assistance

To demonstrate compliance with subrule (a) of this rule, the applicant must submit a valid copy of their driver's license or Michigan identification card.

To demonstrate compliance with subrule (b) of this rule, the applicant may sign a self-certifying statement on the application as verification. In some instances, the applicant may be asked to provide a copy of the high school diploma, development diploma, or the document showing completion of the approved training track hours for child care home providers through [MiRegistry](#).

Note: If the registration/license was issued prior to January 2006, a high school diploma, GED, or equivalent is not required.

To demonstrate compliance with subrule (c) of this rule, the applicant must provide legal documentation of residence. Documentation may include a valid driver's license or Michigan identification card with an address that matches the address of the home.

To demonstrate compliance with subrule (d) and (e) of this rule, a copy of each card, certification, e-card, or statement signed by the trainer on agency letterhead is an acceptable

form of verification. A receipt of payment for the CPR/First Aid Training is not acceptable verification of certification or participation. See R 400.1923 for more information on acceptable verification of training.

CPR/First Aid Certification must be received from a certified Red Cross instructor or a trainer from another organization approved by the department. See the [Child Care Licensing](#) website for the current list of approved organizations. CPR/First Aid Training may be completed online. An in-person skills test must be administered by one of the approved organizations for online CPR/First Aid Training to be valid.

Note: R 400.1923 and the Child Care Organizations Act (1973 PA 116) require CPR/First Aid to be maintained according to the expiration date listed on the certification card.

To demonstrate compliance with subrule (f) of this rule, the applicant must provide verification of completion of:

- (i) Recognition and Reporting of Child Abuse and Neglect and
- (ii) Prevention and Control of Infectious Disease, including immunizations through [MiRegistry](#) or a similar training organization.

To demonstrate compliance with subrule (g) of this rule, the applicant must attend a child care home orientation provided by the department, which consists of 6 clock hours that may be used toward annual training.

Rule 1902 (2)

(2) The applicant or licensee shall be of responsible character and be suitable and able to meet the needs of children and provide for the children's care, supervision, and protection.

Rationale

The purpose of this rule is to ensure that an applicant or licensee is suitable, demonstrates responsible character, and responds appropriately to children's individual needs.

Technical Assistance

To assess if an applicant is suitable, the applicant or licensee will complete a comprehensive background check through the department on the [Child Care Background Check \(CCBC\)](#) website.

For the purposes of this rule, "responsible character" means the ability to:

- Distinguish between right and wrong.

- Think and act rationally.
- Be accountable for one's own behavior.
- Be dependable, reliable, and able to pay debts and meet business obligations.

“Suitable” means the applicant or licensee:

- Is truthful to the department and the public.
- Does not have a criminal history that could affect the safety or welfare of children in care.
- Is capable of making appropriate judgements.
- Is knowledgeable of the developmental needs of children of varying ages.
- Conducts oneself in a way so that the rule requirements are met.
- Is not on the central registry as a perpetrator of child abuse or neglect.

Rule 1902 (3)

(3) All individuals including minors, residing in the child care home shall meet all of the following requirements:

- (a) Be suitable to meet the needs of children.**
- (b) Be able to ensure that services and facilities are conducive to the welfare of children.**
- (c) Act in a manner that is conducive to the welfare of children.**
- (d) Demonstrate a willingness and ability to comply with the act and these rules.**

Rationale

The purpose of this rule is to ensure that all individuals residing in the child care home are suitable and act in a manner that supports the safety and well-being of children.

Technical Assistance

Suitability is assessed on all household members, including the licensee. Suitable means that household members:

- Do not have a criminal history that could affect the safety or welfare of children in care.
- Are truthful to the department and to the public.
- Do not present a risk to the child care children.
- Are not on the central registry as a perpetrator of child abuse or neglect.

When a licensee is also licensed as a children's foster home, all foster children placed in the home are considered members of the child care home family. The licensee is responsible for ensuring that foster children do not pose a risk to children in care.

Note: “Conducive to the welfare of children” is defined in section 5m (13)b of the act, MCL 722.115m(13)(b).

Note: The Child Care Licensing Bureau completes comprehensive background checks on all adult household members, including central registry clearances and criminal history checks.

An adult household member cannot be present in the child care home if the comprehensive background check reveals a conviction of an exclusionary crime. The following are exclusionary crimes listed under the Child Care Organizations Act, Public Act 116 of 1973.

Public Act 116 of 1973, as amended, MCL 722.115r (3-6) states:

(3) An individual required to undergo a criminal history check as described in section 5n is ineligible to receive a license, be an adult member of the household, or be a child care staff member if the individual satisfies 1 or more of the following:

- (a) Is registered, or is required to be registered, on a state sex offender registry or repository or the national sex offender registry.
- (b) Has been convicted of a felony consisting of 1 or more of the following or any other state or federal equivalent:
 - (i) Murder or homicide.
 - (ii) Child abuse or child neglect.
 - (iii) A crime against a minor child, including, but not limited to, child pornography.
 - (iv) Spousal abuse or domestic violence.
 - (v) A crime involving rape or sexual assault.
 - (vi) Kidnapping.
 - (vii) Arson.
 - (viii) Physical assault or battery.
 - (ix) Human trafficking or involuntary servitude.
- (c) Has been convicted of a violent misdemeanor against a child, including, but not limited to, 1 or more of the following crimes:
 - (i) Child abuse.
 - (ii) Child endangerment.
 - (iii) Sexual assault.
 - (iv) Has been convicted of a misdemeanor involving child pornography.

(4) An individual required to undergo a criminal history check as described in section 5n is ineligible to receive a license, be an adult member of the household, or be a child care staff member if the individual has been convicted of 1 or more of the following felonies, an attempt or conspiracy to commit 1 or more of the following felonies, or any other state or federal equivalent, unless 10 years have lapsed since the conviction, before the date of application or before the date a group child care home or family child care home allows an individual to be an adult member of the household, or a child care center, group child care home, or family child care home allows an individual to be a child care staff member:

- (a) A felony involving harm or threatened harm to an individual.
- (b) A felony involving the use of a firearm or dangerous weapon.
- (c) A felony involving cruelty or torture of any person.
- (d) A felony involving a substantial misrepresentation of any material fact, bribery, fraud, larceny, embezzlement, theft, home invasion, breaking and entering, receiving and concealing stolen property or a crime of similar statute.
- (e) A felony involving operating a motor vehicle while intoxicated or impaired causing serious injury or death.
- (f) A felony involving the use of a computer or the internet to commit a crime.
- (g) A felony involving cruelty to animals, including, but not limited to, fighting, killing, torturing, and abandoning.
- (h) A felony involving aggravated stalking, aggravated indecent exposure, indecent exposure by a sexually delinquent person, pandering, transporting an individual for prostitution, and keeping, maintaining, or operating a house of ill fame.
- (i) A felony as a habitual offender.

(5) An individual required to undergo a criminal history check as described in section 5n is ineligible to receive a license, be an adult member of the household, or be a child care staff member if the individual has 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 before the date of application or before the date a group child care home or family child care home allows an individual to be an adult member of the household or a child care center, group child care home, or family child care home allows an individual to be a child care staff member.

(6) An individual required to undergo a criminal history check as described in section 5n is ineligible to receive a license, be an adult member of the household, or be a child care staff member if the individual has been convicted of 1 or more of the following misdemeanors, an attempt or conspiracy to commit any of those misdemeanors, or any other state or federal equivalent, unless 5 years have lapsed since the conviction before the date of application or before the date a group child care home or family child care home allows an individual to be an adult member of the household or a child care center, group child care home, or family child care home allows an individual to be a child care staff member:

- (a) A misdemeanor involving operating under the presence of a controlled substance, use or possession of a controlled substance, and selling or furnishing a controlled substance to a minor.
- (b) A misdemeanor involving using computers to commit a crime, a substantial misrepresentation of a material fact, embezzlement, breaking and entering, and any other fraudulent crime except retail fraud in the third degree, petty theft, or shoplifting.
- (c) A misdemeanor involving stalking, assault, spousal abuse, domestic violence, weapons offense, harboring runaways, aiding and abetting, and arson.

When a licensee also becomes licensed as a children's foster home, all foster children placed in that home are considered part of the child care home family. The licensee is responsible and accountable for ensuring that foster children will not present a risk to the child care children.

Rule 1902 (4)

(4) The applicant and licensee shall submit all required information reports and the application, along with the applicable fee listed under section 5m of the act, MCL 722.115m, in the manner prescribed by the department.

Rationale

The purpose of this rule is to ensure that the applicant/licensee is submitting all required documents and the applicable fee.

R 400.1903 Licensee requirements

Rule 1903 (1)(a)

(1) A licensee shall do all of the following:

(a) Be present in the home on a daily basis when the child care home is in operation and provide direct care and supervision for the children in care with the following exceptions:

- (i) When the licensee is on vacation or takes personal leave, which must not exceed 20 days within a calendar year. The 20 days of vacation or personal leave means the licensee is absent the entire day or at least 51% of the day when the child care home is operating. A licensee may have a short periodic absence from the home.
- (ii) When the licensee is undergoing medical treatment and subsequent recovery.

Rationale

The purpose of this rule is to ensure that a licensee or licensees are routinely present and can provide continuity of care, which allows children and personnel to develop nurturing relationships.

Technical Assistance

A licensee must be present daily at least 51% of the time children are in care. A licensee is allowed to have a short periodic absence from the home. A calendar year is defined as January 1st through December 31st.

Examples of licensee absence compliance:

- Example 1: A child care home is open from 6 AM to 6 PM daily. Children are in care from 6 AM to 3 PM. The licensee is gone from 7 AM to 10 AM. **The licensee is in compliance with R 400.1903.**
- Example 2: The child care home is open from 6 AM to 6 PM. Ten children are in care the entire time, and two children are in care from 12 PM to 6 PM. The licensee is gone from 12 PM to 4 PM. **The licensee is in compliance with R 400.1903.**

Examples of licensee absences non-compliance:

- Example 3: The child care home is open from 6 AM to 10 PM. Children are in care from 6 AM to 2 PM and 4 PM to 9 PM. The licensee is gone from 7 AM to 3 PM. **The licensee is not in compliance with R 400.1903.**

When there is more than one licensee on the license, one of the following must occur:

- One of the licensees must provide direct care and supervision at least 51% of the time children are in care daily.
- The licensees on the license must provide direct care and supervision, and may split the time between them. The time between the licensees must be at least 51% of the time children are in care daily.

Best Practice

Use the Medical Clearance Request form (CCL-3704) to document the ability to return to work and care for children without restrictions. This form is located in the [forms](#) section of the [Child Care Licensing](#) website.

Rule 1903 (1)(b)

- (1) A licensee shall do all of the following:**
- (b) Provide for a child care staff member, who has valid CPR and first aid certifications, to act on behalf of the licensee when the licensee is unable or unavailable to provide direct care.**

Rationale

The purpose of this rule is to provide continuity of care.

Technical Assistance

This rule applies to any child care staff member providing care in any circumstance. A licensee shall meet the requirements of a child care staff member.

Rule 1903 (1)(c)

- (1) A licensee shall do all of the following:**
- (c) Inform parents when a child care staff member is providing care in the absence of the licensee.**

Rationale

The purpose of this rule is to ensure that parents and/or legal guardians know who is caring for their children in the absence of the licensee.

Technical Assistance

A notification to parents and/or legal guardians must be provided for each absence and may be verbal, in writing, or posted in the home in a location easily visible to them. Parental notifications must include the name of the child care staff member providing child care.

Best Practice

It is recommended that this notice be in writing and that copies be kept for a minimum of four years.

Rule 1903 (1)(d)

(1) A licensee shall be responsible for all of the following:

(d) Maintain a record of the dates of licensee absences.

Rationale

The purpose of this rule is to ensure the department has documentation of how often and how long the licensee is absent and who is providing care to children during those times.

Technical Assistance

Licensee absences must be maintained for a minimum of four years.

Best Practice

Since licensee absences have to be kept for a minimum of four years, it is best practice to document licensee absences on a separate log. Licensee absences may be documented using any of the following methods:

- A written or digital calendar
- Closed group messaging on social media
- Text messages
- A child care staff member attendance record
- A child attendance record

Rule 1903 (1)(e)

(1) A licensee shall do all of the following:

(e) Post the current license in a conspicuous place within the child care home during the hours of operation.

Rationale

The purpose of this rule is to ensure that parents and/or legal guardians, staff, and visitors are informed that the home is licensed by the department. The license effective dates, the approved capacity, and the current status of the license should be clearly visible.

Technical Assistance

A conspicuous place means a location where parents and/or legal guardians, child care staff members, and visitors can easily see it.

Best Practice

The Administrative Procedures Act (1969 PA 306) states that when a licensee makes a timely and sufficient application for the renewal of a license, the existing license does not expire until the department makes a decision on the application. The licensee will receive an extension letter explaining that the license has been extended beyond the expiration date. It is recommended that you post the extension letter with the license.

Rule 1903 (1)(f) - (g)

(1) A licensee shall do all of the following:

- (f) Report to the department within 3 business days in the manner prescribed by the department any changes in the household composition or when any new or existing member of the household or staff has any of the following:**
 - (i) An arrest.**
 - (ii) A conviction.**
 - (iii) An arraignment for an offense that if convicted would lead to that individual's ineligibility to be connected with a child care home.**
 - (iv) Is being investigated by the department of health and human services for an allegation of child abuse or neglect.**
 - (v) Is under court supervised parole or probation.**
 - (vi) Was admitted to, or released from, a correctional facility.**
 - (vii) Was admitted to, or released from, a health facility or agency that was providing mental health or substance use disorder treatment services to the individual.**
- (g) Notify personnel staff of the staff's duty to report to the licensee any actions listed in this rule.**

Rationale

The purpose of this rule is to ensure the licensee is aware of their duty and responsibility to notify the department regarding changes in household composition and the status of household members and personnel.

Technical Assistance

Any individual who resides or stays in the home on an intermittent or short-term basis is considered part of the child care home family. This includes college students who move back home during the summer months. All foster children placed in the home are considered part of the child care home family. The licensee must report the following to the department within three business days:

- Any change in household composition, including when a new or existing household member experiences any of the occurrences listed in subrule (f)(i)–(vii)
- An arraignment involving the licensee, an adult household member, or any personnel, as required by the Child Care Organizations Act (1973 PA 116). An arraignment occurs when an individual is formally charged, appears in court, and enters a plea.

A person who fails to report as required is guilty of a felony or a misdemeanor, depending on the offense. It is the licensee's responsibility to ensure all employees are aware of their requirement to report household composition and arraignments to the department.

Best Practice

The Notification of Changes in Status – Family and Group Child Care form (CCL-1485) is located in the [forms](#) section of the [Child Care Licensing](#) website. Licensees are encouraged to use this form to report required changes in a timely manner.

Rule 1903 (1)(h)

(1) A licensee shall do all of the following:

(h) Ensure all staff complete the child care home new hire training as specified in R 400.1923 and professional development training as specified in R 400.1924.

Rationale

The purpose of this rule is to ensure that staff are familiar with the Child Care Family/Group Licensing Rules and understand their job duties as they apply to the safety and well-being of young children.

Technical Assistance

A free training on infant safe sleep and the licensing rules related to infant safe sleep is available at Licensed Child Care Provider Training.

Training on the following topics may be completed through [MiRegistry](#):

- Prevention and control of infectious diseases, including immunizations.
- Recognition and reporting of child abuse and neglect.
- Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

- Administration of medication.
- Prevention of and response to emergencies related to food and allergic reactions.
- Emergency preparedness and response planning.
- Building and premises safety, including identifying and protecting children from hazards, bodies of water, and vehicular traffic.
- Handling and storage of hazardous materials and proper disposal of biocontaminants.
- Child development.
- Precautions when transporting children.

Refer to R 400.1924 for additional training resources.

Rule 1903 (1)(i)

(1) A licensee shall do all of the following:

(i) Ensure that a child is released only to individuals authorized in writing by the parent.

Rationale

The purpose of this rule is to ensure the safety and welfare of children.

Technical Assistance

The child information card that the enrolling parents and/or legal guardians complete and sign states who they authorize to pick up the child. Depending on the circumstances, there may be instances when each parent and/or legal guardian has their own list of who can pick up the child during their parenting time.

Unless custody has been established by a court action, one parent and/or legal guardian may not limit the other from picking the child up from the child care home or receiving information about how the child's day went. The licensee has no legal right to withhold a child from a parent and/or legal guardian, or anyone a parent and/or legal guardian has authorized to pick up, unless there is a court order that limits one parent and/or legal guardian's right to the child.

Best Practice

The following best practices are recommended in dealing with child custody conflicts:

- Maintain your role as the child's advocate.
- Limit any discussion with either parent and/or legal guardian to the child and the effects the conflict may be having on the child.
- Limit all discussions with the parent and/or legal guardian to a time when the child is not present.
- Request a copy of the court order that establishes custody.

- Do not answer questions regarding the child over the phone.

If the non-custodial parent and/or legal guardian wishes to obtain information regarding the child, schedule an appointment and require identification.

Suggestions for identification verification may include viewing the person's pictured identification or asking for the code word agreed to by the parent and/or legal guardian and the licensee.

Rule 1903 (1)(j)

(1) A licensee shall do all of the following:

(j) Allow parents of enrolled children who are in attendance to visit the child at the child care home at any time during hours of operation, as required in section 3a of the act, MCL 722.113a.

Rationale

The purpose of this rule is to ensure that a parent and/or legal guardian has unrestricted access to the child care home during the hours of operation, allowing them to observe the care their child receives.

Technical Assistance

One parent and/or legal guardian may not limit the other from visiting the child or receiving information about how the child's day went. Personnel have no legal right to prohibit a parent and/or legal guardian from visiting his/her child unless there is a court order that limits one parent and/or legal guardian's right to visit the child.

Best Practice

The following best practices are recommended in dealing with child custody conflicts:

- Maintain your role as the child's advocate.
- Limit any discussion with either parent and/or legal guardian to the child and the effects the conflict may be having on the child.
- Limit all discussions with the parent and/or legal guardian to a time when the child is not present.
- Request a copy of the court order that establishes custody.
- Do not answer questions regarding the child over the phone.

If the non-custodial parent and/or legal guardian wishes to obtain information regarding the child, schedule an appointment and require identification.

Rule 1903 (1)(k)

(1) A licensee shall do all of the following:

(k) Cooperate with the department in connection with an inspection or investigation, as required in section 10(1) of the act, MCL 722.120. Cooperation includes, but is not limited to, all of the following:

- (i) Admit authorized members of the department into the approved child caring areas of the child care home and provide access to all records, individuals, and other materials necessary to determine compliance with the act and these rules.**
- (ii) Allow the department to perform routine investigative functions during the course of an investigation, inspection, or examination. Routine investigative functions include, but are not limited to, both of the following:**
 - (A) Interviewing potential witnesses, such as child care staff members, members of the household, and volunteers.**
 - (B) Taking photographs to assess and document the conditions of the child care home and its compliance with the act and these rules.**
- (iii) Provide accurate and truthful information to the department, and encourage witnesses to provide accurate and truthful information to the department.**

Rationale

The purpose of this rule is to ensure the department has access to the home, records, policies, and the individuals associated with the child care license to carry out thorough inspections and investigations.

Technical Assistance

Per R 400.1903(1)(b), in the absence of the licensee, a child care staff member must be appointed who is knowledgeable about the child care operation, knows where all records are located, and understands his/her role regarding cooperating with the department.

Best Practice

The Child Care Organizations Act provides requirements for investigations (MCL 722.120) as follows:

- (1) The department may investigate, inspect, and examine conditions of a child care organization and may investigate and examine the books and records of the licensee. The licensee shall cooperate with the department's investigation, inspection, and examination by doing all of the following:**

- (a) Admitting members of the department into the child care organization and furnishing all reasonable facilities for thorough examination of its books, records, and reports.
- (b) Allowing the department to perform routine investigative functions during the course of an investigation, inspection, or examination. Routine investigative functions include, but are not limited to, interviewing potential witnesses, such as staff and household members, and taking photographs to assess and document the conditions of the child care organization and its compliance with this act and the rules promulgated under this act.
- (c) Providing accurate and truthful information to the department, and encouraging witnesses, such as staff and household members, to provide accurate and truthful information to the department.

Rule 1903 (1)(I)

(1) The licensee shall do all of the following:

- (I) Ensure that all personnel, members of the household, and volunteers conduct themselves in a manner that is conducive to the welfare of children.**

Rationale

The purpose of this rule is to ensure the safety and welfare of children. All personnel should exhibit mature, responsible behavior and maintain the ability to respond appropriately to children's individual needs.

Technical Assistance

The following link can be used to view the full Child Care Organizations Act: [Act 116 of 1973](#).

The Child Care Organization Act provides the following definitions of "conductive to the welfare of the children." To be in compliance with (1)(n):

MCL 722.115m(b) states that "conductive to the welfare of the children" means:

- The service and facility comply with this act and the administrative rules promulgated under this act.
- The disposition, temperament, condition, and action of the applicant, licensee, licensee designee, program director, child care staff member, and member of the household promote the safety and well-being of the children served.

Conductive to the welfare of children also includes the licensee:

- Is truthful to the department and the public.
- Is capable of making appropriate judgements.
- Is knowledgeable of the developmental needs of children of varying ages.

- Conducts self in a way so that the rule requirements are met.

MCL 722.115m(3) states: To assess whether the service, facility, applicant, licensee, child care staff member, or member of the household is conducive to the welfare of the children, the department may utilize available information, including, but not limited to, any of the following:

- (a) Investigative report, such as a law enforcement report and a children's protective services report.
- (b) Medical report.
- (c) Public record.
- (d) Child care center, group child care home, or family child care home record.
- (e) Inspection of the group child care home or family child care home.

Rule 1903 (1)(m)

(1) The licensee shall do all of the following:

(m) Ensure that all personnel, members of the household and volunteers that use a controlled substance outside of child-use space that is prescribed to the individual, does not impair the individual's ability to supervise, care and protect the children in care.

Rationale

The purpose of this rule is to ensure the safety and welfare of children. A licensee should exhibit responsible behavior and maintain the ability to respond appropriately to children's individual needs.

Technical Assistance

To be in compliance with (1)(o):

MCL 722.115m(14)(b) states that "conducive to the welfare of the children" means:

- (i) The service and facility comply with this act and the administrative rules promulgated under this act.
- (ii) The disposition, temperament, condition, and action of the applicant, licensee, licensee designee, program director, child care staff member, and member of the household promote the safety and well-being of the children served.

Conducive to the welfare of children also requires that the licensee:

- Be truthful to the department and the public.
- Be capable of making appropriate judgements.
- Be knowledgeable of the developmental needs of children of varying ages.
- Conduct themselves in a way so that the rule requirements are met.

MCL 722.115m(3)

To assess whether the service, facility, applicant, licensee, child care staff member, or member of the household is conducive to the welfare of the children, the department may utilize available information, including, but not limited to, any of the following:

- (a) Investigative report, such as a law enforcement report and a children's protective services report.
- (b) Medical report.
- (c) Public record.
- (d) Child care center, group child care home, or family child care home record.
- (e) Inspection of the child care center, group child care home, or family child care home.

MCL 722.120

- (1) The department may investigate, inspect, and examine conditions of a child care organization and may investigate and examine the books and records of the licensee. The licensee shall cooperate with the department's investigation, inspection, and examination by doing all of the following:
 - (a) Admitting members of the department into the child care organization and furnishing all reasonable facilities for thorough examination of its books, records, and reports.
 - (b) Allowing the department to perform routine investigative functions during the course of an investigation, inspection, or examination. Routine investigative functions include, but are not limited to, interviewing potential witnesses, such as staff and household members, and taking photographs to assess and document the conditions of the child care organization and its compliance with this act and the rules promulgated under this act.
 - (c) Providing accurate and truthful information to the department, and encouraging witnesses, such as staff and household members, to provide accurate and truthful information to the department.

See the entire [Child Care Organizations Act](#), including exclusionary offenses, for more information.

MCL 722.115n

- (1) Except as otherwise provided in subsection (13), when a person, partnership, firm, corporation, association, governmental organization, or nongovernmental organization applies for or applies to renew a license to operate a child care center, group child care home, or family child care home under section 5m and before a group child care home or family child care home allows an individual to be a member of the household, or a child care center, group child care home, or family child care home allows an individual to become a child care staff member, the department shall do all of the following:

- (a) Review its 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.
 - (b) Conduct a search of the individual through the national sex offender registry.
 - (c) Request a search of the individual through all state criminal registries or repositories for any states of residence in the past 5 years.
 - (d) Request that the department of state police perform a criminal history check on the individual, child care staff member, or adult member of the household.
- (2) If the individual, child care staff member, or adult member of the household has resided out of the United States within the preceding 5 years, equivalent clearances of those described in subsection (1)(b) and (d) and section 5q from each country must be provided, if available. If the country does not have the equivalent clearance, the individual must sign a self-certifying statement that he or she is not ineligible to receive a license, to be an adult member of the household, or to be a child care staff member as prescribed by sections 5q and 5r. An individual who provides or is determined to have provided false information or knowingly omits information in the self-certification statement is ineligible for that application.
- (3) Each individual listed in subsection (1) shall give written consent at the time of the license application and before a group child care home or family child care home allows an individual to be a member of the household, or before becoming a child care staff member to allow the department of state police to conduct the criminal history check required under subsection (1). The department shall require the individual to submit his or her fingerprints to the department of state police and the Federal Bureau of Investigation for the criminal history check as required in subsection (1).
- (4) The department shall request a criminal history check required under this section on a form and in the manner prescribed by the department of state police.
- (5) Within a reasonable time after receiving a complete request for a criminal history check on a person under this section, the department of state police shall conduct the criminal history check and provide a report of the results to the department. The report shall contain any criminal history record information on the person maintained by the department of state police and the Federal Bureau of Investigation.
- (6) The department of state police may charge the department a fee for a criminal history check required under this section 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 or fee charged by the department of state police, the Federal Bureau of Investigation, or a vendor approved by the department of state police for performing a criminal history check required under this section.
- (7) The department shall provide whether the individual is eligible or ineligible as provided by sections 5q and 5r within 45 days after the date on which the request was submitted.
- (8) The individual may serve as a child care staff member pending the results of the record and database checks required by this section and section 5q if the individual is supervised at all times.

- (9) Within 45 days after the date on which the request was submitted, the department shall provide a statement to the child care center, group child care home, or family child care home that indicates whether the individual is eligible or ineligible to be, a licensee, an adult member of the household, or a child care staff member as provided under sections 5q and 5r without revealing any disqualifying crime or other related information regarding the individual.
- (10) If the individual is ineligible due to the records or database checks required under this section and section 5q, the department shall provide information related to each disqualifying item in a report to the individual who has been determined ineligible.
- (11) An individual who has been determined to be ineligible as provided under sections 5q and 5r may request a redetermination by the department if he or she believes that the basis for the ineligible determination is inaccurate. The individual shall file the request for redetermination with the department within 30 calendar days after receiving the written notice that he or she was determined to be ineligible. If an individual has been determined to be ineligible based upon a conviction that has been expunged or set aside or a central registry case that has been expunged, the individual shall provide the supporting court, law enforcement, or department of health and human services, or equivalent department from another state, documents along with the request for redetermination. The individual shall not be determined to be ineligible based upon a conviction that has been set aside or expunged or a central registry case that has been expunged. The department shall review the request and issue a written decision within 30 business days after receiving the request for redetermination. The decision of the department is final.
- (12) Each ineligible individual shall be given instructions about how to complete the request for redetermination process as provided in subsection (11).
- (13) Except as otherwise provided in this subsection, not later than September 30, 2017, every child care center licensee, group child care home licensee, family child care home licensee, child care staff member, and adult member of the household shall submit his or her fingerprints to the department of state police and the Federal Bureau of Investigation in order to carry out the records and database checks required under this section and section 5q. If the department of education obtains an extension on the implementation of this program from the federal government, the provisions of this section may be implemented no later than September 30, 2018.
- (14) If a licensee, licensee designee, or program director of a child care center, group child care home, or family child care home applying for a new license or to renew a license to operate a child care center, group child care home, or family child care home has previously undergone a criminal history check required under subsections (1) and (13) and has remained continuously licensed after the criminal history check has been performed, that licensee, licensee designee, or program director of a child care center, group child care home, or family child care home is not required to submit to another criminal history check upon renewal of, or application for, the license obtained under this act.

- (15) Upon consent of an applicant as required in subsection (3) and upon request from a child care center, group child care home, or family child care home, the department shall review the information received from the criminal history check, if any, and notify the requesting child care center, group child care home, or family child care home of the information in the manner prescribed in subsection (7). Until the Federal Bureau of Investigation implements an automatic notification system as outlined in section 5k, a child care center, group child care home, or family child care home may rely on the criminal history record information provided by the department under this subsection and a new request as provided under this section is not necessary if all of the following requirements are met:
- (a) The criminal history check was conducted during the immediately preceding 5-year period.
 - (b) The applicant has been continuously employed by a child care center, group child care home, or family child care home since the criminal history check was conducted in compliance with this section.
 - (c) The applicant can provide evidence acceptable to the department that he or she has been a resident of this state for the immediately preceding 5-year period.
- (16) The checks and clearances required in subsection (1)(a) to (c) and section 5q shall be updated at least every 5 years if the individual has been continuously licensed, has continuously been serving as a child care staff member, or has continuously been an adult member of the household.

Note: If a person is found ineligible, he/she cannot be connected to the home per Rule 400.1925(4). The department continually monitors the licensee and/or licensee designee for any criminal activity or placement on the central registry as a perpetrator of child abuse or neglect. The department must initiate steps to revoke or refuse to renew the license if a central registry clearance reveals that an active licensee is listed on the central registry or if a criminal history clearance reveals a conviction for the exclusionary offenses. A list of exclusionary offenses can be found on the [Forms and Resources](#) page.

Note: If the licensee has his/her name expunged from the central registry, he/she may hold a license. An expungement is requested by the individual named on the central registry to the Department of Health and Human Services office that placed the person on the central registry.

Rule 1903 (1)(n)

- (1) The licensee shall do all of the following:
- (n) Have present at all times at least 1 person individual who has access to and understands all of the following information:

- (i) The act, these rules, and any additional communications from the department.
- (ii) Child information cards.
- (iii) Written directions about a child's care.
- (iv) Information about food, cleaning, and chemical labels that can impact a child's well-being.
- (v) Written medication directions for a child.
- (vi) Information needed to effectively implement emergency procedures.

Rationale

The purpose of this rule is to ensure that at least one individual present at all times has access to and understands critical licensing, health, safety, and child-specific information necessary to provide appropriate care and effectively respond to emergencies.

Technical Assistance

To comply with this rule, the licensee must ensure that at least one person is on-site at all times who can read, comprehend, and carry out the requirements of this rule. This person should have access to all records and documentation pertaining to the child care license.

Rule 1903 (1)(o)

- (1) The licensee shall do all of the following:
 - (o) Cooperate with the department by ensuring that all individuals requiring a comprehensive background check are entered into the child care background check system and processed for eligibility as required by sections 5n and 5q of the act, MCL 722.115n, and 722.115q, and R 400.192519.

Rationale

The purpose of this rule is to ensure that required background checks are completed to protect the health and safety of children in care.

Technical Assistance

Eligibility is determined through the comprehensive background check process. To receive a determination, the individual must be entered into the Child Care Background Check (CCBC) system by an authorized user and fingerprinted under the Child Care Licensing (CCL) Reason Code. Once fingerprint results are received, the department will complete all remaining registry checks.

Any applicant who has resided outside the state of Michigan within the past five years must submit any additional information, forms, or fees required by other states or countries to complete a comprehensive background check.

Each individual requiring a comprehensive background check, including the licensee, must accurately complete and sign the Consent and Disclosure form, under [Forms and Resources](#). The form must be signed and dated before fingerprinting to be in compliance with this rule and must contain an original signature; digital signatures are not accepted.

Licensees are responsible for maintaining accurate status updates in the CCBC system, including connection, disconnection, or withdrawal of individuals associated with the license. Once an individual's eligibility has been determined, the department will notify the licensee in writing. The letter instructs you to log into the Child Care Background Check system and finalize your "Action" in the system once you have made your final employment decision.

Once a person has been found eligible, you must "Connect" them to your facility in CCBC if the person will be a child care staff member, unsupervised volunteer, or licensee designee. If the individual will no longer serve in one of these roles, you must "Disconnect" them. If you decide not to proceed with a background check, you must "Withdraw" the individual from the system.

While awaiting background check results, an individual may work as a child care staff member only under continuous supervision by an eligible staff member. "Supervised at all times" means the eligible staff member can see and hear the individual at all times. For example, if the eligible staff member needs to use the restroom, another eligible staff member must step in to supervise the ineligible individual prior to them leaving the room.

Failure to disconnect an ineligible individual or prohibit an ineligible person from being on the premises of the child care home or having contact with the children in care may result in disciplinary action against the license and/or loss of any subsidy payments.

Best Practice

The CCBC [Forms and Resources](#) has a PowerPoint training guide for using the Child Care Background Check System.

For additional questions, contact the CCBC unit at 844-765-2247. See the CCBC [Frequently Asked Questions](#) for more information.

Rule 1903 (1)(p)

(1) The licensee shall do all of the following:

(p) Provide identifying information to the department in a manner as prescribed by the department on both of the following individuals who are associated with the child care license:

- (i) A Licensee.**
- (ii) An adult household member.**

Rationale

The purpose of this rule is to verify the identity of the licensee, adult members of the household, and any other adults who permanently reside in the child care home.

Rule 1903 (1)(q)

(1) The licensee shall do all of the following:

(q) Ensure that the personnel, volunteers, and adult members of the household do all of the following:

- (i) Make an immediate verbal report to the department of health and human services, children's protective services, by telephone at 1-855-444-3911, on reasonable cause to suspect child abuse or child neglect. The verbal report must be followed by the submission of the written report within 72 hours of the verbal report.**
- (ii) Sign and date a written statement at the time of initial license application, on hiring or before volunteering, and indicate all of the following information:**
 - (A) The individual is aware that abuse and neglect of children is against the law.**
 - (B) The individual is informed of the child care home's policies on child abuse and neglect.**
 - (C) The individual knows they are mandated reporters of child abuse and child neglect and are required by law to immediately report suspected abuse and neglect to the department of health and human services and children's protective services, as described in paragraph (i) of this subdivision.**

Rationale

The purpose of this rule is to ensure that all personnel, volunteers, and adult household members are aware of the laws regarding child abuse and neglect and understand their legal responsibility as mandated reporters. It also ensures that suspected child abuse or neglect is reported immediately to protect the safety and well-being of children in care.

Technical Assistance

All child care personnel are mandated reporters. Under the Child Protection Law, child care personnel must contact Children's Protective Services (CPS) immediately when child abuse and/or neglect is suspected. See the Michigan Child Protection Law (1975 PA 238), MCL 722.623, and also MCL 722.624 (shown below):

722.624 Persons permitted to report child abuse or neglect. Sec. 4.

In addition to those persons required to report child abuse or neglect under section 3, any person, including a child, who has reasonable cause to suspect child abuse or neglect may report the matter to the department or a law enforcement agency.

An immediate verbal report may be made to Centralized Intake by calling (855) 444-3911. The verbal report must be followed by a written report. The written report must be submitted within 72 hours. The Michigan Department of Health and Human Services (MDHHS) 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-CPSCIGroup@michigan.gov.

Or, a report may be made using the online system for mandated reporters. Reports can be submitted 24/7 from anywhere with Internet access. The requirement to call the toll-free number and send a written report is eliminated when reporting suspected child abuse or neglect online.

For emergencies, mandated reporters must call 911 and then the hotline or online system to file the report. When child abuse and/or neglect is suspected, personnel need to obtain only enough information to make a report. If a child starts disclosing information regarding abuse and/or neglect, personnel must only ask open-ended questions, if necessary, to determine whether a report needs to be made to CPS. The child must not be led during the conversation. Personnel must not attempt to conduct their own investigation either before reporting it to CPS or during the CPS investigation.

An electronic signature from a staff person, adult household member, or volunteer is acceptable.

Child care staff members and volunteers, and child care assistants (including minors) of a child care home are mandated reporters. Under the Child Protection Law, center employees and volunteers must contact Children's Protective Services (CPS) immediately when they suspect child abuse and/or neglect.

- The immediate verbal report must be made to Centralized Intake by calling (855) 444-3911. The verbal report must be followed by a written report. The written report must be submitted within 72 hours. DHHS 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.

- The immediate online report eliminates the requirement to fill out a DHS-3200 form. To report online, you can register as a mandated reporter at MI Bridges Mandated Reporters.

Reporting the situation to the licensee or another staff person does not relieve the home employee or volunteer of their mandated responsibility to report to CPS.

When child abuse and/or neglect is suspected, the home employee or volunteer needs to obtain only enough information to make a report. If a child starts disclosing information regarding abuse and/or neglect, the home employee/volunteer must ask only open-ended questions, if necessary, to determine whether a report needs to be made to CPS. The child must not be led during the conversation. The home employee/volunteer must not attempt to conduct their own investigation either before reporting it to CPS or during the CPS investigation.

Best Practice

Determining when to report situations of suspected child abuse/neglect can be difficult. When in doubt, contact the local MDHHS office for consultation. Below are some commonly accepted warning signs associated with various forms of child abuse/neglect. Note that the warning signs below, in themselves, are not the only indicators of child abuse/ neglect and, if present, do not always mean a child is being abused or neglected.

- Physical Abuse: Sores, burns, bruises, injuries on the body, and a reluctance to tell or vagueness about where these originated. Injuries may not match the explanation.
- Neglect: Consistent signs of hunger, inappropriate dress, poor hygiene (unwashed clothes, hair, and body odor); regularly displays fatigue or listlessness; unattended medical needs.
- Sexual Abuse: Unusual sexual awareness or behavior. Inappropriate sexual behavior, such as attempting to insert tongue in your mouth; pain, itching, bleeding, or bruises in the genital area; persistent sexual play with other children, themselves, toys, or pets; withdrawal or depression.

Other signs of possible abuse or neglect include:

- Extremely aggressive and/or passive behavior.
- Delays in development.
- Fear of parents or adults.
- Unusually shy, avoids other children and adults.
- Avoids physical contact.
- Apt to seek affection from any adult.
- Reports of being hurt or abused.

Rule 1903 (1)(r)

(1) The licensee shall do all of the following:

(r) Ensure that all supervised volunteers and child care assistants receive a public sex offender registry clearance by the licensee against the state sex offender registry or the national sex offender registry before having any contact with a child in care. A copy of this clearance must be maintained on file at the child care home.

Rationale

The purpose of this rule is to ensure that supervised volunteers and child care assistants are properly screened through the sex offender registry before contact with children to protect the safety and well-being of children in care.

Technical Assistance

Per R 400.1901, “supervised volunteer” means an individual who is 16 years of age or older, provides services for a child care home that is not compensated, and who is supervised by eligible personnel at all times when children are in care. A supervised volunteer cannot be counted in staff to child ratios.

Resources:

- [The Michigan State Police Sex Offender Registry \(PSOR\)](#)
- [The National Sex Offender Public Website \(NSOPW\)](#)

A supervised volunteer does not include the rare times when a parent and/or legal guardian attends a special activity, such as a classroom party or field trip, or when the parent and/or legal guardian is with only their child and has no responsibility for other children or group activities.

Best Practice

It is recommended that the PSOR clearance be done yearly.

It is recommended that you use an application and/or a written statement for supervised volunteers that includes their legal name and address to make sure the PSOR results are accurate.

Rule 1903 (1)(s)

(1) The licensee shall do all of the following:

(s) Have a written policy regarding screening and supervision of personnel and volunteers, including volunteers who are parents of a child in care. The policy

must include a statement that any personnel or volunteer registered on either the state sex offender registry or the national sex offender registry is prohibited from having contact with any child in care.

Rationale

The purpose of this rule is to ensure proper screening and supervision of personnel and volunteers to prevent individuals on sex offender registries from having contact with children in care.

Technical Assistance

The written policy for screening and supervision of volunteers must describe the methods used by the child care home to screen and supervise volunteers. The written policy may include volunteer duties and restrictions. An unsupervised volunteer must not have unsupervised contact with children in care until the department has determined the unsupervised volunteer is eligible through a comprehensive background check.

A supervised volunteer does not include the rare occasions when a parent and/or legal guardian accompanies their child on special activities such as classroom parties or field trips, or when the parent and/or legal guardian is only with their child and has no responsibility for other children or activities in the home.

MCL 722.119(4) states “Each child care organization shall establish and maintain a policy regarding supervision of volunteers, including volunteers who are parent and/or legal guardian of a child receiving care at the child care organization.”

Rule 1903 (2)

(2) The exceptions in subrule (1)(a) of this rule do not include other part-time or full-time employment that occurs during the hours of operation of the child care home.

Rationale

The purpose of this rule is to ensure that other employment, which occurs during child care hours of operation, does not impact continuity of care.

Technical Assistance

Other part-time and full-time employment is only allowed during child care hours of operation if the licensee meets the requirements of subrule (1)(a) of this rule.

R 400.1905 Concurrent Licensing

Rule 1905 (1) - (4)

- (1) A licensee who is concurrently licensed as a children's foster home provider shall so inform the parents of the children in care.
- (2) A licensee who provides care for both child care and foster care children shall not care for more than 12 children, including all of the following:
 - (a) Children who are under 17 years of age and who are related to the licensee by blood, marriage, adoption, or legal guardianship.
 - (b) The capacity of foster children identified on the foster care license.
 - (c) All other children who are cared for on a part-time or full-time basis.
- (3) A licensee shall notify the department when applying for a foster care license.
- (4) The department has the right to refuse concurrent licensing for child care if the health and safety of child care children could be at risk.

Rationale

The purpose of this rule is to ensure the department is aware of potential changes in the composition of the child care home for licensees who have a concurrent foster care license.

Technical Assistance

A licensee with both a child care and foster care license must not care for more than 12 children at any one time. The 12 children counted in the total capacity include all of the following:

- Any children under the age of 17 residing in the home.
- Number of children shown on the foster care license.
- Number of children in child care on the license.

To determine the capacity of the family or group child care home, if also licensed to provide foster care, complete the following steps:

- Add the number of children shown on the foster care license.
- Add the number of children under 17 years of age residing in the home. Do not count the number of foster children placed in the home.
- Subtract that number from 12.

The final number is the maximum number of children permitted under the child care license.

For purposes of these subrules, the department refers to the Child Care Licensing Division.

R 400.1906 Child care home records

Rule 1906 (1)

- (1) A licensee shall maintain a file for each staff and driver that includes all of the following:
- (a) The individual's first and last name, address, telephone number, and date of hire.
 - (b) Daily records detailing arrival times and departure times at the child care home.
 - (c) A statement signed by a licensed physician or the physician's designee that attests to the individual's mental and physical health, and which must be updated as follows:
 - (i) For an applicant or licensee, within 1 year before issuance of the initial license and at the time of subsequent renewals.
 - (ii) For a child care staff member and a child care assistant, within 1 year before to caring for children and at the time of subsequent renewals of the child care home's license.
 - (d) Other physician attestations and records as required in R 400.1933.
 - (e) A written statement, signed and dated by the child care staff member or child care assistant 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 they are mandated by law to report child abuse and neglect.
 - (iii) The individual has received and read a copy of the licensee's discipline policy.

Rationale

The purpose of this rule is to ensure that staff records are organized, maintained, and readily available during licensing inspections and/or investigations. It also ensures that staff are physically, mentally, and emotionally able to provide appropriate care and supervision of children and to promote children's healthy development.

Technical Assistance

Daily records detailing arrival and departure times may include time cards, time sheets, logs documenting personnel names, and the date worked.

Electronic records must be accessible upon request. If records are not available during an onsite inspection, the licensee is in violation of these rules.

Physician evaluations are acceptable from the following:

- A licensed Doctor of Medicine (MD).
- A licensed Doctor of Osteopathic Medicine (DO).
- A designee, which includes a physician assistant, nurse practitioner, or nurse.

If a designee signs the evaluation, a physician's signature or stamp is not required on the form. If there is a question as to the validity of the document, the licensing consultant will contact the physician's office to verify its authenticity.

R 400.1906(1)(c) - The Licensing Medical Request (CCL-3704) may be used to document medical information required by this rule. This form is located in the [forms](#) section of the [Child Care Licensing](#) website.

R 400.1906(1)(e) (i-iii) – The Child Care Staff Member Certification and Child Care Assistant Certification (CCL-4595) may be used by child care staff members and child care assistants to comply with this rule. This form is located in the [forms](#) section of the [Child Care Licensing](#) website.

To be in compliance with subrule (e), an electronic signature from a staff person or volunteer is acceptable if the use of that technology is available.

All child care staff members, child care assistants, and volunteers (including minors) are mandated reporters. Under the Child Protection Law, staff and volunteers must contact Children's Protective Services (CPS) **immediately** when they suspect child abuse and/or neglect.

- The immediate verbal report must be made to Centralized Intake by calling (855) 444-3911. The verbal report must be followed by a written report. The written report must be submitted within 72 hours. Michigan Department of Health and Human Services (MDHHS) 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 MDHHS-CPS-CIGroup@michigan.gov.
- The immediate online report eliminates the requirement to fill out a DHS-3200 form. To report online, you can register as a mandated reporter at [MI Bridges Mandated Reporters](#).

Reporting the situation to the licensee or another staff person does not relieve the personnel or volunteer of their mandated responsibility to report to CPS.

When child abuse and/or neglect is suspected, personnel or volunteers should gather only enough information to make a report. If a child begins to disclose information about possible abuse or neglect, personnel or volunteers may ask open-ended questions, if necessary, to

determine whether a report to CPS is required. The child must not be led or influenced during the conversation. Personnel and volunteers must not conduct their own investigation before making a report to CPS or while a CPS investigation is ongoing.

Best Practice

The Licensing Medical Clearance Request form (CCL3704) may be used to document medical information required by this rule. This form is located in the [forms](#) section of the [Child Care Licensing](#) website.

Determining when to report situations of suspected child abuse/neglect can be difficult. When in doubt, contact Centralized Intake for consultation.

For more information on reporting suspected child abuse and neglect, refer to the mandated reporter's website at [Mandated Reporters](#). The Mandated Reporter's Resource Guide (DHS-Pub 112) is also available online at [Mandated Reporters' Resource Guide](#). Also see the publication [The Role of Professional Child Care Providers in Preventing and Responding to Child Abuse and Neglect](#).

Rule 1906 (2) - (5)

- (2) The records in this rule must be retained for the duration of the individual's employment and a minimum of 2 years after the individual has left the employment of the licensee.
- (3) There must be a current licensing notebook that includes all licensing inspections, special investigation reports, corrective action plans, approval letters for the last 3 calendar years, and a summary sheet outlining the documents contained in the notebook. The notebook must be in a place accessible to parents and prospective parents during the child care home's normal hours of operation, or if the internet is available at the home, access may be provided through the department's electronic database of licensing records for the entity.
- (4) The licensing notebook must be maintained and retained until the license is closed.
- (5) The records required by the act and these rules must be retained for a minimum of 2 years or longer as specified in these rules and made available to the department on request.

Rationale

The purpose of this rule is to ensure that personnel records are organized, maintained, and readily available during licensing inspections and/or investigations.

R 400.1907 Child's record

Rule 1907 (1)(a)

(1) Before a child's initial attendance, a licensee shall obtain the following documents:

- (a) A completed child information card on a form provided by the department or a comparable substitute approved by the department that must be maintained on file via hard-copies at the child care home.**

Rationale

The purpose of this rule is to ensure the licensee and child care personnel have contact and medical information for each child in care.

Technical Assistance

"Initial attendance" means the first instance a child is left in the licensee's care. To be in compliance with this subrule, the Child Information Record (CCL-3731) or a comparable substitute) must be accurate and completed for each child in care. A comparable substitute can be used in place of the department's form as long as it meets the same required specifications and achieves the same intended outcome.

Unless otherwise indicated, all requested information must be provided. If the information cannot be given or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses. The most recent and up-to-date form can be found on the [Child Care Licensing](#) website.

Children may be released to a parent and/or legal guardian or other individual named in the release of child sections on the Child Information Record.

Rule 1907 (1)(b)

(1) Before a child's initial attendance, a licensee shall obtain the following documents:

- (b) A child in care statement or receipt using a form provided by the department and signed by the parent certifying all of the following:**
 - (i) Receipt of written disciplinary policy.**
 - (ii) Condition of the child's health.**
 - (iii) Acknowledgement that the parent was offered either a copy of the licensing rules for a child care home or given the website for an electronic copy of these rules.**

- (iv) **Agreement as to who will provide food for the child.**
- (v) **Acknowledgement that fire arms on the premises, if applicable.**
- (vi) **If the child care home was built before 1978, then the licensee shall inform the parents of each child in care and all personnel and volunteers of the potential presence of lead-based paint or lead dust hazards, unless the licensee maintains documentation from a lead testing professional that the child care home is lead safe.**
- (vii) **Notice of the availability of the child care home's licensing notebook and that it contains the items described in R 400.1906 (3).**

Rationale

The purpose of this subrule is to ensure a parent and/or legal guardian receives important information about the child care home's policies, environment, and potential risks so they can make informed decisions about their child's care.

Technical Assistance

"Initial attendance" means the first instance a child is left in the licensee's care.

A Child in Care Statement/Receipt (CCL-3900) must be used to document the information required by this sub-rule. A single Child in Care Statement/Receipt (CCL-3900) may be used for all children in the same family. The Child in Care Statement/Receipt is located in the [forms](#) section of the [Child Care Licensing](#) website.

Child care staff members, volunteers, and child care assistants must be informed of the potential presence of lead-based paint or lead dust hazards if the child care home was built prior to 1978.

If licensing consultants receive documentation from a licensee that the child care home is unsafe due to lead exposure, consultants are not to cite a violation with this sub-rule. If there is flaking or deteriorating paint on interior or exterior surfaces, see R 400.1913(6).

Best Practice

The Child Care Staff Member and Child Care Assistant Certifications (CCL-4595) form may be used to document that information on lead-based paint was provided to child care staff members and child care assistants. The Child Care Staff Member and Child Care Assistant Certifications (CCL-4595) is located in the [forms](#) section of the [Child Care Licensing](#) website.

The Licensing Notebook Summary Sheet (CCL-5052) may be used as the required summary sheet in the licensing notebook. The Licensing Notebook Summary Sheet (CCL-5052) is located in the [forms](#) section of the [Child Care Licensing](#) website.

It is recommended that when inspection reports and related corrective action plans are added to the licensing notebook, the licensee notify parents and/or legal guardians within three business days of the receipt of the report or approval letter for the corrective action plan.

Rule 1907 (1)(c) - (d)

- (1) Prior to a child's initial attendance, a licensee shall obtain the following documents:**
- (c) Documentation that immunizations and boosters, as recommended by the department of health and human services, include any of the following:**
- (i) Have been completed.**
 - (ii) Are in progress.**
 - (iii) Are not being administered due to religious, medical, or other reasons based on a waiver signed by the parent.**
- (d) If a parent objects to emergency medical treatment on religious grounds, the parent shall provide a signed statement that they assumes responsibility for all emergency care.**

Rationale

The purpose of this subrule is to share with parents and/or legal guardians that routine immunizations at the appropriate age are the best means of preventing vaccine-preventable diseases for both the child who is immunized and other children to whom they are exposed.

Technical Assistance

"Initial attendance" means the first instance a child is left in the licensee's care.

A Child in Care Statement/Receipt (CCL-3900) must be used to document the information required by this rule. A single Child in Care Statement/Receipt (CCL-3900) may be used for all children in the same family.

Copies of a child's immunization records are not required.

Information pertaining to required immunizations for Michigan child care/preschool attendance can be obtained from the MDHHS website, Immunization Info for Families & Providers, or the [Michigan Care Improvement Registry](#) website – Improving Healthcare in Michigan (School & Child Care).

Best Practice

The Centers for Disease Control (CDC) recommends additional immunizations. Additional information on the CDC's recommendations can be obtained from the [CDC Vaccines & Immunizations](#).

The Michigan Department of Health and Human Services has developed flu information materials for child care licensees. It is recommended that the licensee post this information in an area for parents and/or legal guardians to review and serve as a reminder that children should be given the flu vaccine every year.

For more information on the flu and flu vaccines, visit the [Child Care Licensing](#) website.

Rule 1907 (2)

(2) Records in subrule (1) of this rule must be reviewed and updated annually or when information changes.

Rationale

The purpose of this subrule is to ensure that child care personnel have current and accurate information.

Technical Assistance

The Child Information Record (CCL-3731 or comparable substitute) and Child in Care Statement/Receipt (CCL-3900) must be reviewed by the parent and/or legal guardian at least annually. Any changes needed must be made by having the parent and/or legal guardian do one of the following:

- Complete a new Child Information Record (CCL-3731 or comparable substitute) and/or Child in Care Statement/Receipt (CCL-3900).
- Make the changes on the Child in Care Statement/Receipt (CCL-3900), and initial and date the changes.

If there are no updates when the parent and/or legal guardian completes the annual review of the forms, the parent and/or legal guardian can document the review by initialing and dating the forms. When the licensee learns of changes to the information on the Child Information Record (CCL-3731 or comparable substitute) and Child in Care Statement/Receipt (CCL-3900), the changes must be documented at that time as outlined above.

Rule 1907 (3)

- (3) A child care home shall keep on file at the child care home an accurate record of daily attendance at the child care home that includes each child's first and last name and each child's arrival and departure time.**

Rationale

The purpose of this subrule is to ensure that child care personnel know which children are in care at any given time and assist personnel in maintaining personnel to children ratios.

Technical Assistance

A licensee's attendance procedure may include having either personnel and/or parents/legal guardians be responsible for entering arrival and departure times. It is the licensee's responsibility to ensure attendance is accurate and documented when the child arrives and departs.

Licensees can keep attendance records electronically. It is the licensee's responsibility to demonstrate the following:

- The electronic attendance records are reliable.
- How attendance records would be maintained if the system was down.
- How attendance records would be accessed during an emergency or if the system was down.
- If electronic attendance records are not available during an on-site inspection, the home is in violation of this rule.

Refer to subrule (5) of this rule regarding attendance record retention.

Best Practice

All licensees who receive Child Development and Care (CDC) payments should refer to the [CDC website](#) for guidance on attendance requirements.

All centers participating in the Child and Adult Care Food Program should refer to the following websites for guidance on attendance requirements:

- [Mid Michigan Child Care Food Program](#)
- [Association for Child Development \(ACD\)](#)

Rule 1907 (4)

- (4) Children's records required by the department must be maintained on file as indicated in this rule, immediately accessible and stored in a location known to all personnel.**

Rationale

The purpose of this subrule is to ensure that children's information can be readily accessed in the absence of the licensee.

Technical Assistance

Refer to subrule (1) of this rule for the children's records that are required by the department.

Rule 1907 (5)

(5) The records in this rule must be retained on file for a minimum of 2 years after the date a child is no longer being cared for in the child care home.

Rationale

The purpose of this rule is to ensure that the department can access past records when conducting a complaint investigation or resolving a licensing issue.

Technical Assistance

Past records may assist the licensee in resolving licensing issues. Records should be kept on-site for the current year and two years prior to the current year while the child is enrolled. These records should be kept for four years after the child leaves the home.

Best Practice

Child care homes are encouraged to store inactive files separately from active files.

Rule 1907 (6)

(6) A child care home that enrolls a homeless child pursuant to section 722 of the McKinney-Vento homeless education assistance improvements act of 2001, as amended by section 9102 of the every student succeeds act, 42 USC 11432, shall not be cited for noncompliance when a homeless child is unable to produce immunization records. The licensee shall keep on file at the child care home any documentation of referring a child to the local educational agency liaison for homeless children and youths.

Rationale

The purpose of this rule is to ensure children experiencing homelessness are not denied access to child care due to missing immunization records while supporting coordination with local resources.

Best Practice

Information about the Every Child Succeeds Act (ESSA) can be found at the US Department of Education Every Student Succeeds Act (ESSA).

For Practical Application of the McKinney-Vento Act: National Center for Homeless Education.

R 400.1908 Variance

Rule 1908 (1)

- (1) On written request of an applicant or licensee, the department may grant a variance from a rule if the alternative proposed provides clear and convincing evidence that the health, welfare, and safety of children is protected.**

Rationale

The purpose of this rule is to allow applicants or licensees to meet the intent of a rule through an alternative way when special circumstances exist.

Technical Assistance

To request a variance, the licensee must:

- Submit a written request for variance to a rule. The variance request can be sent to the licensing consultant or submitted through the Child Care Hub Information Records Portal (CCHIRP).
- Describe how the proposed alternative will meet the intent of the rule in a different way.
- Ensure that the proposed alternative does not compromise the safety of children.
- Wait to use the proposed change until written approval is received from the department.

If the variance is requested on a rule regarding environmental health or fire safety, the department may request confirmation from an environmental health sanitarian or a fire safety authority regarding the alternative proposed.

Note: A variance cannot be granted to any requirement of 1973 PA 116 because it is state law. R 400.1925 (capacity) and R 400.1942 (discipline) do not allow for a variance as noted in each rule.

Rule 1908 (2) - (3)

- (2) The decision of the department, including the conditions under which the variance was granted, must be maintained on file at the child care home.**
- (3) The granted variance remains in effect for as long as the licensee continues to comply with the conditions of the variance or may be time limited.**

Rationale

The purpose of this rule is to allow flexibility in determining the appropriateness of the duration of the variance.

Technical Assistance

Reasons a variance may be ended include:

- The licensee does not comply with the terms of the variance.
- The variance is no longer necessary or appropriate.

Rule 1908 (4)

(4) Variances must not be granted from statutory requirements.

R 400.1909 Indoor space; play equipment and materials

Rule 1909 (1)

- (1) A child care home shall provide not less than 35 square feet per child of safe, usable, accessible indoor floor space, not including bathrooms and storage areas.**

Rationale

Proper space for play equipment ensures children have safe and adequate space for daily activities and room to move. Sufficient space will reduce the risk of injury from simultaneous activities.

Child behavior tends to be more constructive when sufficient space is organized to promote developmentally appropriate skills. Crowding has been shown to be associated with increased risk of upper respiratory infections.

Technical Assistance

Capacity is partly determined by the total square footage of all approved child care areas. Space requirements are assessed per child, regardless of the child's age or the amount of time spent in the child care home.

In order for a room, including a bedroom, to be counted towards capacity, it needs to be available throughout the hours of operation.

Excessive storage or clutter that diminishes the usable child care space may affect the capacity

Note: Refer to R 400.1929 regarding supervision of children

Rule 1909 (2)

- (2) Only space that has received prior approval for child-use by the department may be used for child care.**

Rationale

The purpose of this rule is to ensure children have safe and adequate space for daily activities and room to move.

Technical Assistance

The licensee is responsible and accountable for:

- Obtaining permission from the department before using space not previously approved and used by children, including the basement and second floor levels.
- Rooms will not be approved for napping only, unless the room meets R 400.1913(2) All dangerous and hazardous materials or items must be stored securely and out of reach of children.
- Requirements and are hazard-free.
- Requesting an on-site inspection by the consultant for a new space to be approved.

Best Practice

The Request for Modification of the Terms of the License form is located in the [forms](#) section of the [Child Care Licensing](#) website.

Rule 1909 (3)

- (3) A variety of easily accessible activity choices must be available to a child that are safe and appropriate for a child at the child's stage of development. The number of choices must be based on the number of children who are allowed to attend the licensed child care home. All of the following apply to activity choices available:**
- (a) Materials may include, but are not limited to, any of the following:**
 - (i) Books.**
 - (ii) Art supplies.**
 - (iii) Blocks and accessories.**
 - (iv) Large muscle equipment.**
 - (v) Manipulative toys.**
 - (vi) Musical equipment.**
 - (vii) Dramatic play materials.**
 - (b) All materials and equipment must remain clean, free of hazards, and in good repair.**
 - (c) Toys and other play equipment soiled by secretion or excretion must be cleaned with soap and water, rinsed, and sanitized before being used by a child.**

Rationale

- Provides challenging and interesting opportunities for children of all ages to learn.
- Provides an adequate amount of developmentally appropriate equipment by promoting a healthy, stimulating learning environment and reducing stress and anxiety for the children and personnel.
- Children cannot safely or comfortably use furnishings that are not the appropriate size for their use.

- Equipment that is sized for older children poses challenges that younger, smaller children may not be able to meet.
- Equipment and furnishings that are not sturdy, safe, or in good repair may cause falls, entrap a child's head or limbs, or contribute to other injuries.
- Messy play is developmentally appropriate for all age groups, especially among very young children. Equipment, furnishings, toys, and play materials must be easily cleaned and sanitized to reduce transmission of diseases.

Technical Assistance

The number of toys, games, and other indoor play equipment necessary is based on the number of children for whom the home is being licensed. The licensee is responsible and accountable for ensuring:

- A sufficient number of toys, games, and other play equipment are accessible to children without direct adult assistance.
- All shelves and containers are sturdy, stable, and free of hazards.
- Broken equipment is repaired or replaced, including toys with missing pieces.
- All toys that children place in their mouths are cleaned and sanitized before being used by other children.
- All toys, games, and other play equipment are appropriate for a child at his/her stage of development by being challenging and interesting, yet not so difficult as to cause the child stress or anxiety.

Examples of materials include:

- Art supplies: crayons, pencils, markers, paper, glue, scissors, paint, and brushes.
- Dramatic play: dress-up clothes, hats, shoes, jewelry, dolls, puppets, and housekeeping items.
- Manipulatives: puzzles, Legos, beads, rattles, squeeze toys, board games, card games, and blocks.
- Reading and books: bookshelves, tapes/CDs, headphones, and a CD player with music, comfortable cushions, a table and chairs, and pillows.

Refer to subrule (4) of this rule regarding hazardous or recalled equipment as identified by the U.S. Consumer Product Safety Commission.

Examples of when toys and other play equipment may be soiled by secretion or excretion include, but are not limited to, when a child puts a toy in their mouth, when a child sneezes on a toy, when a child's diaper leaks while the child is playing on a piece of equipment, etc. When a toy or piece of equipment is soiled, it must be washed vigorously with soap and water, rinsed with clean water and sanitized prior to being used by another child.

Sanitizing means:

- Submerge, wipe, or spray the item with a sanitizing solution.
- Let the item 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 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 ensure they are used according to the manufacturer's instructions.

Note: When sanitizing toys and other items that children may put in their mouths:

- Bleach used must have an EPA number indicating approval for food sanitizing.
- Commercial sanitizers used must specify on the label that they are safe for food contact surfaces

Best Practice

Provide a minimum of three play spaces per child. This ensures that if a child wants to change his/her play item or activity, there is another one available without having children switch or share toys.

- A play space is a piece(s) of equipment that one child can use independently for about 15 minutes.
- Activity areas (housekeeping, dramatic play, blocks, art) can vary from two to four play spaces, depending upon the amount of equipment, accessories, and space available.

Equipment may be purchased new, used, or made.

Place equipment on low, open shelves, in containers, on a table, or on the floor easily within a child's reach.

Have available for infants and toddlers:

- Duplicate toys to prevent conflicts between children.
- Additional toys to replace toys that become soiled or contaminated throughout the day.

Bleach is recommended as a sanitizing product because it is safe, effective, and inexpensive. Test strips to check the concentration of the bleach/water solution can be used and are available from most food service suppliers.

For cleaning up vomit (including spit-up) or feces, it is recommended that the item be disinfected. A disinfecting solution can be made using water and non-scented chlorine bleach as follows:

- Stainless steel and food/mouth contact items: 1 tablespoon of bleach per gallon of water.
- Non-porous surfaces: 1/3 cup of bleach per gallon of water.

- Porous surfaces: 2/3 cups of 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.

Local health department sanitarians may maintain a list of approved commercial sanitizers.

The [Centers for Disease Control \(CDC\) website](#) has additional information - Routinely clean, sanitize, and disinfect.

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

Rule 1909 (4)

- (4) A licensee shall not use any equipment, toys, materials, or furnishings recalled or identified by the United States Consumer Product Safety Commission (CPSC) as being hazardous. These products are identified on the CPSC's [website](#).**

Rationale

The purpose of this rule is to ensure that children's products that are known to be hazardous are not used.

Technical Assistance

The Children's Product Safety Act requires the department to maintain a comprehensive list of unsafe or recalled children's products (including, but not limited to, cribs, toddler beds, car seats, high chairs, booster chairs, bath seats, gates, carriers, strollers, walkers, infant swings, etc.). The department must make the comprehensive list available to the public at no cost, and must post it on the internet and encourage links.

This comprehensive list is located on the [Child Care Resources](#) page.

Updates to the recall list are included in each edition of Michigan Child Care Matters (MCCM) on the [Child Care Licensing](#) website.

This rule requires licensees to conspicuously post on the premises an updated copy of the list of recalled children's products provided by the department. A conspicuous place means a location where parents and/or legal guardians, personnel, and others can easily see it.

Rule 1909 (5) - (6)

- (5) The current list of unsafe children's products must be conspicuously posted in the child care home as an actual hard copy or electronic access to the CPSC, or its successor's list of recalled children's products, as required by section 15 of the Children's Product Safety Act, 2000 PA 219, MCL 722.1065.
- (6) All children shall be protected from materials that could be swallowed or present a choking hazard. Toys or objects with removable parts less than 1 1/4 inches in diameter and less than 2 1/4 inches in length, and balls smaller than 1 3/4 inches in diameter are prohibited for children under 3 years of age.

Rationale

The purpose of this rule is to ensure the safety and well-being of children. Ninety percent of fatal chokings occur in children younger than four years of age.

Technical Assistance

Potentially hazardous items/toys may include, but are not limited to:

- Balloons.
- Coins.
- Safety pins.
- Jewelry.
- Plastic bags.
- Legos.
- Marbles.
- Small board game pieces.
- Toys with removable parts.
- Styrofoam objects.

Best Practice

The following best practices are recommended:

- A daily survey of the child care environment.
- Testing items with a choking hazard tester available through toy distributors and at major toy stores.

Rule 1909 (7)

- (7) Trampolines and bounce houses must not be used indoors by children in care.

Rationale

According to the American Academy of Pediatrics, trampolines and bounce houses:

- Present a safety hazard.
- Have the potential for serious injury.
- Should never be used in a home or recreational setting.
- Trampolines require highly trained personnel who have been instructed in all aspects of trampoline safety.

Technical Assistance

Trampolines of all sizes are prohibited, even with permission from parents and/or legal guardians. Bounce houses and other similar types of equipment are also prohibited indoors, as they present the same hazards as trampolines.

Note: Licensees can take children on field trips where trampolines, bounce houses and similar types of equipment are used with written permission from parents and/or legal guardians.

Note: Refer to R 400.1912(7) regarding outdoor use of bounce houses.

Rule 1909 (8)

(8) Teething necklaces, bracelets, or beads must not be used by children in care, indoors or outdoors.

Rationale

The American Academy of Pediatrics (AAP) “strongly advises against using teething beads, necklaces, or any jewelry on infants due to the risk of choking and strangulation. These items, often made of amber, silicone, wood, or marble, are marketed to relieve teething pain, but pose significant safety hazards.”

Technical Assistance

This rule refers to necklaces, bracelets, and beads meant for teething. Beaded pacifier clips are also prohibited as they are used for teething purposes.

Rule 1909 (9)

(9) Specialized equipment prohibited by these rules may be used by a child if specified in the child’s individualized family service plan or individualized education program and in the manner described in the child’s individualized family service plan or individualized education program.

R 400.1910 Bedding and sleeping equipment

Rule 1910 (1) - (3)

- (1) All bedding and sleeping equipment must be in accordance with CPSC standards as approved for the age of the child using the equipment and be clean, comfortable, safe, and in good repair. The standards are available at <http://www.cpsc.gov>.
- (2) All bedding and sleeping equipment must be cleaned before being used by another child.
- (3) All bedding used by children must be washed when soiled and weekly at a minimum.

Rationale

The purpose of this rule is to ensure bedding and sleeping equipment are clean, safe, and appropriate for children's use in order to reduce the spread of illness and support safe rest.

Technical Assistance

To be compliant with the Consumer Product Safety Commission (CPSC), cribs manufactured after June 28, 2011, are presumed compliant with the new standards. To determine when your crib was manufactured, check the crib. All cribs must have their date of manufacture permanently affixed to the crib.

Cribs manufactured prior to June 28, 2011, must have a Children's Product Certificate (CPC) or test report from a CPSC-accepted third party. While manufacturers, importers, and retailers are not required to supply CPCs or test reports to consumers, many will provide these documents to consumers upon request, or they can be found on their websites. Cribs manufactured prior to June 28, 2011, generally do not meet the new standards. Under the new standards, non-full-size baby cribs must be sold with the mattress. For more information, go to [CPSC's Crib Information Center](#).

Licensees who have newer cribs and are not sure if they will meet the new standards, contact the Consumer Product Safety Commission at (800) 638-CPSC [(800) 638- 2772].

"Cleaned" means:

- Washing bedding vigorously with hot water and detergent.
- Rinsing bedding with clean water.

Refer to R 400.1944 subrule (4) of this rule for sleeping equipment requirements, if providing nighttime care.

Sleeping equipment includes the sides, rails, mattress, and bedding of the crib, play yard, or porta crib, and other areas where the child comes into contact with the equipment.

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) should be used according to the manufacturer's instructions.

Best Practice

It is best practice to sanitize the sleeping equipment between use by children, when soiled, or if a child has been ill. Sanitizing sleeping equipment weekly, at a minimum, is recommended. Bleach is recommended as a sanitizing product because it is safe, effective, and inexpensive. Test strips are available from most food service suppliers and can be used to check the concentration of the bleach/water solution.

Local health department sanitarians may maintain a list of approved commercial sanitizers. For more information on sanitizing and disinfecting bedding, visit the [CDC](#) website.

Rule 1910 (4)

(4) All cribs, play yards, or portable cribs must be equipped with a firm, tight-fitting mattress with a waterproof, washable covering, as recommended and approved by the CPSC.

Rationale

The purpose of this subrule is to support safe and sanitary sleep environments for children.

Technical Assistance

Under the federal crib standards, full-size baby crib mattresses must measure 27 1/4 inches by 51 5/8 inches with a thickness and must not exceed 6 inches.

“Washable covering” refers to the material of the crib mattress. “Washable covering” does not refer to a separate covering that has been added to the mattress. A separate covering, other than a tight-fitted sheet, must not be added on top of the mattress.

Rule 1910 (5)

- (5) Play yard mattresses must be purchased from the manufacturer of the play yard and be manufactured after February 19, 2014. Play yards must meet the Consumer Product Safety Commission safety standards for play yards, 16 CFR part 1221 (2019).**

Rationale

The purpose of this rule is to ensure play yard mattresses are designed for the specific product and meet current safety standards to reduce the risk of injury or suffocation.

Technical Assistance

Per R 400.1901, a “play yard” is defined as a framed enclosure that includes a floor and has mesh or fabric sided panels primarily intended to provide a play or sleeping environment for children. A play yard, such as a Pack n’ Play®, is acceptable if:

- It complies with subrule (6)(a) of this rule.
- The manufacturer indicates the play yard can be used for sleeping.
- The child using the play yard for sleeping cannot climb out of it and is less than 35 inches in height.

Square playpens should only be used to contain a child for short periods of time or for play, and are not acceptable for sleeping children of any age.

Only mattresses sold with the play yard are acceptable for use. If the play yard mattress needs to be replaced, the entire play yard must be replaced unless the manufacturer offers a replacement mattress. After-market or used mattresses for play yards are not acceptable.

Play yards must meet the CPSC standard for play yards, [16 CFR part 1221 \(2019\)](#). To be in compliance, play yard mattresses must be built after February 19, 2014. Play yards must be maintained and in good repair.

Newly purchased play yards should be manufactured after January 20, 2020. The manufactured date for play yard mattresses is generally located on the tag of the side or bottom of the mattress. If a date is not listed and a licensee can not verify that the play yard mattress was manufactured after February 19, 2014, then the mattress or the entire play yard needs to be replaced.

Replacement mattresses must be consistent with the play yard (including brand, model number, size, etc.) and must meet all play yard manufacturer guidelines.

Cribs/ NFS/Porta Cribs

Cribs manufactured after December 28, 2012, are in compliance with [16 CFR 1219](#).

If a licensee's NFS/porta-crib was replaced by December 28, 2012, they are also in compliance with [16 CFR 1220](#).

Cribs/NFS Porta Cribs mattresses manufactured prior to December 28, 2012, are not in compliance and must be replaced.

Rule 1910 (6)(a)

- (6) Infants shall rest or sleep alone in an approved crib, play yard, or portable cribs. This equipment must meet all of the following requirements:**
- (a) Cribs, portable cribs, and play yards must comply with the standards as specified in R 400.1901a(b).**

Rationale

The purpose of this rule is to ensure infants sleep in approved equipment that meets safety standards to reduce the risk of death or injury.

Technical Assistance

Any rectangular-shaped portable crib labeled by the manufacturer as a portable crib is acceptable if it complies with the standards specified in R 400.1901a(b). A portable crib (porta-crib) must be constructed with wood or metal slats and cannot be collapsed or folded without removing the mattress.

The manufacturer's specifications for the child's height and weight must be followed.

Under the federal crib standards, non-full-size baby cribs must be sold with the mattress. The mattress, when inserted in the center of the crib, must not leave a gap of more than 1/2 inch at any point between the perimeter of the mattress and the perimeter of the crib. When the mattress is placed flush to one side or end of the crib, the resulting gap must not exceed 1 inch. These measurements must be taken with no sheet covering the mattress. If the non-full-size crib mattress was sold with the crib and meets these requirements, it will be in compliance with subrules (4) and/or (5) of this rule.

Under the federal crib standards, full-size baby crib mattresses must measure 27 1/4 inches by 51 5/8 inches with a thickness and must not exceed 6 inches.

A play yard (such as a Pack n' Play®) is acceptable if all of the following are met:

- It complies with the standards specified in R 400.1901a(b).
- The manufacturer indicates the play yard can be used for sleeping.

- The child using the play yard is less than 35 inches in height, cannot climb out of it, and is not using the play yard for sleeping.

A “play yard” is defined as a framed enclosure that includes a floor and has mesh or fabric sided panels primarily intended to provide a play or sleeping environment for children.

Square playpens should only be used to contain a child for short periods of time or for play, and are not acceptable for sleeping children of any age.

Rule 1910 (6)(b) - (8)

(6) Infants shall rest or sleep alone in an approved crib, play yard, or portable cribs. This equipment must meet all of the following requirements:

(b) A tightly fitted or snug bottom sheet must cover the crib or portable crib mattress with no additional padding placed between the sheet and the mattress.

(c) Stacking cribs must not be used.

(7) An infant's head shall remain uncovered during sleep.

(8) Soft objects, bumper pads, stuffed toys, blankets, quilts or comforters, pillows, and other objects that could smother an infant must not be placed with, under, or within reach of a resting or sleeping infant.

Rationale

The purpose of this rule is to ensure a safe sleep environment for infants by reducing the risk of suffocation, entrapment, and other sleep-related hazards.

Pillows, quilts, comforters, sheepskins, and other soft bedding can be hazardous when placed under the infant or left loose in the infant’s sleep area. According to the American Academy of Pediatrics, the risk for Sudden Infant Death Syndrome (SIDS) is five times as likely when bedding is used in the sleep environment; the risk increases to 20 times as likely when the infant is placed on their stomach to sleep. Many infants who die of SIDS are found in the supine position (meaning the infant is on their back) but with their heads covered by loose bedding.

Technical Assistance

Soft or loose bedding should be kept away from sleeping infants and out of safe sleep environments. These include, but are not limited to:

- Bumper pads.
- Pillows.
- Quilts.
- Comforters.

- Sleep positioning devices.
- Sheepskins.
- Blankets.
- Flat (not fitted) sheets.
- Cloth diapers.
- Bibs.

Blankets or other items must not be hung on the sides of cribs. Loose or ill-fitting sheets can cause infants to be strangled or suffocated.

Blankets and stuffed animals attached to pacifiers are prohibited.

Best Practice

Resources regarding infant safe sleep include the following:

- [Michigan Department of Health and Human Services, Safe Sleep Website](#)
- [National SIDS Resource Center and the Back to Sleep Campaign](#)
- [Local and state health departments](#)
- [American Academy of Pediatrics Healthy Child Care](#)
- [Keeping Kids Alive Fact Sheet: Safe Sleep](#)
- [United States Consumer Product Safety Commission](#)

Rule 1910 (9)

(9) An infant who is less than 2 months of age may be swaddled with a sleeping sack swaddle attachment.

Rationale

The purpose of this rule is to allow swaddling for young infants while limiting its use to methods that support safe sleep practices.

Technical Assistance

The swaddle attachment for the sleep sack must be properly attached by Velcro to the sleep sack prior to use. The Velcro on swaddle sacks must be attached securely and must be checked every time the infant is checked while sleeping. R 400.1930(5) requires monitoring of the infant's breathing, sleep position, bedding, and for possible signs of distress.

Best Practice

When infants are put to sleep in any type of wearable blanket, such as a sleep sack, it is best practice to make sure the garment fits properly. If the infant is wearing a wearable blanket that is too big, it could bunch or gather around the infant's face and cause a suffocation hazard.

It is recommended that special attention be paid when swaddling an infant. Risks associated with swaddling include, but are not limited to:

- Swaddling too tightly or with the legs extended and adducted can cause developmental dysplasia of the hips.
- Swaddling can result in hyperthermia when the swaddling blanket is added to clothing the infant is already wearing.
- Tight swaddling can compromise the lungs and increase the respiratory rate.
- Accidental deaths have occurred when swaddled infants are placed on their stomach or roll to their stomach. (An infant may roll onto his/her stomach even if not regularly rolling.) Swaddled infants on their stomachs are unable to use their arms or upper bodies to push themselves off the mattress or to change their head and body position if they are in a position that could cause suffocation.

For more information, see the [AAP Caring for Our Children: National Health and Safety Performance Standards](#).

Rule 1910 (10)

- (10) If an infant who is older than 2 months of age has a health issue or special need that requires the child to use a sleeping sack swaddle attachment, documentation of this health issue or special need from the child's health care provider is required. This documentation must include specific sleeping instructions and time frames for how long the child needs to sleep in this manner, including an end date.**

Rationale

The purpose of this rule is to ensure that swaddling for infants over 2 months of age occurs only when medically necessary and is guided by documented instructions from a health care provider.

Technical Assistance

If an infant who is over 2 months old has a health issue or special need that requires the use of a sleeping sack swaddle attachment, documentation from the child's health care provider is required before having the child sleep in a sleeping sack swaddle. Personnel and volunteers must ensure specific sleeping instructions are on the documentation, and the time frame during which the child may use the sleeping sack swaddle attachment.

Rule 1910 (11)

- (11) Blankets must not be draped over cribs, porta-cribs, or play yards while they are in use.**

Rationale

The purpose of this rule is to prevent suffocation and ensure infants can be clearly seen and safely supervised while sleeping.

Rule 1910 (12)

- (12) Children 12 to 24 months of age shall rest or sleep alone in an approved crib, porta-crib, play yard, or on a cot or mat sufficient for the child's length, size, and movement.**

Rationale

The purpose of this rule is to ensure children have a safe and appropriate sleeping space that supports their size, movement, and individual rest needs.

Best Practice

Any rectangular-shaped portable crib labeled by the manufacturer as a portable crib is acceptable. A play yard, such as a Pack n' Play®, is acceptable if the manufacturer indicates it is intended for sleep and the child using it cannot climb out and is less than 35 inches in height.

Per R 400.1901, a "play yard" is defined as a framed enclosure that includes a floor and has mesh or fabric sided panels primarily intended to provide a play or sleeping environment for children.

Square playpens should only be used to contain a child for short periods of time or for play, and are not acceptable for sleeping children of any age.

Toddler beds are acceptable if:

- It uses a standard crib mattress.
- It was manufactured for the age of the child using it.
- The child using it does not exceed the weight limit of the bed.

If there is a health issue or special need that requires a child to sleep in anything other than a crib, porta-crib, cot, or mat, documentation from the child's health provider is required prior to allowing the child to sleep in anything other than a crib, porta-crib, cot, or mat. The documentation must include specific sleeping instructions and time frames for how long the child needs to sleep in this manner.

Rule 1910 (13)

- (13) **None of the following are approved sleeping equipment for children 24 months of age or younger:**
- (a) **Infant car seats.**
 - (b) **Infant seats.**
 - (c) **Infant swings.**
 - (d) **Bassinets.**
 - (e) **High chairs.**
 - (f) **Water beds.**
 - (g) **Adult beds.**
 - (h) **Soft mattresses.**
 - (i) **Sofas.**
 - (j) **Bean bags.**
 - (k) **Other soft surfaces.**

Rationale

The purpose of this rule is to prevent suffocation and other sleep-related injuries by prohibiting the use of unsafe or non-approved surfaces for children's sleep.

Rule 1910 (14) - (15)

- (14) **Children 24 months of age or younger who fall asleep in a space that is not approved for sleeping shall be immediately moved to approved sleeping equipment appropriate for their size and age.**
- (15) **Children over 24 months of age shall 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.**

Rationale

The purpose of this rule is to ensure children sleep in safe, appropriate spaces that support their age, size, and comfort.

Technical Assistance

If there is a health issue or special need that requires a child to sleep in anything other than an approved crib or porta-crib for infants or a crib, porta-crib, cot, or mat for children over 12

months, documentation from the child's health provider is required prior to allowing the child to sleep in anything other than an approved crib or porta-crib. The documentation must include specific sleeping instructions and time frames for how long the child needs to sleep in this manner.

Best Practice

The American Academy of Pediatrics (AAP) recommends a minimum distance of three feet between rest equipment to limit the spread of disease.

If the home was built prior to 1978, children should not be allowed to sleep on the floor due to the potential exposure to lead dust. Children should sleep on raised surfaces such as cots.

R 400.1911 Telephone

Rule 1911 (1) - (3)

- (1) Personnel and volunteers shall have immediate access to an operable telephone within the child care home at all times.
- (2) The telephone number must be made available to the department, personnel, volunteers, and parents.
- (3) The licensee shall inform the department, personnel, volunteers, and parents of any change in telephone number.

Rationale

The purpose of this rule is to ensure that parents and/or legal guardians and the department can reach personnel and/or volunteers at all times and that personnel and volunteers are able to quickly contact emergency responders and parents and/or legal guardians.

Technical Assistance

“Immediate access” means that a phone is available at all times for both incoming and outgoing calls. If voice mail or an answering system is used, it is the responsibility of all personnel to check for messages frequently throughout the day and to return child care related calls promptly. Mobile or cordless phones used exclusively in the home must be charged and powered on during the hours of operation. Prepaid mobile phones must have available minutes for use during the hours of operation.

Best Practice

It is best practice to take a fully charged mobile phone on field trips. If using a prepaid mobile phone, it is best practice to check available minutes before leaving the child care home for child-related activities.

R 400.1912 Outdoor play area and equipment

Rule 1912 (1)

(1) A child care home shall provide a clean, safe, and hazard free outdoor play area on the premises or within a reasonable walking distance of the child care home.

Rationale

The purpose of this rule is to ensure that a safe outdoor play area is available to all children in care.

Technical Assistance

The licensee or child care personnel should walk through and survey the outdoor play area before each use. Hazards include, but are not limited to:

- Glass or sharp objects.
- Chipped or peeling paint.
- Splintered, cracked, or deteriorating wood.
- Protruding bolt ends with missing caps or covers.
- Loose bolts and nuts on equipment.
- Holes or ditches.
- Exposed cement supports.
- Broken play equipment.
- Animal feces, beehives, wasp nests, or ant hills.
- Toxic plants.
- Clutter or debris, such as piles of wood or brush, scrap metal, junk cars, or machinery.
- Puddles, sitting water, or ice.
- Busy roads and streets, railroad tracks.
- Electric fences.
- Water hazards.

Some outdoor toxic plants/trees include, but are not limited to:

- Holly berries.
- Pokeweed.
- Poison ivy and oak.
- Yew foliage, bark, and seeds.
- Daphne berries.
- Oak tree foliage and acorns.
- Lantana leaves and fruit.
- Dumb Cane plants (dieffenbachia).
- Elderberry shoots, leaves, and bark.
- Autumn Crocus.
- Daffodils, Iris, Morning Glory, Lily of the Valley, Chrysanthemum, Hyacinth.

- Boxwood trees.

When a hazard is located in or near the outdoor play area, the hazard must be removed or protected. Natural or man-made barriers, enclosures, or other protective covering (e.g., a fence, wall, building, hedge, cover, etc.) can be used to protect the outdoor play area from hazards.

Ensure barriers meet the following requirements:

- Designed without footholds or other features that may encourage children to climb them.
- Free of any openings large enough for a child to get through.
- Free of nearby objects that children could use to gain access to the hazard.
- Allow personnel and volunteers to have a clear line of sight to children for appropriate supervision.

Lead is another potential hazard. Lead from vehicle emissions remains in the soil in high traffic areas and the soil that surrounds a building constructed prior to 1978. Children can pick up lead outdoors by eating the soil or by inhaling lead dust. To minimize potential exposure to this risk, the surfacing of any play area bordering a building must not contain uncovered soil (no grass, mulch, etc.). The ground surface in these areas should be covered with grass, mulch, or a similar covering.

Best Practice

Tips to prevent plant poisoning include:

- Teach the children that plants, plant parts, or berries found outdoors are not for eating.
- Closely supervise children at all times during outdoor play.
- Know which plants are poisonous and make them inaccessible to children.
- Regularly check the outdoor play area for poisonous plants.
- Avoid assuming that a plant is not poisonous because animals and birds eat it.

Rule 1912 (2)

(2) The play area size must be either of the following:

- (a) Not less than 400 square feet for a family child care home.**
- (b) Not less than 600 square feet for a group child care home.**

Rationale

The purpose of this rule is to ensure the outdoor play area is large enough to allow children to move freely and play without colliding or running into each other.

Rule 1912 (3)

(3) A licensee shall provide an adequate and varied supply of outdoor play equipment, materials, and furniture that is all of the following:

- (a) Appropriate to the developmental needs and interests of children.**
- (b) Appropriate to the number of children.**
- (c) Safe and in good repair.**

Rationale

The purpose of this rule is to ensure that children have access to enough safe, developmentally appropriate outdoor equipment, materials, and furniture to support active play and a healthy learning environment.

Technical Assistance

All broken equipment must be repaired, replaced, or not used. All sandboxes must be covered or checked/cleaned prior to each use.

Equipment designed for larger or older children poses challenges that younger or smaller children are not able to use safely. Permanently installed play equipment is not required. Programs may provide a variety of portable outdoor materials, such as balls, bats, parachutes, sand boxes, sidewalk chalk, child-sized garden tools, easels, dramatic play items, cardboard boxes, and similar materials.

Refer to R 400.1915(4) regarding hazardous or recalled equipment as identified by the U.S. Consumer Product Safety Commission.

Best Practice

It is best practice to have a separate outdoor play space with appropriately sized equipment and materials for infants and toddlers.

According to the Consumer Product Safety Commission's Handbook for Public Playground Safety, the following playground equipment is not appropriate for use by children under six years of age:

- Chain or cable walks.
- Free-standing arch climbers.
- Free-standing climbing events with flexible components.
- Fulcrum seesaws.
- Log rolls.
- Overhead rings.
- Parallel bars.
- Swinging gates.
- Track rides.
- Vertical sliding poles.

Rule 1912 (4)

- (4) The outdoor play area and equipment must be organized to meet all of the following requirements:**
- (a) To separate active and quiet activities.**
 - (b) For a clear and unobstructed view of the whole play area.**
 - (c) To ensure that there are safe distances between equipment.**

Rationale

The purpose of this rule is to ensure the outdoor play area is arranged to support safe play and child care personnel's active supervision of children.

Rule 1912 (5)

- (5) When swings, climbers, slides, and other similar play equipment with a designated play surface above 30 inches are used, they must comply with the following:**
- (a) Not be placed over concrete, asphalt, or a similar surface, such as hard-packed dirt or grass.**
 - (b) Be safe, in good repair, and age-appropriate.**
 - (c) Be placed not less than 6 feet from the perimeter of other play structures or obstacles.**

Rationale

The purpose of the rule is to reduce the risk of serious injury from falls by requiring safe surfacing and proper spacing around playground equipment.

The surface under and around playground equipment plays an important role in reducing child injuries caused by a fall. A fall onto a shock-absorbing surface is less likely to cause a serious injury than a fall onto a hard surface. Hard surfaces such as concrete, asphalt, or packed dirt do not absorb impact and can increase the risk of injury.

A study by the U.S. Consumer Product Safety Commission found that most playground equipment injuries treated in U.S. hospital emergency rooms result from children falling from equipment onto the ground surface below.

Head impact injuries present a significant danger to children. Falls onto a shock absorbing surface are less likely to cause serious injury because the surface is yielding so peak deceleration and force are reduced.

Technical Assistance

To comply with subrule (a), place shock-absorbing material under all elevated pieces of play equipment. Shock-absorbing material must not be placed over concrete or asphalt. Shock-absorbing material may include, but is not limited to:

- Sand.
- Wood chips.
- Shredded bark or tires.
- Pea gravel.
- Commercial playground matting.

To comply with subrule (b), shock-absorbing material that becomes compacted must be turned over or raked to restore its ability to absorb impact.

Best Practice

Six to twelve inches of shock-absorbing material may be adequate, depending on the height of the piece of equipment. The surfacing material should extend at least six feet from the perimeter of the piece of equipment to cover the entire fall zone.

See the U.S. Consumer Product Safety Commission's Outdoor Home Playground Safety Handbook for recommendations.

Rule 1912 (6)

(6) Trampolines must not be used outdoors by children in care.

Rationale

The purpose of this rule is to prevent serious injuries by prohibiting the use of trampolines, which present a high risk of falls, collisions, and improper landings for children in care.

According to the American Academy of Pediatrics (AAP), trampolines:

- Present a safety hazard.
- Have the potential for serious injury.
- Should never be used in a home or recreational setting.
- Require highly trained personnel who have been instructed in all aspects of trampoline safety.

The AAP states that trampolines should only be used in supervised training programs for gymnastics, diving, or other competitive sports and should not be used in routine gym classes, on playgrounds, or at home.

Technical Assistance

Trampolines of all sizes are prohibited, even with parental permission.

Rule 1912 (7)

(7) Bounce houses are permissible outdoors with direct supervision by a licensee or child care staff member, and pursuant to the manufacturer's recommendations.

Rationale

The purpose of this rule is to ensure bounce houses are used safely by requiring direct supervision and following the manufacturer's recommendations.

Technical Assistance

When used according to the manufacturer's guidelines, bounce houses can safely promote physical development. The [Cambridge Dictionary](#) defines a bounce house as "a large plastic structure usually in the shape of a building that is filled with air that children can jump up and down in for fun."

Only bounce houses manufactured for outdoor use may be used and must be directly supervised by the licensee or child care personnel. Any cords used to power the bounce house must be secured so they do not create a hazard for children (see R 400.1946(3)).

Be sure to read and follow the manufacturer's directions for safety precautions, number of children permitted at any given time, age of children, installation and set-up, weather conditions, etc. Resources can be found at the link below:

- [Nationwide Children's Bounce House Safety](#)

The AAP offers bounce house safety guidelines for parents and/or legal guardians.

Rule 1912 (8)

(8) Children in care shall not be allowed to ride all-terrain vehicles, motor bikes, go-carts, recreational, or other motorized vehicles.

Rationale

Motorized toys often cause injuries to young children due to their high center of gravity and speed.

Technical Assistance

Motorized vehicles include, but are not limited to, riding lawn mowers, tractors, jet skis, snowmobiles, motorized scooters, and motorcycles. Child-sized battery-operated riding vehicles are permitted. Manufacturer recommendations must be followed.

Rule 1912 (9)

(9) The outdoor play area must be protected from hazards like vehicular traffic or bodies of water by using a fence or natural barrier that does not prevent the observation of children by staff or unsupervised volunteers.

Rationale

The purpose of this rule is to ensure the safety of children during outdoor play and allow child care personnel and unsupervised volunteers to supervise children.

Technical Assistance

“Vehicular traffic” can be from roadways, alleys, and or driveways.

“Bodies of water” include lakes, rivers, ponds, streams, pools, drainage ditches, and anything that has the potential to fill with standing water.

R 400.1913 Child care home maintenance and safety

Rule 1913 (1)

(1) The structure, premises, and furnishings of a child care home must be in good repair and maintained in a clean, safe, and comfortable condition.

Rationale

The purpose of this rule is to ensure the child care home environment is clean, safe, and properly maintained to protect children's health and well-being.

Technical Assistance

This rule applies to the entire home, not just the space used for child care. The licensee is responsible for maintaining the inside of the home and its overall cleanliness.

To maintain a clean and safe environment inside the home, the following conditions should be met:

- Rooms are free from foul odors.
- Floors and carpets are safe and clean for walking, crawling, and playing.
- Floors and carpets where children play are immediately cleaned when contaminated with saliva, vomit, feces, urine, nasal discharge, or other bodily discharges.
- Rooms are free of unnecessary and excessive clutter.
- All furnishings accessible to children are sturdy, clean, and in good repair.
- Electrical outlets and switches have cover plates.
- All cords (on drapes, blinds, appliances) are out of reach of children.
- Trash and garbage are inaccessible to children.
- Fireplace hearths or other structures or furnishings with sharp corners or hard surfaces are protected.
- Free of insects and rodents.
- Equipment used within the home must follow manufacturer guidelines.

To maintain a clean and safe environment outside the home, the following conditions should be met:

- The yard is free of hazards, such as standing water or tripping hazards.
- The yard is free of clutter, debris, trash, animal waste, and garbage.
- Outdoor grill and barbecue equipment is covered or inaccessible to children.

Refer to subrule (6) of this rule for information on lead-based paint hazards and the proper cleanup procedures.

The licensee must ensure the home and its premises are free of water hazards. Refer to rule 400.1934 for protecting children from swimming pools, lakes, drainage ditches, wells, ponds, and other bodies of water.

Other water hazards can be any area in which water accumulates to a level at which a child can drown, including, but not limited to:

- Drains.
- Decorative landscape ponds.
- Wading pools.
- Bathtubs.
- Mop buckets/pails.

Best Practice

Licensees are encouraged to install hinge guards on every door in the child care home space to prevent door-related finger injuries, which can be excruciatingly painful and potentially debilitating.

Rule 1913 (2)

(2) All dangerous and hazardous materials or items must be stored securely and out of the reach of children.

Rationale

The purpose of this rule is to prevent children from accessing materials that could cause injury or harm.

Technical Assistance

Hazardous and dangerous materials or items must be stored securely and out of the reach of children. Hazardous materials include, but are not limited to:

- Cleaning and laundry supplies.
- Alcohol.
- Pesticides.
- Fertilizers.
- Chemicals.
- Prescribed and over-the-counter medications.
- Cosmetics.
- Personal care items
- Poisonous plants, including but not limited to philodendron, rhododendron, English ivy, dieffenbachia, ivy, and poinsettia.

Dangerous materials or items include, but are not limited to:

- Weapons, such as bows and arrows, crossbows, compound bows, daggers, and swords.
- Sharp objects, such as household knives, pizza cutters, and kitchen wrap boxes with serrated edges.
- Plastic bags, small electrical appliances, matches, lighters, and items that pose a choking hazard.

Children cannot use shaving cream or any other materials labeled "keep out of reach of children" for play purposes. Shaving cream is labeled as toxic and is not safe for use by children. Equipment or materials used during instruction and/or play must be safe for children's use.

Note: Items including, but not limited to, the use of soap to wash hands, hand sanitizer on field trips, and toothpaste to brush teeth after meals would not be considered a violation of this rule.

Refer to R 400.1916 regarding the safe storage of firearms.

Rule 1913 (3)

(3) All steps, stairs, porches, and elevated structures to which children in care have access must be protected to prevent falls, and must be free of ice and snow accumulation.

Rationale

The purpose of this rule is to reduce the risk of falls and injuries on steps, stairs, porches, and other elevated areas inside and outside of the home.

Technical Assistance

Child care homes are required to use doors, gates, or other barriers to prevent child access to steps or stairs.

Single-motion safety gates ensure compliance with R 400.1947(5) if they can be opened with a single motion and do not reduce the minimum required widths.

- Safety gates that require more than one motion in approved child use space, such as pinch-then-pull motion or a squeeze-slide-then-open motion, are not acceptable because they do not ensure compliance with R 400.1947(5).

If a safety gate is used, the bottom threshold should be no higher than ½ inch.

Best Practice

Steps, stairs, porches, and elevated structures, including decks and protective railings, should not contain openings greater than 3 ½ inches to prevent head or body entrapment.

It is recommended that safety gates be at least 36 inches tall to discourage adults from stepping over them. A child could be injured if a parent and/or legal guardian or personnel tripped on the gate when stepping over while holding a child or by landing on a child.

Rule 1913 (4)

(4) A handrail is required for 3 or more steps, or a total rise of 24 inches or more.

Rationale

The purpose of this rule is to reduce the risk of falls and injuries on steps or stairs used by children both inside and outside the home.

Technical Assistance

When counting the number of steps, the landing is included. The “total rise” is determined by measuring the distance from ground level to the landing.

Elevated structures, such as decks, must have a handrail if the rise is 24 inches or more.

Rule 1913 (5)

(5) Parents shall be notified before pesticide or fertilizer treatments.

Rationale

The purpose of this rule is to ensure parents and/or legal guardians are informed before pesticide or fertilizer treatments so potential exposure risks can be reduced.

Technical Assistance

Parents and/or legal guardians must be notified of all pesticide and fertilizer treatments, regardless of who applied the treatment or when the treatment occurred.

Children must not have access to the treated areas, whether inside or outside, as outlined by the manufacturer's instructions.

Rule 1913 (6)

(6) There must be no flaking or deteriorating paint on interior and exterior surfaces, equipment, and toys accessible to children.

Rationale

The purpose of this rule is to prevent children from being exposed to paint chips or deteriorating materials that could pose a health or safety risk.

Technical Assistance

Paints made before 1978 may contain lead. Lead-based paint is the most common source of lead poisoning in children. Children under six years of age are at the greatest risk for lead poisoning. Infants may be harmed due to lead exposure prior to birth.

Most children with lead poisoning do not look or act sick. Lead ingestion may occur through breathing or swallowing lead dust or by eating soil or paint chips containing lead. Ingestion of lead paint can result in high levels of lead in the blood, which affects the central nervous system and can cause mental handicap.

If not detected early, children with high lead exposure can suffer from:

- Brain damage.
- Slowed growth.
- Auditory (hearing) problems.
- Headaches.
- Learning and reading disabilities.
- Reduced IQ and difficulty succeeding in school or functioning later in life.

Symptoms of low levels of lead exposure in children may include:

- Subtle behavioral changes.
- Irritability.
- Low appetite.
- Weight loss.
- Sleep disturbances.
- Shortened attention span.
- There is no cure for lead poisoning, and the effects cannot be reversed once exposure has taken place. Children who appear healthy can still show symptoms of high or low levels of lead exposure.

Paint is considered deteriorated if it is peeling, chipping, chalking, or cracking. If flaking or deteriorating paint is observed, the licensee must be informed that these surfaces must be fixed.

When “flaking” and “deteriorating” paint is observed, and the home was built before 1978, homeowners may be referred to the Michigan Department of Health and Human Services, [Healthy Homes Section](#) or contact 866-691-5323. Local health departments may also be able to provide information and assistance to homeowners.

Any removal or abatement of flaking or deteriorating lead-based paint on interior or exterior surfaces, equipment, or toys must be done in accordance with the health department regulations. Typical projects that need lead-safe practices on homes built before 1978 include:

- Replacing windows or doors.
- Adding or converting rooms.
- Renovating kitchens and bathrooms.
- Refacing or replacing cabinets.
- Painting and wallpapering.
- Replacing flooring and carpeting.
- Repairing or renovating porches and decks.

Lead-based paint is found on surfaces that children chew or areas that receive a lot of wear-and-tear, such as:

- Windows and window sills.
- Doors and door frames.
- Stairs, railings, and banisters.
- Porches and fences.
- Trim.
- Walls and radiators.

Lead dust forms when lead-based paint is dry scraped, dry sanded, or heated. Dust also forms when painted surfaces bump or rub together (opening and closing windows and doors with chipped paint). Lead chips and dust can then get on surfaces and objects that children and adults touch. Settled dust can re-enter the air when someone vacuums, sweeps, or walks through the dust.

For information regarding the removal of lead-based paint, see [MI Lead Safe](#).

Best Practice

Lead testing kits are available at local home improvement and hardware stores, as well as the local health department/environmental health.

The local health department is a resource for lead paint testing. Additional information on lead poisoning may be found at the [Center for Biological Diversity](#) or [MI Lead Safe](#).

See also [The Lead-Safe Certified Guide to Renovate Right from the Environmental Protection Agency.](#)

Rule 1913 (7)

(7) If the child care home was built prior to 1978, then the licensee shall inform parents of each child in care and all personnel, in writing, before any remodeling, renovating or re-painting that could potentially disturb lead-based paint or produce lead dust. Providers are encouraged to use Environmental Protection Agency renovation, repair and painting trained and certified individuals when remodeling child care areas to ensure lead safety for their children in care.

Rationale

The purpose of this rule is to reduce children's exposure to lead hazards during remodeling, renovation, or painting in homes built before 1978 by informing parents and/or legal guardians and personnel prior to any construction being done in the child care home.

Technical Assistance

The written notice regarding remodeling, renovating, or re-painting to parents and/or legal guardians and child care staff members must include:

- A statement that the home was built prior to 1978 and that home improvements may disturb lead-based paint or produce lead dust.
- Time frames for the home improvements from start to finish.
- Area of the home where improvements are being done.
- The type of work being done.

Refer to subrule (6) of this rule for additional information on the risks associated with lead exposure and available resources.

Rule 1913 (8)

(8) Open-flame devices and candles must not be used, except for birthdays or religious celebrations, and must be inaccessible to children and extinguished when done.

Rationale

The purpose of this rule is to reduce the risk of burns and fire hazards while allowing limited use of open flames for special occasions.

Technical Assistance

Open-flame devices include, but are not limited to, candles (tea lights, votive candles, etc.), matches, lighters, kerosene lanterns, and Sterno cans.

The use of birthday or religious celebration candles requires direct adult supervision.

Rule 1913 (9)

(9) Alcohol, tobacco products, marijuana and marijuana products, vaping products, and any controlled substance must be stored securely and be inaccessible to children.

Rationale

The purpose of this rule is to prevent children from accessing substances that could harm their health or safety.

Technical Assistance

Keeping alcohol, tobacco, marijuana, vapes, and controlled substances away from children is essential to prevent ingestion of substances that are particularly harmful to children.

R 400.1914 Water supply; sewage disposal; water temperature

Rule 1914 (1)

(1) The water supply must be from a municipal water supply or an onsite well approved by the local health department.

Rationale

The purpose of this rule is to ensure the water supply is safe and does not contain dangerous substances or spread disease or filth.

Technical Assistance

Private water supplies require an environmental health inspection by the local environmental health authority. Their findings and recommendations are considered when determining compliance with this rule.

Water with a high nitrate level (10 parts per million or more) or the presence of coliform or E. coli bacteria is unsafe.

Rule 1914 (2)

(2) All sewage must be disposed of through a public system or, in the absence thereof, in a manner approved by the local health department.

Rationale

The purpose of this rule is to ensure sewage is properly disposed of to protect the health and sanitation of the child care environment. Raw sewage is a serious health hazard and can contaminate groundwater and drinking water.

Technical Assistance

Private septic systems require an environmental health inspection by the local environmental health authority. Their findings and recommendations are considered when determining compliance with this rule.

Best Practice

Playground equipment should not be placed over a drain field. The weight of playground equipment and children may cause a drain field to become compacted, resulting in failure of the system. The legs of some equipment, such as swing sets, can puncture the surface of drain fields. Frequent rains, high water tables, poor drainage, or flooding may cause untreated sewage to surface in the drain field area.

Rule 1914 (3)

(3) A child care home shall have a minimum of 1 flush toilet and 1 handwashing sink with hot and cold running water.

Rationale

The purpose of this rule is to ensure children and personnel have access to basic sanitation facilities that support hygiene and health.

Rule 1914 (4)

(4) Hot water temperature must not exceed 120 degrees Fahrenheit at water faucets accessible to children.

Rationale

The purpose of this rule is to prevent burns by ensuring that water temperatures at faucets used by children remain at a safe level.

Tap water burns are the leading cause of nonfatal burns. Children under the age of five are the most frequent victims.

Water heated to 133 degrees Fahrenheit takes approximately 15 seconds to cause third-degree burns to the skin. Water heated to 120 degrees Fahrenheit takes approximately 5 minutes to cause third-degree burns to the skin.

Child care personnel should be cautious of these time frames, as this may be enough time to remove the child from the hot water source and avoid a burn.

Technical Assistance

If there is an issue with children accessing the kitchen sink, it may be addressed as a supervision issue.

Best Practice

Anti-scalding devices for bathroom sinks are available online or can be purchased at local home improvement or hardware stores.

An accurate metal stem-type food thermometer can be used to test the water temperature. It is best practice to run the water at its hottest setting for three to five minutes, then hold the thermometer under the hot water stream until the temperature gauge stops moving. If the water is too hot, adjust the water heater and wait 24 hours to retest the temperature.

Kitchen sinks are generally used for food preparation and should not be used for hand washing.

R 400.1915 Heating; ventilation; lighting; radon

Rule 1915 (1)

- (1) Each room that is used by children in care must have adequate ventilation and be maintained at a safe and comfortable temperature so children do not become overheated, chilled, or cold. Both of the following apply:**
- (a) The temperature must be not less than 65 degrees Fahrenheit at a point 2 feet above the floor.**
 - (b) Measures must be taken to cool the children when the temperature exceeds 82 degrees Fahrenheit.**

Rationale

The purpose of this rule is to ensure children are cared for in rooms with adequate ventilation and safe, comfortable temperatures that prevent overheating or becoming too cold.

Technical Assistance

Air conditioning is not a required means of cooling. Fans and screened windows that are inaccessible to children are acceptable methods for providing ventilation.

Rule 1915 (2)

- (2) Windows and doors that are used for ventilation must be screened and in good repair.**

Rationale

The purpose of this rule is to ensure that ventilation occurs to prevent the entry of insects, which may bite, sting or carry disease.

Rule 1915 (3)

- (3) An operational carbon monoxide detector, bearing a safety certification mark of a recognized testing laboratory, such as Underwriters Laboratories or Electrotechnical Laboratory, must be placed on all levels approved for child care.**

Rationale

The purpose of this rule is to detect carbon monoxide early and protect children and personnel from the dangers of carbon monoxide exposure.

Carbon monoxide is a colorless, odorless, poisonous gas formed when carbon-containing fuel is not burned completely and can cause death by asphyxiation.

Carbon monoxide may come from:

- A car left running in an attached garage.
- A clogged chimney.
- A corroded or disconnected water heater vent pipe.
- Gas or wood-burning fireplaces.
- A cracked or loose furnace heat exchanger.
- An improperly installed kitchen range or vent.
- Operating a grill indoors or in a garage.
- Portable kerosene or gas heaters.

Best Practice

Carbon monoxide detectors are available online or can be purchased at local home improvement or hardware stores.

Rule 1915 (4)

(4) A licensee shall test the child care home for the concentration of radon gas before the initial license is issued and every 4 years thereafter at the time of license renewal.

Rationale

The purpose of this rule is to identify elevated radon levels and reduce the risk of radon exposure in the child care home.

Rule 1915 (5)

(5) The lowest level of the child care home must not have levels of radon gases that exceed 4 picocuries per liter of air, except as provided in subrule (6) of this rule. Documentation of the results must be kept on file in the child care home.

Rationale

The purpose of this rule is to limit children's exposure to unsafe levels of radon gas and ensure documentation is maintained to verify the home meets established safety standards.

Testing is the only way to know if you and your family are at risk from radon. The US Environmental Protection Agency (EPA) and the Surgeon General recommend testing all homes for radon. More information can be found on the [EPA](#) website.

According to the Michigan Department of Environment, Great Lakes, and Energy (EGLE), one in every four Michigan homes is expected to have radon levels that exceed the recommended federal action level of 4.0 picocuries per liter of air (pCi/L). More information can be found on the [ELGE](#) website.

Radon:

- Is a colorless, odorless, tasteless, radioactive gas that occurs naturally.
- Can be found in soil, water, building materials, and natural gas.
 - The soil is the main cause of radon problems.
- Can cause lung tissue damage when inhaled and is the second leading cause of lung cancer.

Technical Assistance

Radon test kits are available from county and city health departments via the [Michigan Indoor Radon Program](#) or purchased online directly from the manufacturer via the [Michigan State Radon Test Kit Specials](#). Radon test kits can also be found at local hardware stores, home improvement centers, and other retail stores.

According to EGLE's website, testing can be done with a do-it-yourself kit that you send back to a laboratory for analysis, or you can hire a professional to complete the test for you. You can contact EGLE's Michigan Indoor Radon Program for a test kit or more information at 800-723-6642 (800-RADONGAS).

Typically, the first test you do is a short-term screening measurement. Short-term screening measurements are a minimum of 48 hours long and would typically range from 2 to 7 days. However, they can last as long as 90 days, depending on the type of device being used.

It is essential that the test be completed under closed-house conditions. The winter heating season is the ideal time to test. However, testing can be done at any time of year if closed-house conditions can be met.

Test Conditions:

It is important that you read and follow the instructions that come with your test kit. Choose a location where you spend time frequently. The device should be placed:

- In the lowest livable level,
- At least 3 feet from windows, exterior doors, or other openings in the foundation floor or walls,

- At least 20 inches above the floor (preferably 3-6 feet above the floor, in the "breathing zone"), and
- At least 12 inches from exterior walls and at least 4 inches from other objects, and where it won't be disturbed.

Complete the test in the lowest livable level of the home, such as a basement if you have one. Choose a room in the selected level where you spend time, such as a bedroom, living room, family room, den, or rec room. Avoid testing in kitchens, bathrooms, laundry rooms, closets, or utility rooms.

The lowest level of the home means:

- Inside the home for a mobile home.
- First floor level of the home, if there is a crawl space or a Michigan basement. A Michigan basement is generally similar to an oversized crawl space with low ceilings, stone walls, and/or dirt floors or walls. There may be a skim coat of concrete on the floor. It is not considered living space.
- The basement level of the home, whether finished or unfinished.
- Lowest level inside the licensee's apartment, condominium, duplex, etc

Applicants will not be issued a license until they can show compliance with this rule by providing documentation of radon levels of 4 picocuries per liter (pCi/l) of air or less based on a short-term measurement test.

At this time, continuous radon monitors (CRMs) and digital radon test kits that offer a reading after 12 hours are not accepted, as there is no way for the reading to be verified. Tests with readings past 12 hours require a trained operator.

Best Practice

Based on the recommendations of EGLE, new applicants who have initial short-term radon test results above 4 pCi/l of air may choose to complete a second test to verify the problem before taking action to reduce levels. This is voluntary for licensed child care homes.

If, after two short-term radon tests, the radon levels exceed 4 pCi/L, a mitigation level must be installed within 12 months of the first test. Testing is recommended every two years because homes settle, new cracks form in the foundation, and radon levels can change. If test results show radon levels at or above 4 pCi/L, the United States Environmental Protection Agency (USEPA) recommends installing a radon mitigation system. The mitigation system grabs the radon before it ever enters the home and vents it outside.

United States Environmental Protection Agency (USEPA) Publications:

- Basic Radon Facts
- Radon Frequently Asked Questions | US EPA

- Radon Map of the United States
- Citizen's Guide to Radon
- Radon Guide for Tenants
- Radon in Schools
- Consumer's Guide to Radon Reduction: How to Fix Your Home
- Home Buyer's and Seller's Guide to Radon • Radon-Resistant New Construction for Home Buyers
- Radiation Risks and Realities • Discover RadTown USA
- Radon-Resistant Construction Basics and Techniques
- Radon Testing and Mitigation Standards and Test Procedures

Rule 1915 (6)

(6) If the levels of radon gases exceed 4 picocuries per liter of air in the lowest level of the child care home, the licensee shall notify the parents of children in care and have a radon mitigation system installed. The licensee has up to 12 months from the date of the first measurement to meet the standard in subrule (5) of this rule.

Rationale

The purpose of this rule is to reduce children's exposure to elevated radon levels by requiring notification and timely mitigation when unsafe levels are detected.

There is no safe radon level. There is believed to be some risk associated with any exposure. As a general rule, the higher the radon level and the longer the exposure, the greater the risk. To keep exposure to radiation as low as reasonably achievable (ALARA), 4 pCi/l has been set as a guideline for a reasonably achievable radon level.

Technical Assistance

Based on information from the EGLE, the price of a home radon mitigation system nationally ranges from approximately \$500 to \$2,500. In Michigan, a radon mitigation system generally costs between \$750 and \$1,500, depending on where you are in the state and the cost of installation. Mitigation systems can usually be installed in less than one day. A reputable contractor will provide a guarantee that the system will achieve results below 4 pCi/l. Some mitigation systems can achieve results below 2 pCi/l.

To show compliance with this rule after a radon mitigation system is installed, a short-term radon test must be completed within 30 days of installation after the system has been up and running for at least 24 hours.

The Radon Fix-It Program assists consumers with elevated radon levels of 4 pCi/l of air or higher by providing information on how to take the necessary steps toward fixing their homes. Information about the [Radon Fix-It Program](#) can be found on their website or via phone at (800) 644-6999.

Best Practice

Based on the recommendations of EGLE, new applicants who have initial short-term radon test results above 4 picocuries per liter (pCi/l) of air must complete a second test to verify the problem before taking action to reduce levels. This is voluntary for licensed child care homes. If after two short-term radon tests the radon levels exceed 4 pCi/L, a mitigation level must be installed within 12 months of the first test.

Radon testers and mitigators, often called radon reduction contractors, are not licensed or regulated in Michigan. However, there are two national organizations that offer radon measurement and mitigation certification. If you choose to hire a professional to assist you, you are encouraged to hire a person certified by the National Radon Proficiency Program or the National Radon Safety Board.

The [National Radon Proficiency Program](#) and the [National Radon Safety Board](#) maintain a list of certified contractors on their websites. A list of certified contractors can also be obtained from your local health department or by calling the Michigan Department of Environment, Great Lakes, and Energy (EGLE) Indoor Radon Program at 800-RADON GAS (800-723-6642).

The mitigation system should then be tested every two years to verify that it is maintaining acceptable radon levels. The homeowner should check the pressure gauge on their system once a week, or once a month at the longest, to ensure that the fan is still functioning. A Citizen's Guide to Radon is available from the [EPA](#).

Rule 1915 (7)

(7) All child-use areas must have adequate natural or artificial lighting.

Rationale

The purpose of this rule is to ensure child-use areas have sufficient lighting to support safe supervision and reduce the risk of injury.

Natural lighting is the most desirable lighting. Inadequate lighting has been linked to eyestrain and to headaches. The visual stimulation provided by natural light is important to a young child's development.

Technical Assistance

Adequate lighting is necessary in rooms where children are napping to support child personnel in active supervision and ensure safe exiting in case of an emergency.

R 400.1916 Firearms

Rule 1916 (1)

- (1) All firearms must be unloaded and properly stored in a secure, safe, locked environment inaccessible to children during hours of operation or while children are in care at a child care home. A secure and locked environment means a locked commercial gun safe, or a trigger lock installed and locked according to the manufacturer's recommendations to prevent discharge.**

Rationale

The purpose of this rule is to prevent accidental injury or death by ensuring firearms are securely stored and inaccessible to children.

The presence of firearms in the home increases children's accessibility to them. Requiring firearms and ammunition to be properly stored and secured in separate locked compartments reduces the likelihood that children can gain access to them.

Technical Assistance

Michigan Compiled Laws (MCL) 28.421 (1927 PA 372), as amended, defines a firearm as "a weapon from which a dangerous projectile may be propelled by an explosive, or by gas or air. Firearm does not include a smooth bore rifle or handgun designed and manufactured exclusively for propelling by a spring, or by gas or air, BB's not exceeding .177 caliber."

Gun cabinets with glass panels are not considered to be commercial gun safes. This type of gun cabinet may only be used to store firearms if a trigger lock or firearm cable lock is properly utilized on the firearm according to manufacturer's instructions.

Rule 1916 (2)

- (2) Ammunition must be stored in a separate locked location inaccessible to children during hours of operation or while children are in care at a child care home.**

Rationale

The purpose of this rule is to prevent accidental injury or death by ensuring firearms are securely stored and inaccessible to children.

Technical Assistance

Ammunition may be stored within a commercial gun safe, with firearms, if the ammunition is in a separate locked drawer or compartment within the gun safe. Ammunition may also be stored in

a gun cabinet with glass panels with trigger/cable-locked firearms if the ammunition is in a separate locked drawer or compartment within the gun cabinet with glass panels.

Best Practice

Many local law enforcement agencies provide free or low-cost trigger locks and/or firearm cable locks.

Rule 1916 (3)

(3) Firearms must not be traded or sold on the premises during hours of operation or while children are in care.

Rationale

The purpose of this rule is to reduce risk by prohibiting firearm transactions on the premises while children are in care.

Technical Assistance

The presence of firearms in the home increases children's accessibility to them. Prohibiting the sale of firearms during hours of operation or while children are in care reduces the likelihood that children can gain access to firearms.

Rule 1916 (4)

(4) Law enforcement officers who are required to keep their firearms loaded and ready for use at all times, may do so, as long as the firearm is inaccessible to children.

Rationale

The purpose of this rule is to allow required firearm use by law enforcement while ensuring firearms remain inaccessible to children.

R 400.1917 Animals and pets

Rule 1917 (1)

(1) A licensee shall notify parents of any animals and pets in the child care home.

Rationale

The purpose of this rule is to ensure parents and/or legal guardians are informed of animals in the child care home so they can make decisions related to their child's health, safety, and potential allergies.

Technical Assistance

Notification of animals and pets in the home should be documented on the Child In Care Statement/Receipt (CCL-3900).

Best Practice

The publication *Animals and Children: Friends or Foes?* (BCAL-PUB685) is located on the [Child Care Resources](#) page under Child Health and Safety.

Rule 1917 (2)

(2) Animals and pets that are potentially aggressive or in poor health shall be separated from children in care at all times.

Rationale

The purpose of this rule is to protect children from injury and illness by preventing contact with animals that may pose a risk. It has been found that:

- A gentle animal can become dangerous and aggressive when it protects itself from harmful or annoying behaviors of children.
- An aggressive or shy animal can seriously injure a trusting child.
- Animals can be a source of illness for people.
- People can be a source of illness for animals.

Technical Assistance

The licensee is fully responsible for safeguarding children, regardless of whether the animal or pet belongs to them or not.

Best Practice

Before bringing a pet or animal into the child care home, the licensee should:

- Check with a veterinarian to determine whether the animal/pet is of suitable temperament and size to be around young children.
- Ensure that all animals are healthy and up to date on vaccines.
- Know the animal's/pet's behaviors and temperament.
- Make sure the animal/pet is well-socialized with a variety of people.
- Be aware that animals who have recently given birth may be overly protective of their young and may be more aggressive than normal.
- Provide a designated, protected area for the animal/pet to be away from children.
- Keep a health certificate on file regarding animal immunizations.

Rule 1917 (3)

(3) Children having contact with animals and pets shall be supervised by a child care staff member who is physically close enough to remove a child immediately if the animal shows signs of distress or the child shows signs of treating the animal inappropriately.

Rationale

The purpose of this rule is to ensure close supervision during interactions with animals or pets that allow child care personnel to respond immediately to prevent injury to both children and animals.

The [Centers for Disease Control and Prevention](#) estimates that about 4.5 million people are bitten by dogs each year in the U.S. Among children, the rate of dog-bite–related injuries is highest for those 5 to 9 years old. Over half of dog-bite injuries occur at home with dogs that are familiar to the victim.

Children may unknowingly tease or disturb animals, which may result in injury. Dog bites cause an average of 10-20 deaths per year and 600,000 injuries per year. Dog bites to children under 4 years of age usually occur in a home environment, and the most common injury sites are the head, face, and neck.

Technical Assistance

The licensee is fully responsible for safeguarding children, regardless of whether the animal or pet belongs to them or not.

Best Practice

The publication *Animals and Children: Friends or Foes?* (BCAL-PUB685) is located on the [Child Care Resources](#) page under Child Health and Safety.

Rule 1917 (4)

(4) Animals and pets shall not be allowed in food preparation and eating areas during meal or snack time.

Rationale

The purpose of this rule is to prevent contamination and reduce the risk of illness by keeping food preparation and eating areas free from animals and pets.

Technical Assistance

For the purpose of this rule, tanks containing fish are allowed in the food preparation and eating areas.

Rule 1917 (5)

(5) Litter boxes, pet food, pet dishes, and pet toys must be inaccessible to children.

Rationale

The purpose of this rule is to protect children from exposure to harmful substances, bacteria, and choking hazards associated with pet-related items and waste.

R 400.1918 Smoking or vaping

Rule 1918 (1) - (3)

- (1) Smoking and vaping must not occur in any of the following situations:
 - (a) On the premises of the child care home during hours of operation.
 - (b) On field trips with children in care.
 - (c) In vehicles when children in care are present.
- (2) The child care home shall post a notice in a place accessible and visible to parents, personnel, volunteers, and visitors stating that smoking and vaping are prohibited on the premises of the child care home during hours of operation.
- (3) The child care home shall notify parents if smoking or vaping occurs on the premises of the child care home when children are not in care.

Rationale

The purpose of this rule is to protect children from exposure to secondhand smoke and harmful chemicals by prohibiting smoking and vaping and ensuring transparency with parents and/or legal guardians.

Smoking in the home or child care approved spaces when the children are not present can still trigger asthma, allergies, and other health-related problems when children use the space.

Technical Assistance

This rule is required for compliance with the Child Care Organization Act, PA116, Section 722.113c, which states: “Smoking on premises of group child care home or family child care home during hours of operation prohibited; smoking during other hours; notice to parent and/or legal guardian.”

Per 400.1901, “premises” means the location of the child care home where the licensee and their family reside and includes the attached yard, garage, basement, non-child-use space, and any other outbuildings.

The licensee may permit smoking on the premises outside the hours of operation of the group child care home or family child care home if the licensee has notified parents and/or legal guardians of each individual child in care that smoking on the premises occurs or may occur when the group child care home or family child care home is not in operation.

The licensee of a group child care home or family child care home shall post in a visible area on the premises a notice that specifies that smoking on the premises is prohibited during the hours of operation of the group child care home or family child care home.

Notifications must be in writing. Licensees may use the wording found on the Child in Care Statement/Receipt, the CCL-3900 form.

Scientific evidence has linked respiratory health risks to secondhand smoke.

Infants and young children exposed to secondhand smoke are at risk of developing bronchitis, pneumonia, and middle ear infections when common respiratory infections occur. Chemicals in secondhand smoke can affect a baby's brain and interfere with breathing. If a baby regularly breathes secondhand smoke, his or her lungs can be permanently damaged. Secondhand smoke may also increase the risk of infant death.

All tobacco and vaping products and items must be stored securely and out of the reach of children per R 400.1913(2).

MCL 333.12601 (Public Health Code Act 368 of 1978) defines smoking/smoke and a tobacco product as:

- "Smoking" or "smoke" means the burning of a lighted cigar, cigarette, pipe, or any other matter or substance that contains a tobacco product.
- "Tobacco product" means a product that contains tobacco and is intended for human consumption, including, but not limited to, cigarettes, non-cigarette smoking tobacco, or smokeless tobacco, as those terms are defined in section 2 of the Tobacco Products Tax Act, 1993 PA 327, MCL 205.422, and cigars.

[MCL 722.644 \(Youth Tobacco Act, Act 31 of 1915\)](#) defines vaping as: "Vapor product" means a noncombustible product that employs a heating element, power source, electronic circuit, or other electronic, chemical, or mechanical means, regardless of shape or size, that can be used to produce vapor from nicotine or any other substance, and the use or inhalation of which simulates smoking. Vapor product includes an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe, or similar product or device, and a vapor cartridge or other container of nicotine or other substance in a solution or other form that is intended to be used with or in an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe, or similar product or device. Vapor product does not include a product regulated as a drug or device by the United States Food and Drug Administration under 21 USC 351 to 360fff-7.

E-Cigarettes, as defined in [MDHHS-Pub-1270](#), states the following:

- E-cigarettes have many names: vapes, vape pens, e-hookahs, mods, JUULs, or tanks.
- They give off aerosol that is full of chemicals. Some of these chemicals are known to cause birth defects.
- Secondhand aerosol can be dangerous to babies and children.

Best Practice

More information on smoking and safe sleep is available at:

- [MDHHS Smoking and Safe Sleep](#)
- [Michigan.gov/Tobacco](#)
- [Michigan.gov/SafeSleep](#)

R 400.1919 Comprehensive background check; fingerprinting

Rule 1919 (1)

- (1) Pursuant to sections 5n and 5q of the act, MCL 722.115n and 722.115q, before an individual having any unsupervised contact with children, the department shall determine the individual's eligibility to be any of the following:
- (a) A licensee.
 - (b) An adult member of the household.
 - (c) A child care staff member.
 - (d) An unsupervised volunteer.

Technical Assistance

- **"Licensee"** means a person, partnership, firm, corporation, association, nongovernmental organization, or local or state government organization that has been issued a license under this act to operate a child care organization.
- **"Adult member of the household"** means any individual 18 years of age and older who resides in a family or group child care home on an ongoing basis, or who has a recurrent presence in the home, including, but not limited to, overnight stays.
- **"Child care staff member"** means an individual who is 16 years of age or older to whom 1 or more of the following applies: (i) The individual is employed by a child care center, group child care home, or family child care home for compensation, including a contract employee or a self-employed individual. (ii) An individual whose activities involve the unsupervised care or supervision of children for a child care center, group child care home, or family child care home. (iii) An individual who has unsupervised access to children who are cared for or supervised by a child care center, group child care home, or family child care home.
- **"Unsupervised volunteer"** means an individual who is 16 years of age or older, who provides services for a child care home that is not compensated, who was determined eligible by the department to be unsupervised with children, and may be counted in staff to child ratios.

Eligibility is determined through the comprehensive background check process. In order to receive a determination, the individual must be entered into the Child Care Background Check (CCBC) system by the person authorized to use the system and then fingerprinted under the Child Care Licensing (CCL) Reason Code. Upon receipt of the fingerprint results, all remaining registry checks will be completed by the department.

Any applicant who has resided out of state or country within the past 5 years is required to submit additional information in order to complete the comprehensive background check. This may include the submission of additional forms and fees required by state(s) in order to complete the remaining components of the comprehensive background check.

To be “eligible” means that the individual completed the comprehensive background check and obtained the checks and clearances described in sections 5n and 5q of the act, MCL 722.115n and 722.115q (listed below) and is considered appropriate to obtain a license, to be a member of the household of a group child care home or family child care home, or to be a child care staff member.

- The department’s database of previous disciplinary action within a child care center, group child care home, or family child care home or an adult foster care facility.
- The national sex offender registry.
- All state criminal registries or repositories for any states of residence in the past 5 years.
- Department of state criminal history check on the individual, child care staff member or adult member of the household.
- Equivalent clearances from each country where an individual, child care staff member, or adult member of the household resided out of the United States within the preceding 5 years. If the country does not have the equivalent clearance, the individual must sign a self-certifying statement that he or she is not ineligible to receive a license, to be an adult member of the household, or to be a child care staff member.
- Department of Health and Human Services central registry clearance.
- Documentation equivalent to the department of health and human services central registry clearance for the states of previous residence if the licensee, child care staff member, or adult member of the household resided outside of this state as an adult within the 5 years immediately preceding the date of the application for a license, or the date that he or she was hired as a child care staff member or resided in a group child care home or family child care home.
- An individual may serve as a child care staff member pending the results of the required record and database checks if the individual is supervised at all times.

A complete, signed, and dated consent and disclosure form is required for all child care staff members before fingerprint information is entered in the CCBC system. Consent and disclosure forms should be kept in a secure location and retained for two years after the person has left employment. Consent and disclosure forms can be found on the [CCBC website](#) under Forms and Resources.

This form is important for several reasons:

- The Consent and Disclosure form provides instructions to the applicant on how to appeal their criminal history record information if they feel that there is an inaccuracy in their record.
- The form reminds applicants and licensees of the statutory requirement under MCL 722.115e to report arraignments and convictions for crimes listed in section 5r within 3 business days.
- The form contains personal information required for completing a comprehensive background check. Omitting or providing false information on this form will result in a

determination of ineligibility for that application. Therefore, the department may request a copy of the Consent and Disclosure form to ensure that the applicant did not knowingly falsify or omit information, such as, but not limited to, names previously used or states previously resided in.

While awaiting results of the comprehensive background check, an individual may serve as a child care staff member if the individual is supervised at all times by an eligible staff member. Supervised at all times means the eligible staff member can see and hear the individual at all times. Example: if the eligible staff member needs to use the restroom, another eligible staff member must step in to supervise the individual prior to them leaving the room.

Michigan State Police (MSP), the Federal Bureau of Investigation (FBI), and the Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP) will periodically request a copy of the Consent and Disclosure form to ensure compliance. MSP and the FBI have Criminal Justice Information Services (CJIS) policies that require a Consent form. Both MSP and the FBI audit MiLEAP to ensure individuals fingerprinted under the child care reason code are aware of their rights and responsibilities as documented in this form. As the department is periodically audited by the FBI/MSP to ensure compliance with CJIS policies, we may request that a copy of the Consent and Disclosure form be provided.

On occasion, the department may become aware of additional aliases or states of residency not disclosed in the CCBC system. When this occurs, the department may request a copy of the Consent and Disclosure form to assess whether or not the individual was knowingly attempting to falsify or omit information in connection with the background check.

Falsifying and omitting information in connection with a comprehensive background check will result in an applicant being found ineligible for that application. If there are concerns that an applicant may have omitted or falsified information in the Consent and Disclosure form and, by extension, the CCBC System, the department may request to view the form.

Once an applicant completes the Consent and Disclosure form, they should be provided a copy of their form for future use.

The CCBC [Forms and Resources](#) has a PowerPoint training guide for using the Child Care Background Check System.

For questions, contact the CCBC unit at 844-765-2247.

See the [Frequently Asked Questions](#) for using the CCBC system for more information.

The Consent and Disclosure form must have an original signature. Digital signatures will not be accepted.

Rule 1919 (2)

- (2) An applicant or licensee shall do all of the following:
- (a) Ensure that each individual who requires an eligibility determination pursuant to subrule (1) of this rule completes, signs, and submits all of the information required in subrule (5) of this rule, and in subrule (6) of this rule if applicable, on a form prescribed by the department. The forms are available on the department's website for the child care background check system, www.michigan.gov/ccbc. The form(s) must be signed and dated prior to the individual's appointment to be fingerprinted.
 - (b) Maintain a copy of the completed and signed form(s) for each individual entered into the child care background check system under the license.
 - (c) Provide to the department, on request, a copy of the individual's completed and signed form(s).
 - (d) Establish and activate an account and accurately enroll each individual listed in subrule (1) in the child care background check system.
 - (e) Within the department's child care background check system, accurately complete and maintain the connection, disconnection, or withdrawn status of each individual associated with the license.
 - (f) Immediately disconnect each individual from the system once they are no longer a licensee, adult member of the household, child care assistant, child care staff member, or an unsupervised volunteer under the license.

Rationale

The purpose of this rule is to ensure the safety and welfare of children.

Technical Assistance

(2)(a) The Child Care Background Check Unit phone number is 844-765-2247

(2)(b) Maintain a copy of the comprehensive background check [Consent and Disclosure Form](#).

Note: The eligibility letter is not a required document to have in the licensee's file.

(2)(d) Includes using an individual's accurate legal name, correct spelling, SSN, DOB, and accurately listing the role as defined by the department. See subrule (5) below.

Rule 1919 (3)

- (3) An individual may serve as a child care staff member pending an eligibility determination by the department, in accordance with section 5n(8) of act, MCL 722.115n, and shall be supervised at all times by the licensee or a child care staff member who is determined eligible.**

Technical Assistance

While awaiting results of the comprehensive background check, an individual may serve as a child care staff member if the individual is supervised at all times by an eligible child care staff member. Supervised at all times means the eligible child care staff member can see and hear the individual at all times. Example: if the eligible child care staff member needs to use the restroom, another eligible child care staff member must step in to supervise the individual prior to them leaving the room.

Rule 1919 (4) - (5)

- (4) For an individual who is determined ineligible by the department, a licensee shall immediately do all of the following:**
- (a) Prohibit the individual from being on the premises of the child care home.**
 - (b) Prohibit the individual from having any contact with children in care.**
 - (c) Disconnect the individual from the child care background check system.**
- (5) An individual who requires a comprehensive background check pursuant to sections 5n and 5q of the act, MCL 722.115n and 722.115 q, shall submit to the department, on a form prescribed by the department, all personally identifiable information necessary to conduct the comprehensive background check, including all of the following:**
- (a) Full legal name.**
 - (b) All other names used in the past, including any maiden name or alias, the approximate date, the other name was used, and the reason for the name change.**
 - (c) Suffix, if applicable.**
 - (d) Social Security number.**
 - (e) Date of birth.**
 - (f) Place of birth.**
 - (g) Country of citizenship.**
 - (h) Height.**
 - (i) Weight.**
 - (j) Hair color.**
 - (k) Eye color.**
 - (l) Sex.**

- (m) Race.**
- (n) Current address.**
- (o) If the individual resided outside this state during the last 5 years, provide each of those addresses.**
- (p) Driver's license identification number and state issuing the license or a state identification number and state issuing it, if available.**
- (q) Phone number.**
- (r) Email address, if available.**
- (s) Other information determined reasonably necessary by the department to determine the eligibility of the individual based on a name-based registry match.**

Technical Assistance

Each person who needs a comprehensive background check has to complete the Consent and Disclosure form. The form can be found on the [CCBC website](#) under Forms and Resources. Make sure the form is filled out accurately and thoroughly. This form must be signed and dated before fingerprinting to be compliant with this rule.

Rule 1919 (6)

- (6) The department shall maintain the confidentiality of all personally identifiable information submitted pursuant to this rule to the extent permitted by law.**

R 400.1920 Child care staff member; employment requirements

Rule 1920 (1) - (2)

- (1) An individual who is employed as a child care staff member in a child care home shall be 16 years of age or older, pursuant to section 1 of the act, MCL 722.111.
- (2) Before caring for children at a child care home, an individual shall be determined by the department to be eligible to serve as a child care staff member, pursuant to sections 5n and 5q of the act, MCL 722.115n and 722/115q, and as required by R 400.1919.

Rationale

The purpose of this rule is to ensure that children are protected at all times when around child care staff members.

Technical Assistance

Eligibility is determined through the comprehensive background check process. In order to receive a determination, the individual must be entered into the Child Care Background Check (CCBC) system by the person authorized to use the system and then fingerprinted under the Child Care Licensing (CCL) Reason Code. Upon receipt of the fingerprint results, the department will complete all remaining registry checks. Any applicant who has resided out of state or country within the past 5 years is required to submit additional information in order to complete the comprehensive background check. This may include the submission of additional forms and fees required by state(s) in order to complete the remaining components of the comprehensive background check.

To be “eligible” means that the individual completed the comprehensive background check and obtained the checks and clearances described in sections 5n and 5q (listed below) and is considered appropriate to obtain a license, to be a member of the household of a group child care home or family child care home or to be a child care staff member.

- The department’s database of previous disciplinary action within a child care center, group child care home, or family child care home or an adult foster care facility.
- The national sex offender registry.
- All state criminal registries or repositories for any states of residence in the past 5 years.
- Department of state criminal history check on the individual, child care staff member or adult member of the household.
- Equivalent clearances from each country where an individual, child care staff member, or adult member of the household resided out of the United States withing the preceding 5 years. If the country does not have the equivalent clearance, the individual must sign a self-certifying statement that he or she is not ineligible to receive a license, to be an adult member of the household, or to be a child care staff member.
- Department of Health and Human Services central registry clearance.

- Documentation equivalent to the department of health and human services central registry clearance for the states of previous residence if the licensee, child care staff member, or adult member of the household resided outside of this state as an adult within the 5 years immediately preceding the date of the application for a license, or the date that he or she was hired as a child care staff member or resided in a group child care home or family child care home.
- An individual may serve as a child care staff member pending the results of the required record and database checks if the individual is supervised at all times.

A complete, signed, and dated consent and disclosure form is required for all child care staff members before fingerprint information is entered in the CCBC system. Consent and disclosure forms should be kept in a secure location and retained for two years after the person has left employment. Consent and disclosure forms can be found on the [CCBC website](#).

The CCBC [Forms and Resources](#) has a PowerPoint training guide for using the CCBC System.

For questions, contact the CCBC unit at 844-765-2247.

See the [Frequently Asked Questions](#) for using the CCBC system for more information.

The Consent and Disclosure form must have an original signature. Digital signatures will not be accepted.

Refer to section R 400.1919 for more information on eligibility requirements and background checks.

Rule 1920 (3)

(3) Before caring for children at a child care home, an individual shall provide the licensee both of the following:

- (a) A valid certification in pediatric, infant, child, and adult CPR.**
- (b) A valid certification in pediatric first aid.**

Rationale

The purpose of this rule is to ensure the safety and welfare of children by having someone in attendance who is qualified to respond to common life-threatening emergencies.

Technical Assistance

Anyone providing care in any circumstance MUST meet this requirement and all other requirements of a child care staff member per Child Care Organizations Act MCL 722.112a, (1)

which requires group child care homes and family child care homes to have individuals present 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.

CPR/First Aid Certification must be received from a person certified as a Red Cross instructor or certified by another organization approved by the department. See the [Child Care Licensing](#) website for the current list of approved organizations. An in-person skills test must be completed if CPR/First Aid Training are completed online. The online training and the in-person skills test must be administered by one of the approved organizations. Documentation of completion of both the online portion and the in-person skills test must be maintained.

Verification of CPR/First Aid Training.

A receipt of payment for the session is not verification of certification attendance or participation. Copies of both sides of the card, final certificate, a statement on agency letterhead, or the eCard are acceptable verification of CPR/First Aid Certification.

The statement on agency letterhead must be issued from the training organization or trainer and include the date of the course, the name of the training organization or trainer, and the topic covered. See R 400.1923 for more information on acceptable verification of training.

Rule 1920 (4)

(4) A child care staff member shall conduct themselves in a manner that is conducive to the welfare of children and be able to meet the needs of children and provide for the children's care, supervision, and protection.

Rationale

The purpose of this rule is to ensure the safety and welfare of children. Ensures child care staff members exhibit mature, responsible behavior and have the ability to respond appropriately to children's needs.

Technical Assistance

Child Care Organizations Act MCL 722.115m(14)(b)states: "Conducive to the welfare of the children" means:

- (i) The service and facility comply with this act and the administrative rules promulgated under this act.

- (ii) The disposition, temperament, condition, and action of the applicant, licensee, licensee designee, program director, child care staff member, and member of the household promote the safety and well-being of the children served.

Child Care Organizations Act MCL 722.115m(4) states: To assess whether the service, facility, applicant, licensee, child care staff member, or member of the household is conducive to the welfare of the children, the department may utilize available information, including, but not limited to, any of the following:

- a) Investigative report, such as a law enforcement report and a children's protective services report.
- b) Medical report.
- c) Public record.
- d) Child care center, group child care home, or family child care home record.
- e) Inspection of the child care center, group child care home, or family child care home.

All child care staff members working directly with children have the responsibility to meet the basic needs of each individual child and to ensure their safety and well-being. Providing appropriate care and supervision of all children in care involves:

- Maintaining required child care staff member-to-child ratios.
- Providing a program that meets the developmental needs of all children in care.
- Positively interacting with each child.
- Knowing what activities all children are engaged in.
- Knowing the whereabouts of each child at all times.
- Being close enough to the children to provide for their safety.

A child care staff member may need to be away from their assigned area of the home for a brief period of time for routine activities such as use of the restroom, toileting a child, attending to a sick child, escorting children from the bus, etc. In those situations, children must not be left unattended. If multiple child care staff members are in the room, a replacement child care staff member may not be necessary unless there is a significant disruption in the room, children's needs are not being met, or absences are too lengthy or too frequent.

Volunteers have the responsibility for providing appropriate care for children, also. This includes, but is not limited to:

- Positively interacting with children.
- If working with an individual child, knowing the whereabouts and activities of that child.
- Following the volunteer policy of the home.

Best Practice

Additional screening tools available for assessing the conduciveness of child care staff members, in addition to the requirements of R 400.1906(1)(e), include:

- Keeping Track at all Times: Preventing Lost Children (BCAL-687).

- Biting: What Can I Do To Stop It (BCAL-688).
- Fussy Baby (BCAL-689).
- Positive Discipline - Including the Proper Use of Time Out (BCAL-787).

All items are located on the [Child Care Resources](#) page.

Rule 1920 (5)

(5) A child care staff member may substitute for the licensee pursuant to R 400.1903(1)(b).

Rationale

The purpose of this rule is to ensure the safety and welfare of children by having someone in attendance at all times who is qualified to respond to common life-threatening emergencies.

Technical Assistance

Only a child care staff member with current CPR/First Aid may substitute for the licensee when they are unable to provide care.

Notification to parents and/or legal guardians must be provided for each absence and may be verbal, in writing, or posted in the home in a location easily visible to parents and/or legal guardians.

Notification must include the name of the child care staff member providing the care.

Best Practice

It is recommended that this notice be in writing and that copies be kept for a minimum of two years.

R 400.1921 Child care assistant; requirements

Rule 1921 (1) - (2)

- (1) A child care assistant shall be 14 to 15 years of age.
- (2) Before contact with children, the individual shall be determined by the department to be eligible to serve as a child care assistant, as required by R 400.1903(1)(r) and R 400.1903(1)(s).

Rationale

The purpose of this rule is to ensure that children are protected at all times when around child care assistants.

Technical Assistance

Rule 400.1903 (1)(r) states that all child care assistants must receive a public sex offender registry clearance completed by the licensee against the Michigan State Police Sex Offender Registry or the Dru Sjodin National Sex Offender Public Website before having any contact with a child in care. A copy of this clearance must be maintained on file at the child care home.

Resources:

- [The Michigan State Police Sex Offender Registry \(PSOR\)](#)
- [The National Sex Offender Public Website \(NSOPW\)](#)

Rule 400.1903 (1)(s) states that the written policy regarding screening and supervision of personnel and volunteers must include a statement that any personnel or volunteer registered on either the state sex offender registry or the national sex offender registry is prohibited from having contact with any child in care.

Rule 1921 (3)

- (3) Within 90 days of hire, a child care assistant shall provide the licensee both of the following:
 - (a) A valid certification in pediatric, infant, child, and adult CPR.
 - (b) A valid certification in pediatric first aid.

Rationale

The purpose of this rule is to ensure the safety and welfare of children by having someone in attendance who is qualified to respond to common life-threatening emergencies.

Technical Assistance

Anyone providing care in any circumstance MUST meet this requirement and all other requirements of a Child Care Organizations Act MCL 722.112a, (1) which requires: A child caring institution, foster family home, foster family group home, child care center, group child care home, and family child care home shall have individuals present, as prescribed in the appropriate administrative rules, 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. CPR/First Aid Certification must be received from a person certified as a Red Cross instructor or certified by another organization approved by the department.

See the [Child Care Licensing](#) website for the current list of approved organizations. An in-person skills test must be completed if CPR/First Aid Training are completed online. The online training and the in-person skills test must be administered by one of the approved organizations. Documentation of completion of both the online portion and the in-person skills test must be maintained. Verification of CPR/First Aid Training receipt of payment for the session is not verification of certification attendance or participation. Copies of both sides of the card, the final certificate, a statement on agency letterhead, or the eCard are acceptable verification of CPR/First Aid Certification.

The statement on agency letterhead must be issued from the training organization or trainer and must include the date of the course, the name of the training organization or trainer, and the topic covered. See R 400.1923 for more information on acceptable verification of training.

Rule 1921 (4)

(4) A child care assistant shall be supervised directly at all times by the licensee or a child care staff member who is present on-site and can observe the child care assistant.

Rationale

The purpose of this rule is to ensure the safety and well-being of children.

Technical Assistance

Direct supervision generally means being physically present or within an immediate proximity, such as on the same floor, and available to respond to the needs of a person or situation.

Rule 1921 (5)

(5) A child care assistant shall conduct themselves in a manner that is conducive to the welfare of children.

Rationale

The purpose of this rule is to ensure the safety and welfare of children and ensure that child care assistants exhibit mature, responsible behavior and have the ability to respond appropriately to children's needs.

Technical Assistance

Conducive to the welfare of the children means the following:

- The licensee complies with all licensing rules.
- The disposition, temperament, condition, and actions of the applicant, licensee, licensee designee, program director, child care staff member, and member of the household promote the safety and well-being of the children served. Is truthful to the department and the public.
- Is capable of making appropriate judgements.
- Is knowledgeable of the developmental needs of children of varying ages.

To assess whether the service, facility, applicant, licensee, child care staff member, or member of the household is conducive to the welfare of the children, the department may utilize available information, including, but not limited to, any of the following:

- Investigative reports, such as a law enforcement report and a children's protective services report.
- Medical report.
- Public record.
- Child care center, group child care home, or family child care home record.
- Inspection of the child care center, group child care home, or family child care home.

Child care assistants working directly with children under the supervision of the licensee or adult child care staff member have the responsibility to meet the basic needs of each individual child and to ensure their safety and well-being. Providing appropriate care and supervision of all children in care involves:

- Positively interacting with each child.
- Knowing what activities all children are engaged in.
- Knowing the whereabouts of each child at all times.
- Being close enough to the children to provide for their safety.

Best Practice

Additional screening tools to assess the suitability of child care assistants include checking references.

Rule 1921 (6)

(6) A child care assistant shall not substitute for the licensee or a child care staff member.

Rule 1921 (7)

(7) A child care assistant shall not drive a vehicle that is transporting children.

Rationale

The purpose of this rule is to ensure the safety of children.

Technical Assistance

Driving children is an important and significant responsibility.

Rule 1921 (8)

(8) The licensee is responsible for the actions of a child care assistant who has contact with or access to children who are cared for in a child care home.

R 400.1922 MiRegistry

Rule 1922 (1) - (3)

- (1) Within 30 calendar days after employment, all staff shall have an individual MiRegistry account and have a non-expired MiRegistry membership status that would include materials submitted, received, awaiting print, or current.
- (2) Within 30 calendar days after employment, all staff shall have a verified program organization employment entry in MiRegistry.
- (3) Verification of the qualifications of all staff must be maintained on file at the child care home 2 years after effective date of this rule, after which qualifications must be verified in MiRegistry.

Rationale

The purpose of this rule is to ensure that all staff have the required verification and training.

Technical Assistance

Access MiRegistry [here](#) to make your own account and link it to an organization employer. Make sure your account is kept up to date and accurate.

The MiRegistry membership toolkit can be found [here](#).

A “verified program organization employment entry” in MiRegistry means that an organization profile has been created, and all staff are connected to the organization. More information on managing an organization profile can be found [here](#).

A guide to adding staff and managing an organization profile can be found [here](#).

R 400.1923 Child care home new hire training

Rule 1923 (1) - (2)(a)-(e)

- (1) All staff shall participate in the child care home's new hire training within 90 days after being present at the child care home and before caring for children unsupervised.
- (2) The child care home's new hire training must include all of the following areas:
 - (a) The prevention of shaken baby syndrome.
 - (b) The prevention of sudden infant death syndrome and use of safe sleep practices.
 - (c) The prevention of abusive head trauma.
 - (d) The prevention of child maltreatment.
 - (e) The recognition and reporting of child abuse and neglect.

Rationale

The purpose of this rule is to ensure the safety and well-being of young children by educating staff about safe sleep practices and the physical hazards associated with shaking a baby.

Technical Assistance

Licensees may provide training for staff. However, new hire training may not be counted towards the licensee's own annual training requirements. All licensees must maintain copies of the documentation of this training on file in the child care home or in MiRegistry for review by the licensing consultant.

A free training on infant safe sleep and the licensing rules related to infant safe sleep is available at [Licensed Child Care Provider Training](#).

Training regarding recognition of and the reporting of child abuse and neglect, and prevention of shaken baby syndrome, abusive head trauma, and child maltreatment can be completed on [MiRegistry](#).

Rule 1923 (2)(f)

- (2) The child care home's new hire training must include all of the following areas:
 - (f) The prevention and control of infectious diseases, including immunizations.

Technical Assistance

Training is available in [MiRegistry](#) through the Health and Safety Training for Licensed Child Care Providers Module A.

Rule 1923 (2)(g) - (m)

(2) The child care home's new hire training must include all of the following areas:

- (g) Emergency preparedness and response planning as described in R 400.1939.**
- (h) Administration of medication.**
- (i) Prevention of and response to emergencies due to food and allergic reactions as provided in R 400.1937.**
- (j) Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic.**
- (k) Handling and storage of hazardous materials and appropriate disposal of biocontaminants.**
- (l) Precautions in transporting children if the child care home provides transportation with children at any time.**
- (m) Child development, including the major domains of cognitive, social, emotional, physical development, and approaches to learning.**

Rationale

The purpose of this rule is to ensure that staff are familiar with the Child Care Home Licensing Rules and the home's policies and understand their job duties. Ensures the safety and well-being of young children.

Technical Assistance

Training for (h)-(m) is available in [MiRegistry](#) through Health and Safety Training for Licensed Child Care Providers Module A.

Rule 1923 (2)(n)

(2) The child care home's new hire training must include all of the following areas:

- (n) Pediatric first aid and pediatric, infant, child, and adult CPR, unless the new staff presents a valid certification pursuant to R 400.1920(3)(a), R 400.1920(3)(b), R 400.1921(3)(a), and R 400.1921(3)(b).**

Rationale

The purpose of this rule is to ensure the safety and welfare of children by having someone in attendance at all times who is qualified to respond to common life-threatening emergencies.

Child care staff members sometimes work alone and are solely responsible for the health and safety of the children in their care. This subrule ensures they have the necessary skills to manage any emergency while also caring for the remaining child care children.

Technical Assistance

Anyone providing care in any circumstance MUST meet this requirement and all other requirements of staff.

According to the Public Act 116 of 1973 as Amended MCL 722.112a, (1) A child caring institution, foster family home, foster family group home, child care center, group child care home, and family child care home shall have individuals present, as prescribed in the appropriate administrative rules, 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.

CPR/First Aid Certification must be received from a person certified as a Red Cross instructor or certified by another organization approved by the department. See the [Child Care Licensing](#) website for the current list of approved organizations.

An in-person skills test must be completed if CPR/First Aid Training are completed online. The online training and the in-person skills test must be administered by one of the approved organizations. Documentation of completion of both the online portion and the in-person skills test must be maintained.

Verification of CPR/First Aid Training: A receipt of payment for the session is not verification of certification attendance or participation. Copies of both sides of the card, final certificate, a statement on agency letterhead, or the eCard are acceptable verification of CPR/First Aid Certification. The statement on agency letterhead must be issued from the training organization or trainer and include the date of the course, the name of the training organization or trainer, and the topic covered.

If the CPR card says "pediatric," this means the training covered both the infant and child requirements and can be accepted. However, if the card only says "infant," that means the training did not cover the child requirement. If the card says only "child," that means the training did not cover the infant requirement. To be accepted, the card must show that the person completed adult and pediatric CPR or specifically list adult, infant, and child training.

Rule 1923 (3) - (4)

- (3) Until a staff member has completed the new hire training, the staff is supervised by the licensee or child care staff member who has completed the new hire training.**
- (4) Verification of all training required by this rule must be maintained on file at the child care home until 2 years after the effective date of this rule, after which qualifications must be reflected as verified in MiRegistry.**

R 400.1924 Professional development

Rule 1924 (1)

- (1) A licensee shall complete not less than 10 clock hours of professional development each calendar year related to any of the following:
- (a) Child development.
 - (b) Caring for children.
 - (c) Program planning.
 - (d) Administrative management for a child care business.
 - (e) Updates to topics covered in R 400.1923.

Rationale

The purpose of this rule is to ensure licensees maintain current knowledge and skills to support high-quality care and effective program management.

Ongoing professional development training improves the quality of care and ensures that personnel have access to current knowledge or trends. Licensees with ongoing training are better able to prevent, recognize, and correct health and safety problems and promote children's healthy development.

Technical Assistance

All family and group home applicants who complete the child care home orientation training will receive six clock hours of training.

Training records for the previous two calendar years will be reviewed at the time of inspections. For example, if a home license expires on 10/02/2025, the licensee will need to provide documentation of training hours from calendar years 2024 and 2023.

Approved Alternatives:

- 60 minutes equals one clock hour of training.
- One semester hour of college credit is equivalent to 15 hours of training.
- One term hour is equivalent to 10 hours of training.
- One Continuing Education Unit (CEU) is equivalent to 10 hours of training.

Note: Training sessions must be a minimum of 30 minutes in duration to be counted toward training hours.

Rule 1924 (2) - (4)

- (2) Personnel, not including the licensee, shall complete not less than 5 clock hours of professional development each calendar year related to any of the following:**
 - (a) Child development.**
 - (b) Caring for children.**
 - (c) Updates to topics covered in R 400.1923.**
- (3) An unsupervised volunteer shall complete not less than 1 hour of professional development each calendar year related to all of the following:**
 - (a) Child development.**
 - (b) Caring for children.**
 - (c) Updates to topics covered in R 400.1923.**
- (4) A driver shall complete not less than 1 hour of professional development each calendar year related to all of the following:**
 - (a) Caring for children.**
 - (b) Transportation.**
 - (c) Updates to topics covered in R 400.1923.**

Rationale

The purpose of this rule is to ensure all individuals involved in child care receive ongoing training to support safe practices, maintain current knowledge, and promote children's well-being.

Ongoing training improves the quality of care and ensures personnel have access to current knowledge or trends. Staff with training are better able to prevent, recognize, and correct health and safety problems and promote children's healthy development.

Technical Assistance

Licensees must maintain copies of each staff member's training documentation, such as a certificate of completion. Training documentation must include the date, time, number of hours, location, trainer/sponsor, and the title of the training topic (for any training not found in MiRegistry). Staff should also maintain this documentation of their own participation in training.

Licensees may provide training for their staff. However, this training may not be counted towards the licensee's own annual training requirements.

Note: Training sessions must be a minimum of 30 minutes in duration to be counted as training hours.

Rule 1924 (5)

(5) Staff may count CPR and first aid certification hours toward the professional development hours in the calendar year taken.

Rationale

The purpose of this rule is to recognize CPR/First Aid Certification as relevant training that supports health and safety while contributing to professional development requirements.

Technical Assistance

The number of hours of the training must be documented to be counted. This may be obtained through the trainer or the training organization.

Rule 1924 (6)

(6) Training hours may include completion of any of the following:

- (a) Sessions offered by community groups, faith-based organizations, and child care home associations.**
- (b) Trainings, workshops, seminars, and conferences on early childhood, child development, or child care administration offered by early childhood organizations.**
- (c) Workshops and courses offered by local or intermediate school districts, colleges, and universities.**
- (d) Online courses.**
- (e) Training and courses offered through MiRegistry.**

Rationale

The purpose of this rule is to provide flexibility in how training requirements are met while ensuring access to relevant, quality professional development opportunities.

Technical Assistance

Video, distance learning, correspondence, and online training must be facilitated and validated by a trainer/facilitator and include a feedback component, such as an evaluation or survey.

Rule 1924 (7)

(7) Verification of all professional development required by this rule must be maintained on file at the child care home until 2 years after the effective date of this rule, after which professional development must be reflected as verified in MiRegistry. Completion of the required training must be verified by a document,

signed by the trainer or an authorized individual, which must be maintained on file or available online at MiRegistry.

Rationale

The purpose of this rule is to ensure professional development is properly documented and verifiable to support accountability and compliance.

Technical Assistance

Acceptable verification may include:

- Certificate signed by the trainer or sponsoring organization.
- Signed statement by the trainer or sponsoring organization.
- Program booklets/flyers with name badge and receipt.
- College transcript or CEU certificate
- MiRegistry log of documented training.

Rule 1924 (8) - (11)

- (8) Pediatric first aid and pediatric, infant, child, and adult CPR certification must be maintained according to the expiration dates on the individual's certification cards.
- (9) The department may require additional training for violations based on the act or these rules. The additional training may include, but is not limited to, the safe sleep training available on MiRegistry or attending another orientation session conducted by the department.
- (10) Two years after the effective date of this rule, all training to meet professional development requirements must be approved in MiRegistry.
- (11) When the department publishes a notice that a new health and safety update document or a new health and safety update training activity was published on MiRegistry, the licensee shall ensure that all applicable personnel and unsupervised volunteers read and acknowledge the document or complete the activity within the timeframe indicated on the notice.

R 400.1925 Capacity

Rule 1925 (1)

- (1) The licensee shall ensure that the actual number of unrelated children in care at any 1 time does not exceed the number of children for which the child care home is licensed, not more than 6 children for a family child care home and not more than 12 children for a group child care home.**

Rationale

The purpose of this rule is to ensure safe supervision and care by maintaining child-to-provider ratios within licensed capacity limits. This rule also ensures compliance with the Child Care Organizations Act (1973 PA 116, as amended).

Technical Assistance

PA 116 is the state law that defines a family child care home as a home that cares for at least one but fewer than 7 unrelated children at any one time, and a group child care home as a home that cares for more than 6 but fewer than 12 unrelated children at any one time.

“Capacity” relates only to the number of unrelated children in care at any one time. Children related to the licensee, any adult household members, and personnel (only when personnel are present) do not count towards the licensed capacity of the home.

The overlapping of children's schedules, which might put the number of children above the licensed capacity, is prohibited.

Note: Visiting children who are less than 6 years of age will be counted against the licensed capacity unless accompanied by an adult.

Visiting children who are 6 years of age and older (friends of the licensee’s children, neighborhood children, etc.) are not counted towards the licensed capacity as long as all the following requirements are met:

- They do not require direct care and supervision.
- The children's parents and/or legal guardians or other responsible person are at home and immediately available should the children need to be sent home.
- They are not interfering in any way with the care and supervision of the child care children or taking away from adequate space and equipment.

“Related” means in the relationship by blood, marriage, or adoption, as parent, grandparent, great-grandparent, great-great-grandparent, aunt or uncle, great-aunt or great-uncle, great-great-aunt or great-great-uncle, sibling, stepsibling, nephew or niece, first cousin or first cousin

once removed, and the spouse of any of the individuals described in this definition, even after the marriage has ended by death or divorce.

Rule 1925 (2) - (3)

- (2) The licensee may request from the department an increased capacity to 7 for a family child care home and 14 for a group child care home after satisfying all of the following criteria:**
- (a) Holds a current license.**
 - (b) Was licensed to operate for not less than 29 consecutive months.**
 - (c) Has received 1 or more unrelated minor children for care and supervision during the licensed period.**
 - (d) Has received a renewed regular license after not less than 29 months of licensed operation.**
- (3) This rule is not subject to the variance specified in R 400.1908.**

Rationale

The purpose of this rule is to ensure compliance with PA Act 116, MCL 722.111(2).

Technical Assistance

The licensee can request a capacity increase from the department through a modification request in their Child Care Hub Information Records Portal (CCHIRP) or a written request to the licensing consultant.

PA Act 116 defines increased capacity as:

- 1 additional child added to the total number of minor children received for care and supervision in a family child care home or,
- 2 additional children added to the total number of minor children received for care and supervision in a group child care home.

After 29 months of licensed operation, a licensee may request an increase in capacity by submitting a modification request through the Child Care Hub Information Records Portal (CCHIRP) system.

Best Practice

For guidance on how to request a change in capacity, click [here](#).

R 400.1927 Ratio of staff to children in family child care homes

Rule 1927 (1)

- (1) The ratio of staff to children present in the family child care home and during transportation at any 1 time must be not less than 1 member of the staff to 6 children. The ratio must include both of the following:
- (a) All children in care who are not related to any staff members.
 - (b) Any child under school-age related to the licensee, child care staff member, child care assistant, unsupervised volunteer, or member of the household by blood, marriage, or adoption.

Rationale

The purpose of this rule is to ensure adequate supervision by maintaining safe staff-to-child ratios in the child care home.

Technical Assistance

MCL 722.111(1) (kk) from The Child Care Organizations Act (1973 PA 116, as amended) is the state law that defines “school age” as a child who is eligible to attend a grade of kindergarten or higher, but is less than 13 years of age. A child is considered to be a school-age child on the first day of the school year in which the child is eligible to attend school.

Child care ratios are determined by the number of children per staff. The licensee’s own children, foster care children, or other children residing in the home under school age are not counted in the ratio if another household member or other person is providing direct supervision to these children in a separate area of the family child care home.

Foster care children are treated as the licensee’s own children. The licensee’s own children who are school-age and older are not counted in the ratio.

Visiting children who are under school age will be counted in the ratio unless accompanied by an adult.

Visiting school-age children (friends of the licensee’s children, neighborhood children, etc.) are not counted in the ratio as long as all the following requirements are met:

- They do not require direct care and supervision.
- They are in a separate area of the family child care home.
- The children's parents and/or legal guardians or other responsible person is at home and immediately available should the children need to be sent home.
- They are not interfering with the care and supervision of the children in care or taking away from adequate space and equipment.

To ensure compliance with subrule (1), the following guidance is recommended:

- Plan enrollment and attendance schedules to prevent overlapping times that may exceed the required ratio.
- Inform parents and/or legal guardians that a back-up care plan is necessary when they are not able to drop off or pick up their children at the agreed-upon time.
- Provide a written policy to families regarding attendance and the necessity to follow the agreed-upon schedule for drop-off and pickup times.

Rule 1927 (2) - (3)

(2) The ratio may increase to 1 staff member to 7 children if the licensee is approved for an increased capacity as described in R 400.1925(2).

(3) For each staff member, not more than 4 children shall be under the age of 24 months, with not more than 2 of the 4 children under the age of 12 months.

Rationale

The purpose of this rule is to ensure that appropriate care and supervision are provided to all children by following child care ratios, especially when caring for infants and toddler-aged children.

Technical Assistance

The licensee's own children, foster care children, or other children residing in the home under school age are not included in the ratio if another household member or other person is supervising these children.

Licensees may request an increase in capacity with a modification request to the department after satisfying all of the following criteria:

- (a) Holds a current license.
- (b) Has been licensed to operate for not less than 29 consecutive months.
- (c) Has received one or more unrelated minor children for care and supervision during the licensed period.
- (d) Has received a renewed regular license after not less than 29 months of licensed operation.

Best Practice

To ensure compliance with this subrule, it is recommended that licensees and child care personnel know each child's birthday and age and plan enrollment and attendance schedules to ensure the required ratio is maintained.

R 400.1928 Ratio of staff to children in group child care homes

Rule 1928 (1)

- (1) The ratio of staff to children present in the group child care home and during transportation at any 1 time must be not less than 1 member of the staff to 6 children. The ratio must include both of the following:
- (a) All children in care who are not related to any staff members.
 - (b) Any child under school-age related to the licensee, child care staff member, child care assistant, unsupervised volunteer or member of the household by blood, marriage, or adoption.

Rationale

The purpose of this rule is to ensure adequate supervision by maintaining safe staff-to-child ratios in group child care homes.

Technical Assistance

MCL 722.111(1) (kk) from The Child Care Organizations Act (1973 PA 116, as amended) is the state law that defines “school age” as a child who is eligible to attend a grade of kindergarten or higher, but is less than 13 years of age. A child is considered to be a school-age child on the first day of the school year in which the child is eligible to attend school.

Child care ratios are determined by the number of children per staff. The licensee’s own children, including foster care children, or other children residing in the home under school age, are not counted in the ratio if another household member is providing direct supervision to these children, in a separate area of the family child care home.

The licensee’s own children who are school-age and older are not counted in the ratio. Visiting children who are under school age will be counted in the ratio unless accompanied by an adult.

Visiting school-age children (friends of the licensee’s children, neighborhood children, etc.) are not counted in the ratio as long as all the following requirements are met:

- They do not require direct care and supervision.
- They are in a separate area of the family child care home.
- The children’s parents and/or legal guardians or other responsible person is at home and immediately available should the children need to be sent home.
- They are not interfering with the care and supervision of the child care children or taking away from adequate space and equipment.

Best Practice

To ensure compliance with subrule (1), the following best practices are recommended:

- Plan enrollment and attendance schedules to prevent overlapping times that may exceed the required ratio.
- Inform parents and/or legal guardians that a back-up care plan is necessary when they are not able to drop off or pick up their children at the agreed-upon time.
- Provide a written policy to families regarding attendance and the necessity to follow the agreed-upon schedule for drop-off and pickup times.

Rule 1928 (2) - (3)

(2) The ratio may increase to 1 staff member to 7 children if the licensee is approved for an increased capacity as described in R 400.1925(2).

(3) During before, and after school hours only, group child care homes may accommodate up to 3 school-age children with a maximum staff to child ratio of 1 staff member to 9 children or 1 staff member to 10 children, if the licensee is approved for an increased capacity as described in R 400.1925(2).

Rationale

The purpose of this rule is to allow flexibility to accommodate the increased need for child care services for before and after school hours only.

Technical Assistance

Subrule (3) applies during in-session school days only and only for before and after school hours. This does not apply to summer child care or school closures.

A licensee may not increase the ratio as listed in subrule (2) of this rule until they have met all requirements listed in R 400.1925(2).

Licensees may request an increase in capacity per R 400.1925(2) with a modification request after satisfying all of the following criteria:

- (a) Holds a current license.
- (b) Have been licensed to operate for not less than 29 consecutive months.
- (c) Has received one or more unrelated minor children for care and supervision during the licensed period.
- (d) Has received a renewed regular license after not less than 29 months of licensed operation.

MCL 722.111(1) (kk) from The Child Care Organizations Act (1973 PA 116, as amended) is the state law that defines “school age” as a child who is eligible to attend a grade of kindergarten or higher, but is less than 13 years of age. A child is considered to be a school-age child on the first day of the school year in which the child is eligible to attend school.

Rule 1928 (4)

(4) For each staff member, not more than 4 children shall be under the age of 24 months, with not more than 2 of the 4 children under the age of 12 months.

Rationale

The purpose of this rule is to ensure appropriate care and supervision for all children, particularly infants and toddlers who require closer attention.

Technical Assistance

The licensee's own children, including foster care children, or other children residing in the home under school age, are not included in the ratio if another household member is providing direct supervision to children in care in a separate area of the group child care home.

The licensee's own children who are school-age and older are not counted in the ratio.

Best Practice

To ensure compliance with this subrule, it is recommended that licensees and child care personnel know each child's birthday and age and plan enrollment and attendance schedules to ensure the required ratio is maintained.

R 400.1929 Care; supervision; children

Rule 1929 (1)

(1) A licensee shall ensure appropriate care and supervision of children at all times, including during transportation.

Rationale

The purpose of this rule is to ensure the safety and well-being of children, as supervision is basic to the prevention of harm. Also ensures that children's basic needs are being met.

Technical Assistance

The licensee is responsible and accountable for:

- Providing a program that meets the developmental needs of all children in care.
- Using reasonable judgment when caring for children.
- Being close enough to the children to provide for their safety.
- Ensuring lighting in the napping area is sufficient to observe the children at all times.
- Everything that goes on in the home, including those times when children are left in the care of personnel and volunteers.

Effective monitoring of children must occur at all times, regardless of whether direct or indirect supervision is being used. Individual judgment, as to the use of appropriate direct and indirect supervision, depends on circumstances unique to each home and child.

A number of factors should be considered when determining the appropriate level of supervision, including but not limited to:

- Ages of children.
- Number of children.
- Developmental needs, including any special needs, of each child.
- Health of the child, including common illnesses, chronic illnesses, and conditions.
- Activities taking place, including water activities.
- Areas being used.
- Outdoor hazards.
- Fieldtrips.

DIRECT SUPERVISION means the child care staff members are:

- In the same area as the children (e.g., single room, adjoining rooms).
- Immediately available to them.
- Directly overseeing their activities.
- Interacting with them.

INDIRECT SUPERVISION means the child care staff members are:

- Overseeing the children's activities from another area.

- Aware of the activities in which the children are involved.
- Providing regular, periodic direct supervision of children

School-age children bike in the immediate neighborhood or wait at a bus stop with written permission from parents and/or legal guardians specifying:

- Clear boundaries for the children's travels.
- Time frames for checking out and checking back in.

Children, parents and/or legal guardians, and child care personnel should have an understanding of the safety of the neighborhood.

The definition of a school-age child is a child who is eligible to attend kindergarten or higher.

Note: The immediate neighborhood should be determined by a separation of no more than one block.

Visiting children of all ages (friends of the licensee's children, neighborhood children, etc.) can present supervisory issues. Child care staff members need to ensure that:

- The visiting children do not require direct care and supervision.
- The parents and/or legal guardians of the visiting children are at home and immediately available should the children need to be sent home.
- The visiting children are not interfering in any way with the care and supervision of the child care children or taking away from adequate space and equipment.

Best Practice

The following publications are available on the department's website.

- Keeping Track at all Times: Preventing Lost Children (BCAL-687)
- Biting: What Can I Do To Stop It (BCAL-688)
- Animals and Children: Friends or Foes (BCAL-685)
- Fussy Baby (BCAL-689)

All items located on the [Child Care Resources](#) page.

Rule 1929 (2)

(2) A licensee or a child care staff member shall be present in the home at all times when children are in care.

Rationale

The purpose of this rule is to ensure the safety and well-being of children, as supervision is basic to the prevention of harm. Also ensures children's basic needs are being met.

Rule 1929 (3)

(3) A licensee and child care staff members shall be up and awake at all times when children are in care, except as provided in R 400.1944(2) of these rules.

Rationale

The purpose of this rule is to ensure the safety and well-being of children, as supervision is basic to the prevention of harm. Also ensures that children's basic needs are being met.

Rule 1929 (4)

(4) Staff shall know the location of each child at all times.

Rationale

The purpose of this rule is to ensure the safety and well-being of children, as supervision is basic to the prevention of harm. Also ensures children's basic needs are being met.

Technical Assistance

Effective monitoring of children must occur at all times, regardless of whether direct or indirect supervision is being used. Individual judgment, as to the use of appropriate direct and indirect supervision, depends on circumstances unique to each home and child.

A number of factors should be considered when determining the appropriate level of supervision, including but not limited to:

- Ages of children.
- Number of children.
- Developmental needs, including any special needs, of each child.
- Health of the child, including common illnesses, chronic illnesses, and conditions.
- Activities taking place, including water activities.
- Areas being used.
- Outdoor hazards.
- Fieldtrips.

DIRECT SUPERVISION means the child care staff members are:

- In the same area as the children (e.g., single room, adjoining rooms).

- Immediately available to them.
- Directly overseeing their activities.
- Interacting with them.

INDIRECT SUPERVISION means the child care staff members are:

- Overseeing the children's activities from another area.
- Aware of the activities in which the children are involved.
- Providing regular, periodic direct supervision of children

Best Practice

Keeping Track at All Times: Preventing Lost Children (BCAL-687) is located on the [Child Care Resources](#) page.

Rule 1929 (5)

(5) Staff shall never leave a child unattended or with a minor in a vehicle.

Rationale

The purpose of this rule is to ensure the safety and protection of children.

Technical Assistance

Never leave a child alone in a car, even for a minute.

Heatstroke is the leading cause of non-crash, vehicle-related deaths in children under age 15. Heatstroke happens when the body is not able to cool itself quickly enough.

A child's body heats up 3 to 5 times faster than an adult's does. When left in a hot car, a child's major organs begin to shut down when their temperature reaches 104 degrees Fahrenheit (F). A child can die when their temperature reaches 107 degrees F.

Cars heat up quickly. In just 10 minutes, a car can heat up 20 degrees F. It's also important to know that:

- Cracking a window, parking in the shade, or using the air conditioner does little to change the inside temperature of the car.
- Heatstroke can happen when the outside temperature is as low as 57 degrees F.

Click [here](#) for more information on the dangers of heatstroke in children.

Click [here](#) for more information on the dangers of leaving a child unattended in a vehicle.

Rule 1929 (6)

(6) A licensee or child care staff member shall at all times directly supervise children who are engaged in water activities or are near collections or bodies of water.

Rationale

- Drowning is the second leading cause of accidental deaths of children ages five and under.
- Small children can drown within 30 seconds in as little as two inches of liquid.
- A child can drown in less time than it takes to answer the telephone. Irreversible brain damage can occur in three to five minutes.
- Most drownings happen in fresh water - often in home swimming pools.
- Most children drown within a few feet of safety.
- Twenty-five percent of all drowning victims have had swimming lessons.

Technical Assistance

Close continuous supervision is one essential factor in reducing the number of children's drownings and water-related injuries.

Water activities are defined as a play activity where children are allowed to enter the water under adult supervision by playing in swimming/wading pools and other swimming areas at lakes or public beaches. It also includes any other activities where children are in or on the water.

During water activities, the child care personnel are responsible and accountable for all the following:

- Providing direct supervision at all times to children engaged in water activities or in the water activity area.
- Ensuring appropriate supervision of children who are engaged in non-water activities away from the immediate water activity area.
- Ensuring that all children engaged in water activities can be easily observed.
- Ensuring telephone usage and other distractions are limited to emergencies.
- Ensuring water activity is appropriate and checking the water activity area for general safety.
- Ensuring inflatable toys and rings are used for play purposes only and not as safety devices.
- Ensuring the adult-to-child ratio is maintained for all children in care.
- Ensuring a CPR-certified adult is supervising children in the water activity area.

Refer to R 400.1934 (1-11) regarding additional regulations for water hazards and water activities.

Best Practice

To ensure compliance with this subrule, the following best practices are recommended:

- Ensure children are familiar with the rules for behavior in and around the water activity area.
- Ensure only strong swimmers are permitted to use diving boards and water slides. Ensure they use caution at all times.
- Know the water depths and/or strength of currents when in natural water settings.
- At the swimming area, designate specific boundaries, both inside the water and on the shore or pool deck, for the child care children.
- Institute a buddy system for the children.

R 400.1930 Infant; child; resting; sleeping; supervision

Rule 1930 (1) - (6)

- (1) Infants 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 another 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, portable crib, or play yard for infants and toddlers, or cot or mat for toddlers, documentation from the child's healthcare 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) Staff shall maintain supervision and monitor infants' breathing, sleep position, bedding, and possible signs of distress, except as provided in R 400.1944.
- (6) Video surveillance equipment and baby monitors must not be used in place of subrule (5) of this rule.

Rationale

The purpose of this rule and subrules (2) - (5) is to ensure safe sleep practices and active supervision to reduce the risk of suffocation, positional asphyxia, and other sleep-related injuries.

Technical Assistance

Documentation from the child's health care provider is required prior to allowing the child to sleep in the alternate position or equipment.

The licensee must ensure that any special written instructions from the child's health care provider are kept in an accessible location and shared with all personnel.

Monitoring infants and children during rest/sleep periods must be recurring and must include visual observation of infants, with personnel standing close enough to the infant to observe breathing patterns, sleep position, and any signs of distress or discomfort.

Best Practice

It is recommended that personnel observe a sleeping infant frequently, every 15-20 minutes, to ensure the infant is not in distress.

Resources regarding infant safe sleep include the following:

- [Michigan Department of Health and Human Services, Safe Sleep Website](#)
- [National SIDS Resource Center and the Back to Sleep Campaign](#)
- Local and state health departments
- American Academy of Pediatrics [Healthy Children](#)
- [Keeping Kids Alive: Fact Sheet Safe Sleep](#)

Refer to R 400.1910 for information on bedding and sleeping equipment.

R 400.1931 Medication; administration; procedures

Rule 1931 (1)

- (1) Medication, prescription or nonprescription, must be given to a child in care by a licensee or a child care staff member only. A child care assistant or supervised volunteer shall not give medication to a child in care.**

Rationale

The purpose of this rule is to ensure medication is administered safely by qualified individuals to reduce the risk of errors and harm to children.

Technical Assistance

This rule does not require licensees or child care staff members to dispense medication.

The licensee 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 the licensee or a child care staff member will supervise the self-administration of the medication and will complete documentation required under R 400.1931(7).

Note: “Child Care Assistant” means an individual who is 14 to 15 years of age, who participates in child care activities in a family or group child care home, and does not have unsupervised access to or provide unsupervised care or supervision of children.

Rule 1931 (2)

- (2) Medication, prescription or nonprescription, must be given or applied only with prior written permission from a parent.**

Rationale

The purpose of this rule is to ensure parental and/or legal guardian consent and awareness before medication is given to support children’s safety and well-being.

Technical Assistance

The following guidelines must be followed when administering medication to ensure compliance with this rule:

- For oral prescription or non-prescription medications and topical prescription medications, the Medication Permission and Instructions (CCL-1243) form (or comparable substitute) must be filled out completely by the parent and/or legal guardian, indicating the dosage, times given per day, and the number of days to be given.

- **Note:** An oral medication is anything that goes into the child’s mouth (other than food and beverages). A topical medication is anything that is applied to the child’s body.
- Topical, non-prescription medications require only written parental and/or legal guardian permission under subrule (8) of this rule. The Medication Permission and Instructions (CCL-1243) form (or comparable substitute) does not need to be used. A one-time “as needed” medication permission form is sufficient. Refer to subrule (8) of this rule for more information.
- A separate medication permission form is required for each medication for each individual child. For example, if a child must take three medications, there should be three medication permission forms in total.
- The medication permission form must indicate a beginning date and can have “ongoing” as an ending date for ongoing/maintenance medications (e.g., inhalers, ritalin, 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 emergency medications (e.g., EpiPen) and temporary medications (e.g., Tylenol when a child complains of a headache or has a fever).
 - **Note:** “As needed” must include an explanation of symptoms that would require administration of the medication.
- Any change in the prescription requires a new medication permission form to be completed.
- An electronic signature from a child’s parent and/or legal guardian is acceptable.

Best Practice

The Medication Permission and Instructions (CCL-1243) form is located in the [forms](#) section of the [Child Care Licensing](#) website. It is recommended that parents and/or legal guardians provide all non-prescription medication, whether oral or topical.

The instructions for any medication provided on an as-needed basis should be very specific as to when it can be provided. It is recommended that parents and/or legal guardians also give verbal permission prior to giving a child a medication on an as-needed basis.

It is recommended that the parent and/or legal guardian review and re-sign all medication permission forms at least annually or as children’s medical needs change.

The U.S. Food and Drug Administration (FDA) and the American Academy of Pediatrics (AAP) recommend that cold and cough medications not be used with children under the age of six.

Rule 1931 (3)

(3) All medication must be in the original container, stored according to instructions, and clearly labeled for a named child.

Rationale

The purpose of this rule is to ensure medications are used and stored safely and accurately by preventing errors, contamination, and misuse.

Technical Assistance

This rule prohibits siblings from sharing prescription medication, unless all names are printed on the original pharmacy label.

Nonprescription medications must also be labeled with the child's first and last name. Nonprescription medication can be shared as long as it is labeled with all of the children's names who will be using it.

Licensees or child care staff members are prohibited from administering any medication, prescription, or non-prescription medication that is not in the original labeled container.

Best Practice

Parents and/or legal guardians can request that the pharmacist split the prescription into two separate, pharmacy-labeled containers, one for home and one for the child care home. It is recommended that the parents and/or legal guardians provide all non-prescription medication, oral or topical.

Rule 1931 (4)

(4) Prescription medication must have the pharmacy label indicating the physician's name, child's first and last name, instructions, and name and strength of the medication, and must be given in accordance with those instructions.

Rationale

The purpose of this rule is to ensure prescription medications are clearly labeled and administered correctly to reduce the risk of error or harm to children.

Technical Assistance

Licensees or child care staff members must not inappropriately administer medication to a child based solely on a parent and/or legal guardian's desire or written permission to give the child medication.

Rule 1931 (5)

- (5) All medication must be stored out of the reach of children and returned to the child's parent when the parent determines it is no longer needed or when it has expired.**

Rationale

The purpose of this rule is to prevent accidental ingestion and ensure medications are safely stored and properly handled when no longer needed.

Technical Assistance

Medications must be stored in a location that is inaccessible to children at all times, such as a locked cabinet or container. Storing medications on countertops, tables, shelves, or other elevated surfaces is not considered out of the reach of children, as children may climb or access these areas.

Best Practice

When medications require refrigeration, store them in a sealed, non-transparent, zippered bag or container. Medications can also be placed toward the back of the refrigerator to reduce visibility and access to children. Avoid storing medication in refrigerator doors.

Rule 1931 (6)

- (6) A licensee or child care staff member shall give or apply prescription or non-prescription medication according to the directions on the original container unless otherwise authorized by a written order of the child's physician or healthcare professional.**

Rationale

The purpose of this rule is to ensure medications are administered safely and correctly according to approved instructions to reduce the risk of errors and harm to children.

Technical Assistance

Child care assistants between the ages of 14 and 15 are prohibited from administering medication under any circumstances.

Licensees or child care staff members must not inappropriately administer medication to a child based solely on a parent and/or legal guardian's desire to give the child medication. This

includes sharing prescription medication among siblings unless all names are printed on the pharmacy label.

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.

Rule 1931 (7)

(7) A record of the date, time, and the amount of all medication given or applied must be maintained on a form provided by the department or a comparable substitute approved by the department.

Rationale

The purpose of this rule is to ensure accurate documentation of medication administration to support safety and accountability.

Technical Assistance

The Medication Permission and Instructions (CCL-1243) form, or a comparable substitute, must be used to document compliance with this subrule for oral prescription or non-prescription medications and topical prescription medications. Refer to subrule (8) of this rule for non-prescription topical medications.

See subrule (2) of this rule for more information on when the medication permission form must be completed.

Best Practice

The Medication Permission and Instructions (CCL-1243) form is located in the [forms](#) section of the [Child Care Licensing](#) website.

Rule 1931 (8)

(8) Topical nonprescription medication, including, but not limited to, sunscreen, insect repellent, and diaper rash ointment, is exempt from subrules (1) and (7) of this rule.

Rationale

The purpose of this rule is to allow flexibility in the administration of topical non-prescription medications while maintaining safe and appropriate care practices.

Technical Assistance

Topical non-prescription medication means anything that is applied to the child's body, including but not limited to:

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

Topical nonprescription medication does not include:

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

As noted in subrule (2) of this rule, a one-time "as needed" medication permission form is sufficient for topical non-prescription medication. The date, time, and amount of medication given do not need to be documented on the medication permission form.

Best Practice

It is recommended that parents and/or legal guardians be notified if hand sanitizer or any other lotion or cream is used by children in care. It is recommended that the written parental and/or legal guardian permission for use of essential oils contain specific instructions on when and how to apply them.

Rule 1931 (9)

(9) The records required in this rule must be retained for a minimum of 2 years.

R 400.1932 Biocontaminants

Rule 1932 (1)

(1) A child care home shall use standard precautions regarding prevention, exposure, and disposal of biocontaminants.

Rationale

The purpose of this rule is to reduce the risk of disease transmission and ensure proper handling of biocontaminants.

Technical Assistance

“Standard Precautions” are the minimum ways to prevent infection. Standard Precautions include:

- Hand washing.
- Use of personal protective equipment (e.g., gloves, masks, eyewear).
- Respiratory hygiene/cough etiquette.
- How to safely take care of sharp items (syringes, needles, etc.) (engineering and work practice controls).
- How to safely give medication injections, including proper aseptic technique for parenteral medications).
- How to clean and disinfect surfaces.

Additional resources can be found on the [CDC website](#).

R 400.1933 Communicable disease; immunization; mental and physical health; physician attestation.

Rule 1933 (1) - (2)

- (1) An applicant shall obtain a written statement, signed by a licensed physician or healthcare professional, or the healthcare professional's designee, within 1 year before issuance of the initial license, that attests to the applicant's mental and physical health. The attestation must be renewed at the time of subsequent license renewals.**
- (2) A licensee shall obtain from a child care staff member and a child care assistant a written statement, signed by a licensed physician, or the licensed physician's designee, within 1 year before caring for children, that attests to the child care staff member's or child care assistant's mental and physical health. The attestation must be renewed at the time of subsequent renewals of the child care home's license.**

Rationale

The purpose of this rule is to ensure that the applicant, licensee, and personnel are physically and mentally able to provide appropriate care and supervision of children and to promote children's healthy development.

Technical Assistance

Physician evaluations are acceptable from the following:

- A licensed Doctor of Medicine (MD).
- A licensed Doctor of Osteopathic Medicine (DO).
- A designee, which includes a physician assistant, nurse practitioner, or nurse.

If a designee signs the evaluation, a physician's signature or stamp is not required on the form. If there is a question as to the validity of the document, the licensing consultant will contact the physician's office to verify its authenticity.

Anyone providing care in any circumstance **MUST** meet this requirement and all other requirements of a child care staff member or child care assistant.

Best Practice

The Medical Clearance Request (CCL-3704) may be used to document medical information required by this rule. This form is located in the [forms](#) section of the [Child Care Licensing](#) website.

Rule 1933 (3)

(3) An individual who lives in a child care home or cares for children in a child care home, who has a suspected or confirmed case of a communicable disease, shall not come into contact with children in the home's care. Communicable diseases include, but are not limited to, any of the following:

- (a) Tuberculosis.**
- (b) Influenza.**
- (c) Measles.**
- (d) Whooping cough.**
- (e) Strep throat.**
- (f) Scarlet fever.**
- (g) Chicken pox.**

Rationale

The purpose of this rule is to ensure the health and safety of children and personnel from communicable diseases

Technical Assistance

Refer to R 400.1940(1)(b) if a child is exposed to a communicable disease.

Best Practice

Managing Communicable Diseases in Child Care Settings (BCAL-Pub 111) is located on the [Provider Resources](#) page, under Child Health and Safety.

Rule 1933 (4)

(4) If immunizations, as recommended by the department of health and human services, have not been given or completed for all minors who live in the child care home, the licensee shall inform the parent of each child in care at the child care home and all personnel.

Rationale

The purpose of this rule is to ensure that parents and/or legal guardians and childcare personnel are informed of potential health risks related to incomplete immunizations.

Technical Assistance

To be in compliance with this rule, section 3 of the Child in Care Statement/Receipt (CCL-3900) must be completed. This form is located in the [forms](#) section of the [Child Care Licensing](#) website.

Rule 1933 (5)

- (5) The documents required in this rule must be retained by the licensee for a minimum of 2 years after the date the individual no longer resides in or cares for children in the child care home.**

Rationale

The purpose of this rule is to ensure the department can review past records to verify compliance with child care licensing rules.

Technical Assistance

Child care personnel records must be kept on-site for the current year and the previous two years while the individual is employed.

Best Practice

Licensees are encouraged to store inactive files separately from active files.

R 400.1934 Water hazards; water activities

Rule 1934 (1)

- (1) 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 these areas.

Rationale

Fences or barriers can prevent injury and drowning. Most children drown within a few feet of safety. Fences or barriers can provide an added layer of protection, but they do not replace the need for adequate supervision during outdoor play and all water activities.

Technical Assistance

Water hazards must be assessed based on the location of the approved play area and accessibility of the hazard to children in care.

When a water hazard is present, either the play area or the water hazard must be protected. Protection may be provided by the use of a natural or man-made barrier, enclosure, or other protective covering (e.g., a fence, wall, building, hedge, cover, etc.).

Ensure barriers are:

- Free of footholds or other features that allow climbing.
- Free of any openings, large enough for a child to pass through.
- Free of objects that enable children to gain access to the water (steps, ladders, pump mechanisms, etc.).
- If fencing is used, gates must be secured with a lock that cannot be operated by a child.
- Hot tubs and spa pools must have a locking hard cover, per subrule (3) of this rule.
- All areas must be visible to allow adequate supervision.

Soft Side Pools

Regardless of the pool height, a 4-foot barrier is required based on the following safety issues:

- The construction of the sides of the pool increases the possibility that children will use the sides to climb into the pool.
- Children are able to pull on the side, which allows water to discharge from the pool.
- The pool presents an entrapment hazard to children if it loses air or is punctured.

Note: Local municipalities may have additional zoning requirements. It is recommended that you consult your local zoning authority prior to installing any pool.

Best Practice

Fence openings of 3 ½ inches or smaller prevent children from passing through the fence and prevent head and body entrapments.

Rule 1934 (2) - (3)

(2) A hot tub or spa pool must not be used when children are in care.

(3) A hot tub or spa pool, whether indoors or outdoors, must be made inaccessible to children in care by the use of a locked hard cover.

Rationale

Any body of water presents a drowning risk or injury to young children.

The water in hot tubs and spa pools is extremely hot. Infants and toddlers are particularly susceptible to overheating.

Technical Assistance

The hard cover must be locked at all times when children are in care.

Rule 1934 (4)

(4) A wading pool may be used when all of the following requirements are met:

(a) It is clean and free of debris.

(b) It is emptied and cleaned after each play period or immediately when it becomes dirty or contaminated.

(c) It remains empty at all times when not in use.

Rationale

The purpose of this rule is to ensure the health and safety of children.

Technical Assistance

Wading pools may not be filled in advance as a way to warm the water. If the pool water is cold, warm water from the home may be added.

Any wading pool that fills with rainwater must be emptied immediately.

Rule 1934 (5)

- (5) Before use of a residential pool or another body of water by children in care, a licensee shall ensure that the water is clean, safe, and sanitary, and that the children are appropriately and adequately supervised.**

Rationale

For residential pools, regular testing of the chemical levels and taking the appropriate measures ensures the control of bacteria and algae.

Technical Assistance

For lakes, streams, and rivers, the licensee must check for water advisories and closures on the [Department of Environment, Great Lakes, and Energy- Beach Water Monitoring](#) site.

Swimming pools must be chemically treated according to the manufacturer's guidelines. Refer to R 400.1929 (6) regarding the supervision of children during water activities and subrules (6-11) of this rule for additional water activity requirements.

Rule 1934 (6)

- (6) Public swimming areas may be used only if a lifeguard is present.**

Rationale

The purpose of this rule is to ensure the safety and well-being of children by having a trained individual immediately available in case of an emergency.

Small children can drown within 30 seconds, and most children drown within a few feet of safety. Drowning accounts for a higher rate of death than does illness.

Technical Assistance

Public swimming areas include but are not limited to pools, ponds, lakes, streams, rivers, canals, gravel pits, and water parks. Community pools, including subdivision pools, are considered public swimming areas.

A lifeguard must be certified and should have a valid Water Safety Instructor card available.

Refer to R 400.1929 (6) regarding the supervision of children during water activities and subrules (7-11) of this rule for additional water activity requirements

Best Practice

Even though a lifeguard is on duty, it is recommended that the licensee obtain from the parent and/or legal guardian the following:

- Child's previous water activity experience.
- Child's swimming ability.
- Need for a life jacket or flotation device.

Regardless of the parent's and/or legal guardian's statement about a child's swimming ability, the licensee should assess each child's swimming ability.

Rule 1934 (7)

(7) If there are 2 groups of children, 1 group in the water and 1 group out of the water, the staff to child ratios, as required in R 400.1927, must be maintained for each group, with the exception that the staff to child ratio for children under 3 years of age who are in the water must be 1-to-1 at all times.

Rationale

Small children can drown within 30 seconds, in as little as two inches of liquid, and most children drown within a few feet of safety.

Technical Assistance

The following guidelines must be met to ensure rule compliance:

- For children over age 3 in the water, personnel may be in or out of the water, supervising only those children.
- If a group of children is playing in the swimming pool and a second group of children is engaged in a separate activity out of the pool, more than one staff member is required.

Note: This rule does not apply to wading pools. If a wading pool is used, staff must ensure that they can properly supervise all children in their care. If there is a problem with supervision during the use of a wading pool, rule 400.1929(1) will be cited.

Also refer to R 400.1929 (6) regarding the supervision of children during water activities and subrules (6) and (8-11) of this rule for additional water activity requirements.

Best Practice

It is recommended that any staff in the water with the children are capable swimmers.

Rule 1934 (8)

(8) Rescue equipment must be readily accessible at all times.

Rationale

Rescue equipment is essential for the safety and well-being of children.

Technical Assistance

Rescue equipment may include, but is not limited to, a ring buoy and rope, a rescue tube, a throwing line, a shepherd's hook, or a reaching pole.

This rule applies to all water activity areas, on or off the child care premises.

Also refer to subrules (6-7) and (9-11) of this rule for additional water activity requirements.

Rule 1934 (9)

(9) A working telephone must be immediately accessible in the water activity area.

Rationale

The purpose of this rule is to ensure there is a working telephone readily available in case of an emergency.

Technical Assistance

If the water activity is not on the premises, a charged and working cell phone is acceptable.

Staff must ensure that a working telephone is immediately accessible before children enter the water.

Also refer to subrules (6-8) and (10-11) of this rule for additional water activity requirements.

Rule 1934 (10)

- (10) A licensee shall obtain and keep on file written permission from a child's parent and/or guardian for the child's participation in either of the following:**
- (a) Before each outdoor water activity at a swimming pool, lake, or other body of water off the child care home premises.**
 - (b) Once per season for water activities occurring on the child care home premises.**

Rationale

The purpose of this rule is to ensure parents and/or legal guardians know the whereabouts of their children each day, and that parents and/or legal guardians have the right to approve whether their children engage in water activities.

Best Practice

Prior to the first water activity of the season, it is recommended that the licensee obtain from the parent and/or legal guardian the following:

- Child's previous water activity experience.
- Child's swimming ability.
- Need for a life jacket or flotation device.

Regardless of the parent's and/or legal guardian's statement about a child's swimming ability, the licensee should assess each child's swimming ability.

Also refer to subrules (6-9) and (11) of this rule for additional water activity requirements.

Rule 1934 (11)

(11) The emergency plan in R 400.1939 must include procedures for water emergencies.

Rationale

Staff must know the plan for dealing with an emergency situation when a child requires immediate care and attention.

Drowning accounts for a higher rate of death than does illness, and small children can drown within 30 seconds.

Most children drown within a few feet of safety.

Technical Assistance

Staff are responsible and accountable for:

- Attending to the needs of the injured child as the first priority.
- Attending to the needs of the other children.
- Ensuring the parent and/or legal guardian is called as soon as possible once the child's immediate needs have been met.

Refer to R 400.1939(1)(d) on developing water emergency procedures.

Also refer to subrules (6-10) of this rule for additional water activity requirements.

R 400.1935 Diapering and toilet learning

Rule 1935 (1)

(1) Diapering of infants and toddlers must only occur in a designated changing area.

Rationale

A separate area for diaper changing or changing of soiled clothing reduces the contamination of other parts of the child care environment.

Technical Assistance

Refer to subrule (2) of this rule regarding guidelines for the diaper changing area.

Rule 1935 (2)

- (2) The designated changing area must comply with all of the following:**
- (a) Be used exclusively for changing wet or soiled diapers or underwear.**
 - (b) Be located away from food preparation and meal service areas.**
 - (c) Have access to a hand washing sink that is not used for food preparation.**
 - (d) Have a nonabsorbent, easily sanitized surface with a changing pad between the child and the surface.**
 - (e) Be cleaned and disinfected after each use.**
 - (f) Have diapering and changing supplies within easy reach.**
 - (g) Have a plastic-lined, tightly covered container that is used exclusively for disposable diapers and diapering supplies that must be emptied, cleaned, and disinfected at the end of each day.**

Rationale

The purpose of this rule is to ensure the health and safety of children by reducing the contamination of the child care environment and the transmission of disease. Covered containers ensure wet or soiled diapers are inaccessible to children and eliminate odor.

Technical Assistance

To comply with subrule (a) of this rule, 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 and is in compliance with this rule.

Example 1: Using a changing pad over a vinyl or ceramic bathroom floor is **acceptable**.

Example 2: Using a changing pad on top of a large vinyl/plastic surface (shower curtain, tablecloth, lid from a large plastic container, etc.) on a carpeted bathroom floor/rug is **acceptable**.

Example 3: Using a changing pad on top of a large vinyl/plastic surface (shower curtain, tablecloth, 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 **acceptable**

Example 4: Using a changing pad on a surface such as a washer/dryer, laundry/bathroom counter, etc., in a non-child-use space is **acceptable**.

Example 5: Using a changing pad on top of a large vinyl/plastic surface (shower curtain, tablecloth, lid from a large plastic container, etc.) on any surface other than a changing table (floor, couch, bed, table, etc.) in the child use space is **not acceptable**.

Since children have access to this area as an approved child use space, it would not be used exclusively for diapering.

Cleaning and disinfecting, as noted in subrule (e) of this rule, means destroying any remaining germs on surfaces after cleaning using a stronger bleach solution or a United States Environmental Protection Agency-registered disinfectant as described on the label.

Sanitizing, as mentioned in subrule (d) of this rule, means reducing the number of germs on surfaces after cleaning the item by using heat, sanitizing sprays as directed on the label, or a weakened bleach solution.

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 used to ensure they are used according to the manufacturer's instructions.

Note: Cleaning and sanitizing of the diaper changing surface is required, even when disposable paper liners are used. If disposable changing pads are used, then they must be discarded after each diapering.

Any changing pad or non-absorbent surface must be replaced if it becomes torn. It cannot be repaired by placing tape over the tear, as bacteria can be absorbed, leading to the spread of diseases.

If diapers and diapering supplies are disposed of inside the home, to comply with subrule (g) of this rule, a plastic-lined, tightly covered container that is used exclusively for these items must be used. It is also acceptable to dispose of diapers and diaper supplies directly into an outside garbage container.

Refer to R 400.1936 regarding hand washing requirements when diapering.

Best Practice

[Centers for Disease Control and Prevention CDC](#) website:

Know the difference between cleaning, disinfecting, and sanitizing. Cleaning removes germs, dirt, and impurities from surfaces or objects. Cleaning works by using soap (or detergent) and water to physically remove germs from surfaces. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection

Sanitizing lowers the number of germs on surfaces or objects to a safe level, as judged by public health standards or requirements. This process **works by either cleaning or disinfecting** surfaces or objects to lower the risk of spreading infection.

Disinfecting kills germs on surfaces or objects. Disinfecting works by using chemicals to kill germs on surfaces or objects. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

It is recommended that the diapering surface and the diaper disposal container be **disinfected weekly or when necessary**. A disinfecting solution can be made using water and non-scented chlorine bleach with a concentration of 1/3 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.

Bleach is recommended as a sanitizing product because it is safe, effective, and inexpensive. Test strips to check the concentration of the bleach/water solution can be used and are available from most food service suppliers.

It is recommended that the diapering surface and the diaper disposal container be disinfected. A disinfecting solution can be made using water and non-scented chlorine bleach with a concentration of 1/3 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.

Local health department sanitarians may maintain a list of approved commercial sanitizers.

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

Rule 1935 (3)

(3) Diapers or training pants must be changed when wet or soiled.

Rationale

Prolonged contact of the skin with urine, feces, or both causes irritation, which then leads to common diaper dermatitis and other serious illnesses.

Technical Assistance

See R 400.1936 regarding hand washing requirements when diapering.

Best Practice

The following best practices are recommended:

- Check children's diapers frequently.
- Get organized by washing hands and having the necessary supplies at the diaper changing area before bringing the child to the changing area.
- Carry the child to the changing table, keeping soiled clothing away from you and any areas that cannot be easily cleaned and sanitized after the change.
- Place the child on the diaper changing surface.
- Remove the soiled diaper and clean the child.
- Put on a clean diaper and dress the child.
- Wash the child's hands and return the child to a supervised area.
- Clean and sanitize the diaper changing surface.

Rule 1935 (4)

(4) Only single use disposable wipes or other single use cleaning cloths must be used to clean a child during the diapering or toileting process.

Rationale

Single use of wipes or cleaning cloths eliminates the transmission of germs.

Rule 1935 (5)

(5) All of the following requirements apply when cloth diapers or training pants are used:

- (a) Each cloth diaper must be covered with an outer waterproof covering. Outer coverings must be removed as a singular unit with wet or soiled diapers or training pants.**
- (b) Diapers, training pants, and outer coverings must not be reused until machine washed and sanitized.**
- (c) No rinsing of the contents may occur at the child care home.**
- (d) Soiled diapers must be placed in a plastic-lined, covered container used only for that child's soiled diapers.**
- (e) Soiled diapers or training pants must be stored and handled in a manner that will not contaminate other items and must not be accessible to children.**
- (f) A child's parent shall remove soiled diapers or training pants from the child care home every day.**
- (g) A child's supply of clean diapers or training pants must be used only for that child.**

Rationale

Containing and minimizing the handling of soiled diapers reduces the chance that other surfaces are contaminated, which prevents the spread of infectious disease and the transmission of germs.

Technical Assistance

The contents of a soiled cloth diaper or training pants may be dumped, but the diaper must not be rinsed.

Rule 1935 (6)

(6) Toilet learning must be planned cooperatively between the parent and the licensee so the toilet routine established is consistent.

Rationale

The purpose of this rule is to ensure consistency and continuity between personnel and the parent and/or legal guardian, which reduces confusion for the child.

Technical Assistance

The toilet routine established cannot violate R 400.1942 (3) even if permission is given from a parent and/or legal guardian. A child should never be disciplined for having accidents or refusing to try using the toilet.

Best Practice

Toilet Training and the Toddler (BCAL-Pub 686) is located on the [Child Care Resources](#) page.

Rule 1935 (7)

(7) If toilet learning equipment such as potty chairs and modified toilet seats are used, both of the following apply:

- (a) They must be able to be easily cleaned and disinfected.**
- (b) Potty chairs must be cleaned and disinfected after each use.**

Rationale

Reduces the contamination and transmission of disease in the child care environment.

Technical Assistance

Sanitizing, as noted in this rule, means to:

- Wipe or spray the potty chair with a sanitizing solution.
- Let the potty chair 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 ensure they are used according to the manufacturer's Instructions.

It is important to read the labels of any sanitizing product to ensure proper use.

Potty chairs must not be rinsed in a food preparation/kitchen sink.

See R 400.1936 regarding hand washing requirements when helping a child use the toilet.

Best Practice

[Centers for Disease Control and Prevention](#) (CDC) website:

Know the difference between cleaning, disinfecting, and sanitizing. Cleaning removes germs, dirt, and impurities from surfaces or objects. Cleaning works by using soap (or detergent) and water to physically remove germs from surfaces. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

Sanitizing lowers the number of germs on surfaces or objects to a safe level, as judged by public health standards or requirements. This process works by either cleaning or disinfecting surfaces or objects to lower the risk of spreading infection.

Disinfecting kills germs on surfaces or objects. Disinfecting works by using chemicals to kill germs on surfaces or objects. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

A disinfecting solution can be made using water and non-scented chlorine bleach with a concentration of 1/3 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.

Bleach is recommended as a sanitizing product because it is safe, effective, and inexpensive. Test strips to check the concentration of the bleach/water solution can be used and are available from most food service suppliers.

Local health department sanitarians may maintain a list of approved commercial sanitizers.

For cleaning up feces, it is recommended that the potty chair be disinfected. A disinfecting solution can be made using water and non-scented chlorine bleach with a concentration of 1/3 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.

Licensees are encouraged to use separate spray bottles containing soapy water, rinse water, and a sanitizing or disinfecting solution in their sanitizing procedures.

Rule 1935 (8)

(8) If disposable gloves are used, they must only be used once for a specific child and must be removed and disposed of in a safe and sanitary manner immediately after each diaper change.

Rationale

Using a pair of gloves only once and disposing of them immediately will reduce the transmission of germs.

Technical Assistance

The use of gloves is not required. However, if gloves are used, they do not eliminate the need for washing hands with soap and water after each diapering.

If using gloves, the following best practices are recommended based on the National Health and Safety Performance Standards:

- Put on a clean pair of gloves.
- Provide the appropriate care.
- Remove each glove carefully by grabbing the first glove at the palm and stripping it off. Touch dirty surfaces only to dirty surfaces.
- Ball up the dirty glove in the palm of the other gloved hand.
- Using the clean hand, strip the glove off from underneath at the wrist, turning the glove inside out. Touch dirty surfaces only to dirty surfaces.
- Discard the dirty gloves immediately and wash your hands.

R 400.1936 Handwashing

Rule 1936 (1) - (2)

- (1) All personnel and volunteers shall wash their hands appropriately and at all of the following times:
- (a) On arrival for the workday.
 - (b) Before caring for children.
 - (c) Before and after preparing and serving food, eating, and feeding.
 - (d) Before and after giving medication.
 - (e) After each diapering.
 - (f) After using the toilet or helping a child use the toilet.
 - (g) After handling bodily fluids, such as mucus, blood, vomit, from sneezing, wiping, and blowing noses, from mouths, or from sores.
 - (h) After handling animals and pets and cleaning cages.
 - (i) After cleaning or handling garbage.
 - (j) When soiled.
- (2) Personnel and volunteers shall ensure that children wash their hands at all of the following times:
- (a) Before and after meals, snacks, or food preparation experiences.
 - (b) After toileting or diapering.
 - (c) After contact with any bodily fluids.
 - (d) After playing in sand or water.
 - (e) After handling animals and pets.
 - (f) When soiled.

Rationale

Unwashed or improperly washed hands are the primary way infections spread. The most important way to reduce the spread of infection is through proper handwashing. Poor handwashing may contribute to outbreaks of diarrhea among children, personnel, and volunteers, and can lead to other serious illnesses.

Technical Assistance

The 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, covering all surfaces.
- Thoroughly rinse hands under warm running water.
- Dry hands.

Note: Quickly running hands under water without soap to dampen hands IS NOT effective handwashing.

Best Practice

The following procedures are considered best practice for handwashing:

- Have a clean, disposable paper or single-use cloth towel available.
- Turn on the water to a comfortable temperature between 60° F and 120° F.
- Rub hands together vigorously until a soapy lather appears, and continue for at least 20 seconds.
- Rub areas between fingers, around nailbeds, under fingernails, jewelry, and the back of hands.
- Rinse hands under running water until they are free of soap and dirt. Leave the water running while drying hands.
- Dry hands with clean, disposable paper or a single-use cloth towel.
- If the water faucet does not shut off automatically, turn it off with a disposable paper or single-use cloth towel.
- Dispose of the single-use paper towel in a lined trash container or place the cloth towel in a laundry hamper.

Rule 1936 (3)

(3) Hand sanitizers containing not less than 60% alcohol or single-use wipes may be used as a temporary measure during outings, such as field trips and outdoor activities, until soap and running water are available.

Rationale

Hand sanitizers and wipes do not effectively clean hands. Soap lather loosens soil and brings it to the surface on the hands. Running water over the hands removes the soil, including infection-causing bacteria.

Technical Assistance

This rule applies to off-site activities only, such as field trips to the zoo, hobby farm, or park.

Refer to subrules (1) and (2) of this rule for the specific times when hand washing is required for children, personnel, and volunteers.

Hands must be washed upon returning from an outing where soap and running water were not available, even if sanitizer or wipes were used.

Best Practice

See the Centers for Disease Control (CDC) and the American Academy of Pediatrics (AAP) for the importance of handwashing.

- [Hand Washing: A Powerful Antidote to Illness](#)
- [Hand, Foot & Mouth Disease: Parent FAQs](#)
- [Early Education and Child Care Influenza Resources](#)

Rule 1936 (4)

(4) When an infant is too heavy to hold for handwashing, cannot stand safely to wash hands at a sink, is not developmentally ready to hold their head up, and for children with a disability who are not capable of washing their own hands, staff may wash the child's hands with non-toxic disposable wipes.

Rationale

To provide an alternate method for cleaning children's hands when the above situations are present.

Technical Assistance

Non-toxic disposable wipes include, but are not limited to, cleansing wipes, baby wipes, diaper wipes (Huggies Diaper Wipes), kid wipes, wet wipes for hands and face, etc. Only wipes intended for use on skin can be used.

Household cleaning wipes must not be used.

Packaging guidelines must be followed.

Children should be supervised when using disposable wipes.

Best Practice

Inform parents and/or guardians of the brand and type of wipe used.

R 400.1937 Food allergy plan

Rule 1937 (1) - (2)

- (1) A written plan for the prevention of and response to emergencies due to food and allergic reactions must be developed and implemented to include a child care plan, prevention measures, and emergency procedures.
- (2) The child's care plan must include all of the following, at a minimum:
 - (a) The child's name with a list of the child's food allergies.
 - (b) The names, doses, and methods of medication administration the child must receive in response to a reaction.
 - (c) Training on the recognition of the child's allergic reaction.

Rationale

The purpose of this rule is to ensure clear planning and preparedness to prevent allergic reactions and support a timely, appropriate response to protect children's health and safety.

Emergency situations can make it difficult to stay calm and think clearly. Having written plans allows for preparation and helps to prevent poor judgments made during an emergency.

Technical Assistance

A written food allergy plan is required even if there are no children enrolled with known food allergies. Early childhood is the prime period for discovering new allergies as toddlers try foods for the first time.

Policy & Prevention:

- Allergen-Safe Food Policies: Establish guidelines for food brought from home, such as a "no nut policy" or prohibiting the sharing of food.
- Cleaning and Sanitizing: Define cleaning procedures for food preparation surfaces, tables, and high chairs to avoid cross-contamination.
- Ingredient Label Checks: Implement a policy to check all food labels for allergens, even for snacks, and, if necessary, identify safe alternatives.
- Hand Washing Protocols: Require all children and staff to wash their hands before and after meals.

Training & Education:

- Staff Training on Symptoms: Train all staff to recognize symptoms of allergic reactions (e.g., rash, hives, vomiting, wheezing, or behavior changes like "funny feeling in mouth").
- Emergency Procedures Training: Train staff on how to use emergency medication (e.g., epinephrine (epi-pen) auto-injectors) and the steps to follow during an anaphylactic reaction.
- Ongoing Education: Provide regular updated training on food allergen management.

Emergency Preparedness:

- Emergency Contact System: Ensure easy access to emergency phone numbers and a system to contact parents and/or legal guardians quickly.
- Emergency Action Plan: Have a clearly defined, written, and accessible emergency response protocol for staff.
- First Aid Supplies: Keep epinephrine auto-injectors (if prescribed) or a first-aid kit readily accessible.

Proactive Management:

- Parent Communication: Ask parents and/or legal guardians to notify child care personnel of any new food introductions at home.
- Regular Plan Review: Review and update the food allergy plan as needed.

Food Allergy Basics:

- Know the Top Allergens: Be aware that milk, eggs, peanuts, tree nuts, soy, wheat, fish, and shellfish cause most reactions, with milk and eggs being common in early childhood.

Medications can be given in a variety of ways, such as but not limited to:

- By mouth (orally)
- On the skin (topically)
- Injected (subcutaneously), etc.

Rule 1937 (3) - (5)

- (3) The child's care plan must be taken on field trips.**
- (4) The prevention measures must include all of the following, at a minimum:**
 - (a) Notify the parents of all children in the child care home to avoid bringing in foods to the child care home with the known allergen.**
 - (b) Post the child's name and known food allergy prominently in the child care home, on parent approval.**
 - (c) Train staff on the symptoms of anaphylaxis.**
 - (d) Prevent food sharing between children.**
- (5) The emergency procedures must include all of the following, at a minimum:**
 - (a) Promptly and properly administer medications in an event of an allergic reaction according to the instructions in the child's care plan.**
 - (b) Contact emergency medical services immediately if any child has a serious allergic reaction, new suspected serious allergic reaction occurs with any child, or whenever epinephrine is administered, even if the child appears to have recovered from the allergic reaction.**

- (c) Notify parents or guardians immediately of any suspected allergic reactions, the ingestion of the problem food, or contact with the problem food, even if a reaction did not occur.**

Rationale

The purpose of this rule is to reduce the risk of exposure to allergens and ensure all personnel and unsupervised volunteers know the symptoms to watch for and how to respond appropriately.

Technical Assistance

Licensees should get written permission to post or not post a child's name for subrule 4(b). If a child shows signs of a food allergy, parents and/or legal guardians can be notified verbally, electronically, or in writing.

Make sure the child's allergies match on the child information card allergy section and the Child in Care Statement/Receipt (CCL-3900; Section 2: Health Status information).

R 400.1938 Food preparation and service

Rule 1938 (1)(a)

(1) A licensee shall ensure that all of the following requirements are met:

- (a) Each child shall be provided with nutritional and sufficient meals and snacks that meet the requirements for meals of the child care component of the USDA Child and Adult Care Food Program, as referenced in 7 CFR 226.20. This subrule does not apply to children whose parents provide their food.

Rationale

The purpose of this rule is to ensure meals and snacks follow Child and Adult Care Food Program (CACFP) regulations, policies, and guidance that support proper nutrition and safe food practices for infants and children based on current scientific knowledge.

Technical Assistance

The [Child and Adult Care Food Program](#) (CACFP) outlines the nutrition needs of children. See below for detailed meal patterns for each age group.

[Infant Meal Pattern](#)

Infants	Birth through 5 months	6 through 11 months
Breakfast, Lunch, or Supper	4-6 fluid ounces breast milk ¹ or formula ²	6-8 fluid ounces breast milk ¹ or formula; ² and 0-½ ounce equivalent infant cereal; ^{2,3} or 0-4 tablespoons: meat, fish, poultry, whole egg, cooked dry beans, peas, and lentils; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or ½ cup of yogurt; ⁴ or a combination of the above; ⁵ and 0-2 tablespoons vegetable or fruit, or a combination of both. ^{5,6}
Snack	4-6 fluid ounces breast milk ¹ or formula ²	2-4 fluid ounces breast milk ¹ or formula; ² and 0-½ ounce equivalent bread; ^{3,7} or

		0-¼ ounce equivalent crackers;^{3,7} or 0-½ ounce equivalent infant cereal;^{2,3} or 0-¼ ounce equivalent ready-to-eat breakfast cereal;^{3,5,7,8} and 0-2 tablespoons vegetable or fruit, or a combination of both.^{5,6}
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¹Breast milk or formula, or portions of both, must be served; however, it is recommended that breast milk be served from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered at a later time if the infant will consume more.

²Infant formula and dry infant cereal must be iron-fortified.

³Information on crediting grain items may be found in FNS guidance.

⁴Through Sept. 30, 2025, yogurt must contain no more than 23 grams of total sugars per 6 ounces. By Oct. 1, 2025, yogurt must contain no more than 12 grams of added sugars per 6 ounces (2 grams of added sugars per ounce).

⁵A serving of this component is required when the infant is developmentally ready to accept it.

⁶Fruit and vegetable juices must not be served.

⁷A serving of grains must be whole grain-rich, enriched meal, enriched flour, bran, or germ.

⁸Through Sept. 30, 2025, breakfast cereals must contain no more than 6 grams of total sugars per dry ounce. By Oct. 1, 2025, breakfast cereals must contain no more than 6 grams of added sugars per dry ounce.

[Breakfast Meal Pattern](#) (Minimum Quantities)

Meal components and food items ¹	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 ²	Adult participants
Fluid Milk	4 fluid ounces ³	6 fluid ounces ⁴	8 fluid ounces ⁵	8 fluid ounces ⁵	8 fluid ounces ⁶
Vegetables, fruits, or portions of both ⁷	¼ cup	½ cup	½ cup	½ cup	½ cup
Grains ⁸	½ ounce equivalent	½ ounce equivalent	1 ounce equivalent	1 ounce equivalent	2 ounce equivalents

¹Must serve all three components for a reimbursable meal. Offer versus serve is an option for at-risk afterschool care and adult day care centers.

²At-risk afterschool programs and emergency shelters may need to serve larger portions to children ages 13 through 18 to meet their nutritional needs.

³Must be unflavored whole milk for children age 1.

⁴Must serve unflavored milk to children 2 through 5 years old. The milk must be fat-free, skim, low-fat, or 1 percent or less.

⁵May serve unflavored or flavored milk to children ages 6 and older. The milk must be fat-free, skim, low-fat, or 1 percent or less.

⁶May serve unflavored or flavored milk to adults. The milk must be fat-free, skim, low-fat, or 1 percent or less. Yogurt may be offered in the place of milk once per day for adults. Yogurt may count as either a fluid milk substitute or as a meat alternate, but not both, in the same meal. Six ounces (by weight) or $\frac{3}{4}$ cup (by volume) of yogurt is the equivalent of 8 ounces of fluid milk. Through Sept. 30, 2025, yogurt must contain no more than 23 grams of total sugars per 6 ounces. By Oct. 1, 2025, yogurt must contain no more than 12 grams of added sugars per 6 ounces (2 grams of added sugars per ounce).

⁷Juice must be pasteurized. Full-strength juice may only be offered to meet the vegetable or fruit requirement at one meal or snack, per day.

⁸Must serve at least one whole grain-rich serving, across all eating occasions, per day. Grain-based desserts may not be used to meet the grains requirement. Meats/meat alternates may be offered in place of the entire grains requirement, up to 3 times per week at breakfast. One ounce equivalent of meats/meat alternates credits equal to one ounce equivalent of grains. Through Sept. 30, 2025, breakfast cereals must contain no more than 6 grams of total sugars per dry ounce. By Oct. 1, 2025, breakfast cereals must contain no more than 6 grams of added sugars per dry ounce. Information on crediting grain items and meats/meat alternates may be found in FNS guidance.

Lunch and Supper Meal Pattern (Minimum Quantities)

Meal components and food items ¹	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 ²	Adult participants
Fluid Milk	4 fluid ounces ³	6 fluid ounces ⁴	8 fluid ounces ⁵	8 fluid ounces ⁵	8 fluid ounces ⁶
Meats/meat alternates ⁷	1 ounce equivalent	1½ ounce equivalents	2 ounce equivalents	2 ounce equivalents	2 ounce equivalents
Vegetables ⁸	$\frac{1}{8}$ cup	$\frac{1}{4}$ cup	$\frac{1}{2}$ cup	$\frac{1}{2}$ cup	$\frac{1}{2}$ cup
Fruits ⁸	$\frac{1}{8}$ cup	$\frac{1}{4}$ cup	$\frac{1}{4}$ cup	$\frac{1}{4}$ cup	$\frac{1}{2}$ cup
Grains ⁹	$\frac{1}{2}$ ounce equivalent	$\frac{1}{2}$ ounce equivalent	1 ounce equivalent	1 ounce equivalent	2 ounce equivalents

¹Must serve all five components for a reimbursable meal. Offer versus serve is an option for at-risk afterschool care and adult day care centers.

²At-risk afterschool programs and emergency shelters may need to serve larger portions to children ages 13 through 18 to meet their nutritional needs.

³Must serve unflavored whole milk to children age 1.

⁴Must serve unflavored milk to children 2 through 5 years old. The milk must be fat-free, skim, low-fat, or 1 percent or less.

⁵May serve unflavored or flavored milk to children ages 6 and older. The milk must be fat-free, skim, low-fat, or 1 percent or less.

⁶May serve unflavored or flavored milk to adults. The milk must be fat-free, skim, low-fat, or 1 percent or less. Yogurt may be offered in place of milk once per day for adults. Yogurt may count as either a fluid

milk substitute or as a meat alternate, but not both, in the same meal. Six ounces (by weight) or $\frac{3}{4}$ cup (by volume) of yogurt is the equivalent of 8 ounces of fluid milk. A serving of fluid milk is optional for suppers served to adult participants.

⁷Alternate protein products must meet the requirements in Appendix A to Part 226. Through Sept. 30, 2025, yogurt must contain no more than 23 grams of total sugars per 6 ounces. By Oct. 1, 2025, yogurt must contain no more than 12 grams of added sugars per 6 ounces (2 grams of added sugars per ounce). Information on crediting meats/meat alternates may be found in FNS guidance.

⁸Juice must be pasteurized. Full-strength juice may only be offered to meet the vegetable or fruit requirement at one meal or snack, per day. A vegetable may be offered to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served.

⁹Must serve at least one whole grain-rich serving, across all eating occasions, per day. Grain-based desserts may not be used to meet the grains requirement. Through Sept. 30, 2025, breakfast cereals must contain no more than 6 grams of total sugars per dry ounce. By Oct. 1, 2025, breakfast cereal must contain no more than 6 grams of added sugars per dry ounce. Information on crediting grain items may be found in FNS guidance.

Snack Meal Pattern (Minimum Quantities)

Meal components and food items ¹	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 ²	Adult participants
Fluid Milk	4 fluid ounces ³	4 fluid ounces ³	8 fluid ounces ⁵	8 fluid ounces ⁵	8 fluid ounces ⁶
Meats/meat alternates ⁷	$\frac{1}{2}$ ounce equivalent	$\frac{1}{2}$ ounce equivalent	1 ounce equivalent	1 ounce equivalent	1 ounce equivalent
Vegetables ⁸	$\frac{1}{2}$ cup	$\frac{1}{2}$ cup	$\frac{3}{4}$ cup	$\frac{3}{4}$ cup	$\frac{1}{2}$ cup
Fruits ⁸	$\frac{1}{2}$ cup	$\frac{1}{2}$ cup	$\frac{3}{4}$ cup	$\frac{3}{4}$ cup	$\frac{1}{2}$ cup
Grains ⁹	$\frac{1}{2}$ ounce equivalent	$\frac{1}{2}$ ounce equivalent	1 ounce equivalent	1 ounce equivalent	1 ounce equivalent

¹Must serve two of the five components for a reimbursable snack. Milk and juice may not be served as the only two items in a reimbursable snack.

²At-risk afterschool programs and emergency shelters may need to serve larger portions to children ages 13 through 18 to meet their nutritional needs.

³Must serve unflavored whole milk to children age 1.

⁴Must serve unflavored milk to children 2 through 5 years old. The milk must be fat-free, skim, low-fat, or 1 percent or less.

⁵May serve unflavored or flavored milk to children ages 6 and older. The milk must be fat-free, skim, low-fat, or 1 percent or less.

⁶May serve unflavored or flavored milk to adults. The milk must be fat-free, skim, low-fat, or 1 percent or less. Yogurt may be offered in place of milk, once per day for adults. Yogurt may count as either a fluid milk substitute or as a meat alternate, but not both, in the same meal. Six ounces (by weight) or $\frac{3}{4}$ cup (by volume) of yogurt is the equivalent of 8 ounces of fluid milk.

⁷Alternate protein products must meet the requirements in Appendix A to Part 226. Through Sept. 30, 2025, yogurt must contain no more than 23 grams of total sugars per 6 ounces. By Oct. 1, 2025, yogurt must contain no more than 12 grams of added sugars per 6 ounces (2 grams of added sugars per ounce). Information on crediting meats/meat alternates may be found in FNS guidance.

⁸Juice must be pasteurized. Full-strength juice may only be offered to meet the vegetable or fruit requirement at one meal or snack, per day.

⁹Must serve at least one whole grain-rich serving, across all eating occasions, per day. Grain-based desserts may not be used to meet the grains requirement. Through Sept. 30, 2025, breakfast cereals must contain no more than 6 grams of total sugars per dry ounce. By Oct. 1, 2025, breakfast cereal must contain no more than 6 grams of added sugars per dry ounce. Information on crediting grain items may be found in FNS guidance.

Milk served to children should follow the Child and Adult Care Food Program (CACFP) requirements:

- Children age 1: Unflavored whole homogenized vitamin D-fortified cow's milk
- Children ages 2-5: Unflavored low-fat (1%) or unflavored fat-free (skim) milk
- Children age 6 and older: Unflavored low-fat (1%), unflavored fat-free (skim), or flavored fat-free (skim) milk

The milk requirements of this rule do not apply if the child's parent and/or legal guardian provides the child's milk.

If the child care home participates in the CACFP and a parent and/or legal guardian provides their child's milk, the licensee should consult their CACFP sponsor to determine whether the child's meals are eligible for reimbursement.

Best Practice

Parents and/or legal guardians who provide food for their child are encouraged to supply nutritious foods that support healthy growth and development. Additional information about dietary guidelines is available through the Child and Adult Care Food Program (CACFP).

It is also recommended that licensees communicate with parents and/or legal guardians about any food allergies a child may have. Mealtimes should be planned with consideration for the individual needs and ages of children and should follow the American Academy of Pediatrics (AAP) recommendations for appropriate lengths of time between meals and snacks.

Additional information on nutrition and healthy meals for children can be found in the following resources:

- Healthy Kids, Healthy Care: Meals and Snacks at [Healthy Food Choices for Your Family - HealthyChildren.org](#)
- Snacks That Count (BCAL-Pub 242) is located on the [Provider Resources](#) page under Child Health and Safety.

Rule 1938 (1)(b)

- (1) A licensee shall ensure that all of the following requirements are met:**
(b) Children shall be offered food at intervals as individually appropriate, but not to exceed more than 4 hours unless the child is asleep.

Rationale

The purpose of this rule is to ensure children receive food at regular intervals to support their nutritional needs and overall well-being.

Technical Assistance

The following best practices are recommended by the American Academy of Pediatrics for mealtime intervals:

- Children in care for 8 hours or less should be offered at least one meal and two snacks or two meals and one snack.
- Children in care for more than 8 hours should be offered at least two meals and two snacks or three snacks and one meal.

Small feedings of nourishing food should be scheduled throughout the day to ensure that the child's daily nutritional needs are met.

Child and Adult Care Food Program Family Child Care Home Sponsors

Sponsor Information	Service Area
Association for Child Development PO Box 1491 East Lansing, MI 48826 517-332-7200 800-234-3287 www.acdkids.org	Counties: All
Camp Fire West Michigan 4C 233 E. Fulton Grand Rapids, MI 49503-3262 616-451-8281 800-448-6995 Vibrant Futures - Partnering with communities in 26 counties in Michigan	Counties: Allegan, Barry, Calhoun, Clare, Clinton, Eaton, Gratiot, Ingham, Ionia, Isabella, Jackson, Kalamazoo, Kent, Lake, Mason, Mecosta, Missaukee, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, Shiawassee, Van Buren, and Wexford

Mid-Michigan Child Care Centers, Inc. 7375 Midland Road, Suite A, PO Box 610 Freeland, MI 48623 989-695-2683 800-742-3663 www.midmichigancc.com	Counties: All
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Rule 1938 (1)(c)

- (1) A licensee shall ensure that all of the following requirements are met:**
(c) Drinking water must be available at all times.

Rationale

The purpose of this rule is to ensure children have continuous access to drinking water to support hydration and promote healthy habits.

Best Practice

Children under 12 months of age can be given too much water and suffer from water intoxication or over-hydration. Because children under 12 months of age can have different body compositions than adults, they are more vulnerable to water imbalance, especially in hot weather.

Some symptoms of water intoxication include:

- Pale-colored urine.
- More than six to eight wet diapers per day.
- Seizures that may include facial movement, lip smacking, and irregular jerking of a body part.

To help prevent water intoxication:

- Do not dilute infant formula unless directed to do so by the child's physician. Diluting reduces the amount of nutrients the child receives.
- Infants under 6 months of age should not receive more than six to eight ounces of water, juice, Jell-O water, or electrolyte replacement solutions in addition to their daily formula or breast milk intake a day.
- Infants ages 6 to 12 months should not receive more than eight to twelve ounces of fluids, in addition to their daily formula or breast milk intake a day, unless ordered by the child's physician.
- Be aware of special circumstances when the child may need additional fluids, such as extremely hot weather or if the child has diarrhea or is vomiting.
- Recognize that many foods and fluids already contain significant amounts of water. For example, infant formula and baby food contain 85-90% water.

Children over one year of age should have water readily available to avoid dehydration. Dehydration occurs when the body loses too much water and salt, and can be fatal if untreated.

Signs of early or mild dehydration include, but are not limited to:

- Flushed face.
- Extreme thirst or unable to drink.
- Dry, warm skin.
- Reduced urination or dark yellow urine.
- Dizziness that worsens when standing.
- Weakness, sleepiness, or irritability.
- Cramping in the arms and legs.
- Crying with few or no tears.
- Headaches.
- Dry mouth, dry tongue, and thick saliva.

Rule 1938 (2)(a) - (b)

(2) A licensee shall ensure that food is prepared, served, and stored in a safe and sanitary manner by meeting all of the following requirements:

- (a) Food served to children individually or family style must be discarded at the end of the meal if not eaten.**
- (b) Prepared food that has not been served to individuals or placed in family-style containers must be properly cooled, if applicable, and promptly covered and stored appropriately.**

Rationale

The purpose of this rule is to ensure that food is not contaminated prior to, during, or after meals are prepared and served.

Technical Assistance

Personnel are responsible for ensuring that:

- Food is prepared and served on clean, sanitized surfaces.
- Food items that require refrigeration are properly refrigerated or kept in thermal containers capable of keeping the food cold.
- Commercially packaged baby food that has been served from the jar is discarded after the feeding.
- Food other than canned goods is stored off the floor.

- All foods, including sack lunches, are protected from potential contamination at all times. Foods must not be stored near toxic or poisonous materials, or under exposed or unprotected sewer lines.

Note: Due to mineral deposits and other contaminants that may be present in water heaters and the potential leaching of heavy metals from water pipes, begin with cold water when cooking and for food/ bottle preparation. This will minimize the potential for contamination.

Best Practice

Health departments recommend that the temperature inside a refrigerator be kept at 41 degrees F.

Rule 1938 (2)(c)

(2) A licensee shall ensure that food is prepared, served, and stored in a safe and sanitary manner by meeting all of the following requirements:

(c) Children under 3 years of age shall not be served or allowed to eat foods that could easily cause choking including, but not limited to, popcorn and uncut round foods such as grapes, seeds, nuts, hard candy, and hot dogs.

Rationale

The purpose of this rule is to reduce the risk of choking by prohibiting foods that commonly cause choking in children under 3 years of age.

Technical Assistance

Examples of food choking hazards include, but are not limited to:

- Hot dogs - whole or sliced into rounds.
- Uncooked carrots - whole or sliced into rounds.
- Uncut round foods such as grapes.
- Uncooked peas.
- Hard pretzels.
- Seeds.
- Chips.
- Nuts.
- Marshmallows.
- Spoonfuls of peanut butter.
- Large chunks of meat.
- Cheese cubes.
- Hard candy.

Children must be supervised while eating to ensure they are eating appropriately, such as not stuffing their mouths full and eating bite-sized portions.

Best Practice

Molars are the back teeth used for chewing and grinding food. When a child has molars, they may be able to chew harder foods that could otherwise be a choking risk. For infants (birth to 11 months), foods typically progress from pureed to ground to finely mashed to finely chopped as the infant develops.

Chopped food should be cut into small pieces no larger than 1/4-inch cubes or thin slices. For toddlers, foods should be cut up into small pieces no larger than 1/2- inch cubes.

All children should be seated while eating to avoid choking on food.

Rule 1938 (3)

(3) If a parent has agreed to provide the food, the licensee shall have a written agreement with the parent and is responsible for providing adequate food if the parent does not.

Rationale

The purpose of this rule is to ensure the licensee shows responsibility to follow feeding practices that promote proper nutrition that supports the growth and development of all children.

Technical Assistance

The licensee must have food available if the parent and/or legal guardian has agreed to provide the food, but does not do so.

The Child in Care Statement/Receipt (CCL-3900) documents this written agreement. The Child in Care Statement/Receipt must be completed in its entirety to be compliant with this rule. The Child in Care Statement/Receipt (CCL-3900) is located in the [forms](#) section of the [Child Care Licensing](#) website.

Best Practice

The licensee should discuss proper nutrition with parents and/or legal guardians when necessary.

Rule 1938 (4)

(4) Food brought by parents must be labeled with the child's first and last name and, if perishable, be refrigerated, and be fed only to the child for whom the item is labeled.

Rationale

The purpose of this rule is to ensure that children receive the food that was intended for them.

Rule 1938 (5)

(5) A licensee shall inform parents if home canned foods are served.

Rationale

The purpose of this rule is to ensure that parents and/or legal guardians are aware of the food their children eat and are able to make informed decisions on their child's meal intake at the child care home.

Best Practice

Home canned foods should be canned in accordance with the guidelines from the United States Department of Agriculture (USDA). See the [USDA Complete Guide to Home Canning](#) for more information.

Additional information on home canning can also be found on the website for the [National Center for Home Food Preservation](#).

Rule 1938 (6)

(6) Unpasteurized products must not be used.

Rationale

The purpose of this rule is to protect children from harmful bacteria that may be present in unpasteurized products.

Technical Assistance

Pasteurized products are foods or liquids that have been heated to destroy harmful bacteria that can cause illness.

Examples of unpasteurized products include raw unpasteurized milk products, unpasteurized apple cider, unpasteurized fruit juices, and raw or undercooked eggs.

Freshly squeezed fruit or vegetable juices prepared in the child care facility just prior to serving are allowed.

Rule 1938 (7)

(7) Children shall be encouraged to taste new foods, but not be required to eat anything they do not want.

Rationale

The purpose of this rule is to promote a positive eating experience while respecting children's individual preferences and appetites.

Technical Assistance

"Encouraged" means offered to the child but not forced to taste or eat.

Best Practice

Child care personnel should sit with the children during mealtime to promote positive interactions and model proper table manners.

Rule 1938 (8)

(8) Bottles used for feeding must be labeled with the child's first and last name and date, be refrigerated, and served only to the child on the label.

Rationale

The purpose of this rule is to ensure bottles are properly identified, stored safely, and served only to the intended child to prevent contamination and the spread of illness.

Technical Assistance

Bottles prepared and brought from home and/or prepared at the child care home must be labeled and dated, regardless of the number of children using bottles. The dating of bottles allows the child care personnel to monitor for spoilage.

Best Practice

Already mixed bottles of formula from powder and concentrate or opened ready-to-feed formula should be discarded after 48 hours if not used, according to the American Academy of Pediatrics.

Never excessively shake a mixed formula bottle. Excessive shaking may cause foaming that increases the likelihood of feeding air to the infant.

Unused breast milk should be discarded:

- After four days, if it has never been frozen and is refrigerated.
- After 24 hours, if it has been thawed in the refrigerator or under cold running water.
- After two weeks, if it has been frozen.

Breast milk may be provided for multiple days and stored in a clean, sanitized container in the refrigerator for up to 4 days or in the freezer for up to 2 weeks.

Rule 1938 (9) - (11)

(9) Warming bottles and beverage containers in a microwave oven or a slow cooker is prohibited.

(10) Bottle warmers must be placed where children cannot access them or reach the cords for the warmers.

(11) Bottle warmers must be shut off when not in use.

Rationale

The purpose of these rules is to prevent burns, unsafe heating of bottles, and bacterial growth by ensuring bottles are warmed safely and warming equipment is used and stored in a manner that is not accessible to children.

Technical Assistance

Bottles and beverage containers of milk or formula may be fed cold. If warmed, the bottle or beverage container must be warmed using one of the following methods:

- Running under warm tap water.
- By placing the bottle or beverage container in a container of water or a pan on the stove in the kitchen that is no warmer than 120 degrees.
- In a bottle warmer made specifically for this purpose.

If a bottle warmer is used, it should be secured to prevent tipping, and care should be taken so that infants are not injured by the dangling cord or by hot water dripping off the bottle or beverage container. It is recommended that slack from cords be removed by tying it off with a

twist or zip tie. A bottle warming device should be emptied, sanitized, and filled with fresh water daily.

Best Practice

Gently swirl breast milk to mix before checking the temperature and offering it to the child.

Breast milk should not be shaken.

Excessive shaking of mixed formula bottles may cause foaming that increases the likelihood of feeding air to the infant/child.

Rule 1938 (12)

- (12) The contents of a bottle used for feeding for a period that exceeds 1 hour after the beginning of the feeding, or unrefrigerated for 1 hour or more, must be discarded.**

Rationale

The purpose of this rule is to prevent bacterial growth in bottles that have been used for feeding or left unrefrigerated for extended periods, which can make the contents unsafe for consumption.

Technical Assistance

Refer to subrule (8) of this rule for requirements on the handling and storing of formula and breast milk.

Best Practice

Child care personnel may consider filling bottles with smaller amounts of formula or using smaller bottles if infants regularly do not consume an entire bottle during a feeding period.

Rule 1938 (13)

- (13) Children shall not have beverage or food containers when they are in bed or when they are walking around or playing.**

Rationale

The purpose of this rule is to prevent choking, injury, and oral health issues by ensuring children eat and drink only while seated and supervised.

Technical Assistance

A beverage container is any container that holds liquid, including, but not limited to, bottles, sippy cups, juice boxes, and glasses.

Child care personnel must ensure children only drink from their beverage containers and not from another child's. Children drinking from each other's beverage containers would be an appropriate care and supervision issue.

All children should be seated when eating to avoid choking on food.

Best Practice

Child care personnel should hold infants for bottle feeding except when infants resist being held and are able to hold their own bottles.

Rule 1938 (14)

(14) The propping of bottles is prohibited.

Rationale

The purpose of this rule is to prevent choking, aspiration, and other health risks associated with bottle propping.

Technical Assistance

Bottles must not be allowed in a crib or bed, whether propped or held by the child.

Bottle propping and allowing a child to drink from a bottle while lying down can increase the risk of choking or aspiration and may contribute to health concerns such as ear infections, tooth decay, orthodontic problems, and speech development issues.

Best Practice

Child care personnel should hold infants for bottle feeding except when infants resist being held and are able to hold their own bottles.

Rule 1938 (15)

(15) Breastfeeding must be supported by making reasonable accommodations for a mother who chooses to breastfeed her child at the child care home.

Rationale

The purpose of this rule is to support breastfeeding by ensuring reasonable accommodations are made for mothers who choose to breastfeed their child at the child care home.

Breast milk contains the nutrients needed to support healthy growth and development and is considered the most appropriate food for infants. Breast milk changes during each feeding and over time to meet a growing child's changing nutritional needs.

The American Academy of Pediatrics, the American Academy of Family Physicians, the World Health Organization, and many other health organizations recommend that infants be exclusively breastfed for about the first six months of life. After that, age-appropriate solid foods can be introduced while breastfeeding continues for at least the first year and longer if desired. In addition to providing nutrition, breastfeeding helps protect infants from many short-term and long-term illnesses. Research shows that breastfeeding exclusively for six months and continuing breastfeeding for at least the first year improves health outcomes for both children and their mothers. Breastfeeding also helps reduce some of the health risks that are greater for infants in group care settings. Studies suggest that breastfeeding is linked to improved brain development and may help reduce the risk of childhood obesity.

Technical Assistance

There are several ways to help a mother breastfeed successfully at the child care home.

- If she wishes to breastfeed her infant at the child care home, offer or provide her with a:
 - Quiet, comfortable, and private place to breastfeed (this helps with her milk letdown).
 - Place to wash her hands.
 - Pillow to support her infant on her lap while breastfeeding, if requested.
 - Nursing stool or stepstool for her feet, if requested (this reduces back strain).
 - Glass of water or other liquid (this helps her stay hydrated).
- If she wishes to pump her breast milk at the child care, provide a:
 - Private area with an outlet. This area should not be in the bathroom.
 - Place to wash her hands

Best Practice

Breastfeeding mothers are often daunted by the prospect of continuing to breastfeed as they return to work. A licensee can reduce a breastfeeding mother's anxiety by welcoming breastfeeding families and allowing the mother to come to the home during the hours of operation to breastfeed her child.

Rule 1938 (16)

- (16) A child shall not be held while removing a bottle from the bottle warmer.**

Rationale

The purpose of this rule is to prevent burns or spills that could occur if a bottle or warming liquid is accidentally spilled while a child is being held.

R 400.1939 Emergency preparedness and response planning procedures

Rule 1939 (1) - (2)

- (1) An applicant or licensee shall develop and implement a written emergency response plan and procedures for the care of children for all of the following emergencies:**
 - (a) Fire.**
 - (b) Tornado watches and warnings.**
 - (c) Serious accident or injury.**
 - (d) Water emergencies, if applicable.**
 - (e) Floods.**
 - (f) Power outages.**
 - (g) Extreme weather.**
 - (h) Other natural or man-made disasters.**
 - (i) Bomb threats and other man-made emergencies.**
 - (j) Intruders or active shooters.**
- (2) The written plan and procedures must include all of the following, as applicable to the type of emergency:**
 - (a) A plan for evacuation.**
 - (b) A plan for safely moving children to a relocation site.**
 - (c) A plan for shelter-in-place.**
 - (d) A plan for lockdown.**
 - (e) A plan for contacting parents and reuniting families.**
 - (f) A plan for continuing operations during and after an emergency.**
 - (g) A plan for how infants and toddlers will be accommodated in all types of emergencies.**
 - (h) A plan for how children children with a disability will be accommodated in all types of emergencies.**
 - (i) A plan for how children with chronic medical conditions will be accommodated in all types of emergencies.**

Rationale

Emergency situations can make it difficult to think clearly. Written emergency plans help licensees and personnel respond quickly and safely.

Infants and toddlers, children with a disability, and children with chronic medical conditions may have difficulty in an emergency situation.

Technical Assistance

Make sure that the fire plan includes:

- Where the fire extinguishers are located
- Where to meet outside.
- What personnel and volunteers will do, including how to account for all children.
- Specific plans to get infants and toddlers out of the home.

Make sure that the tornado plan includes:

- The duties and responsibilities of personnel and volunteers, including how to account for all children.
- Specific plans for moving infants and toddlers.

Make sure that the serious accident/illness/injury plan includes:

- Phone numbers for emergency services, including Poison Control.
- Where the child information records are located.
- Where emergency supplies can be found.
- Steps to get help for the victim while caring for the other children present.

Make sure that the crisis management plan includes:

- Steps to take if there are other crises (for example, custody disputes; power outages; missing, lost, or abducted children; drive-by shootings, etc.)
- Phone numbers for emergency personnel.

When making a crisis management plan, the licensee may want to consult with:

- Local law enforcement
- Local school district
- Homeland Security (DHS)
- American Red Cross

The relocation site must be determined in advance and be included in the plan.

The relocation site must be clean, safe, and easily accessible.

Each emergency plan must address how these needs are addressed in each type of emergency.

Examples of individual needs include, but are not limited to:

- Mobility issues
- Medications such as an inhaler, EpiPen, and insulin
- Sensory integration issues such as loud noises, smells, and others.
- Individual medical needs.

Plans must include steps for safe evacuation from each approved level of the home.

Best Practice

Ensure the written fire plan includes:

- A list specifically outlining the duties and responsibilities of all personnel and volunteers.
- A designated meeting place.
- The facility address, telephone number, and the major cross streets.
- The location of the fire extinguisher.

Ensure the written tornado plan includes:

- A list specifically outlining the duties and responsibilities of all personnel and volunteers.
- The location where personnel, volunteers, and children should take cover.

The following emergency supplies are recommended for the tornado shelter area:

- Flashlight.
- Battery-operated radio.
- Water and snacks.
- Formula and/or Breastmilk
- First aid kit.
- Extra batteries.
- Child information records.
- Diapers and wipes.
- Toys, books, and activity materials.
- Pillows and blankets.

Ensure the serious accident/injury and water emergency plans include:

- A list specifically outlining the duties and responsibilities of all personnel and volunteers.
- The process used for seeking help for the victim and determining if medical treatment is needed.
- A plan for adequate supervision of the other children in care, and if it is a water emergency, removing the other children from the water.
- Phone numbers for emergency personnel, including Poison Control.
- The location of the child's information records.
- The location of emergency supplies.
- The location of rescue equipment for a water emergency.

Emergency plans for man-made disasters.

These may include, but are not limited to:

- Gas leak or chemical spill.
- Sewer back-up.
- Train derailment
- Radiation exposure or contamination from a nuclear power plant

Other extreme weather events may include, but are not limited to:

- High and straight-line winds

- Blizzard and whiteout conditions
- Hail

Ensure the written plan includes 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/or legal guardians and reuniting families.
- A plan for continuing operations during or after a disaster.
- A plan for how infants and toddlers will be accommodated.
- A plan for how children with a disability will be accommodated.
- A plan for how children with chronic medical conditions will be accommodated.

Methods for contacting parents and/or legal guardians can include, but are not limited to:

- A mass email or text message.
- Phone calls/trees.
- Notifying the local police department so they can let parents and/or legal guardians know where their children have been taken if a parent and/or legal guardian calls them.
- Posting the relocation site address in a conspicuous location at the home that can be seen from outside.

A plan for how each child with a disability and/or chronic medical conditions will be accommodated during each type of emergency. Children with a disability and/or chronic medical conditions may have difficulty in an emergency situation.

Each emergency plan should address how each child with a disability and/or chronic medical condition will be accommodated in each type of emergency.

The plan should be based on the special needs or conditions of children enrolled in care. If possible, the plan can broadly address a special need area or a chronic medical condition, such as a child with mobility issues.

The following best practices are also recommended:

- Post plans in a place visible to personnel, volunteers, and older children, as applicable.
- A floor plan showing the location of the nearest exits, including any window used as a second exit.

Sample emergency plans are located on the [Child Care Resources](#) page.

Rule 1939 (3)

(3) A hard copy of the plans must be posted as indicated below:

- (a) The plans required by subrules (1)(a) to (e) of this rule must be posted in a place visible to personnel, volunteers, and parents.**
- (b) The plans required by subrules (1)(f) to (i) of this rule must be maintained in a place known and easily accessible to personnel, volunteers, and parents.**
- (c) The plan required by subrule (1)(j) of this rule must be maintained in a place known and easily accessible to personnel and volunteers.**

Rationale

The purpose of this rule is to ensure that all personnel and visitors can locate the posted emergency and evacuation plans. The home must make sure to share the crisis management plan with all personnel and program staff.

Technical Assistance

The licensee must make sure to share the crisis management plan with all personnel and volunteers.

Best Practice

A suggestion is to post the plan on the inside of a cupboard door.

Rule 1939 (4) - (5)

- (4) Training on the written plan and procedures for emergencies in subrule (1) of this rule must occur in the timeframe indicated in R 400.1923 (1).**
- (5) A licensee shall inform all staff of the overall emergency response plan and of the licensee's individual duties and responsibilities if an emergency specified in subrule (1) of this rule occurs.**

Rationale

An organized, thorough plan for injury prevention can ensure a safe environment for children and personnel. As emergency situations are not conducive to calm and clear thinking, having written plans allows for the opportunity to prepare and prevent poor judgments made during an emergency.

Technical Assistance

Training must occur within 90 days of being present in the home and before caring for children unsupervised.

Rule 1939 (6)

- (6) All personnel and volunteers present at the child care home shall be trained on and participate in the drills held during the personnel and volunteer's presence at the child care home.**

Rationale

The frequent practice of fire drills is essential due to turnover of both personnel, volunteers, and children, as well as the changing developmental ability of children to participate in evacuation procedures.

Practicing fire evacuation procedures on a regular basis:

- Helps make them routine for everyone.
- Fosters calm, competent use of the plans in the event of an emergency.

Rule 1939 (7) - (9)

- (7) Fire drills, using smoke detectors as the alarm, must be practiced while children are in care not less than every 3 months.**
- (8) Not less than 2 tornado drills must be practiced while children are in care between March and November.**
- (9) Drills for emergency plans not listed in subrules (7) and (8) of this rule, must be conducted annually.**

Rationale

The frequent practice of fire, tornado, and other emergency drills is essential due to turnover of both staff and children, as well as the changing developmental ability of the children to participate in the drills.

Practicing drills on a regular basis:

- Helps make the procedure routine for everyone.
- Fosters calm, competent use of the plans in the event of an emergency.

Smoke inhalation is the most common cause of death in fires. When using a basement window, smoke rises quickly, so the amount of time for exiting is greatly decreased.

Technical Assistance

Fire drill practices must not include exiting through a second or third-story window, as these are considered rescue window exits only. The licensee must ensure fire drill practices include exiting through the basement window if the basement level is approved for child care.

The consultant may request that the personnel, volunteers, and the children in care demonstrate that they can safely exit from a basement window.

The fire alarm may be activated by pushing the test button or by spraying a product used for testing smoke detectors. When conducting drills other than fire and tornado annually, make sure all personnel and volunteers are present and walk them through what the procedure would be for each event. For example, if practicing a drill in the event of a flood, make sure the personnel and volunteers know which exit in the home would be used and how best to keep the children safe.

The licensee either must develop a log or use the log on the [Child Care Licensing](#) website to document fire drills.

Best Practice

The following best practices are recommended:

- When exiting through a basement window, everyone should be out in less than two minutes.
- Do drills at different times of the day to ensure that all personnel, volunteers, and children have an opportunity to practice

Rule 1939 (10)

- (10) A written log indicating the date and time of each drill including the time taken for an evacuation, as applicable to the emergency, must be maintained on file at the child care home pursuant to R 400.1906 (5).**

Rationale

Provides documentation that the home is having the required number of drills.

Homes may develop their own log or use the log. See the [forms](#) section of the [Child Care Licensing](#) website for more information.

Drills for emergency plans that must happen each year include:

- Floods
- Power Outages
- Extreme weather events

- Other natural or man-made emergencies
- Bomb threats and man-made emergencies
- Intruders or active shooters, the home must provide a log of drills done each year to the department if asked.

Technical Assistance

An example of a fire and tornado drill log form can be found on the [Child Care Licensing](#) website.

Best Practice

It is recommended that the licensee:

- Time the procedure
- Try to evacuate or take shelter in the number of minutes recommended by local emergency personnel.

Licensees should have fire drills at different times of the day and on different days of the week so all staff and children can practice the drills.

Drills should be practiced early in the season, so personnel and children know the drill routine in case there is a tornado or severe storm that they need to take shelter from.

R 400.1940 Parent notification required; incidents; accidents; illness; disease; isolation

Rule 1940 (1)

- (1) A licensee shall promptly report to a child's parent any of the following:**
- (a) Any incidents, accidents, suspected illness, or other changes observed in the health of a child.**
 - (b) A child who is exposed to a communicable disease so the child may be observed for symptoms of the disease.**

Rationale

The purpose of this rule is to ensure that a parent and/or legal guardian receives prompt notification of incidents, accidents, or illnesses that allow them to decide if medical treatment is necessary.

Technical Assistance

The licensee should notify parents and/or legal guardians as soon as possible once the child's immediate needs have been met. Should the child's condition change after notification, additional contact with parents and/or legal guardians may be necessary.

Best Practice

During a health crisis, licensees should follow guidelines set by the [Centers for Disease Control and Prevention](#) (CDC).

Rule 1940 (2)

- (2) A licensee shall isolate a child who is too ill to remain in the group in an area where the child can be supervised and made as comfortable as possible.**

Rationale

The purpose of this rule is to ensure an ill child is comfortable and away from other children to minimize the spread of illness to other children and child care personnel.

Technical Assistance

The licensee is responsible for:

- Ensuring that a child too ill to remain in the group is separated from the other children to prevent the further spread of illness.
- Ensuring that a child who is separated from the group is adequately supervised and isolated only in an approved child care space.

Best Practice

It is recommended to have a written policy that can be shared with enrolled families on whether or not children may remain in care while ill.

A child who becomes suddenly ill while in care should be separated from other children to prevent the spread of illness until the ill child can be picked up from the child care home.

Rule 1940 (3)

(3) Bedding, toys, utensils, toilets, and lavatories, used by an individual who is ill, must be appropriately cleaned and sanitized before being used by another individual.

Rationale

The purpose of this rule is to ensure contaminated toys and equipment are properly sanitized to minimize the spread of illness to other children and child care personnel.

Technical Assistance

The licensee is responsible for ensuring that:

- All cloth or fabric toys and dress-up clothing can be washed in hot water when soiled. Otherwise, they should be discarded.
- All toys are washed, rinsed, and sanitized when contaminated with saliva, vomit, feces, urine, nasal discharge, or other bodily discharges.

The procedure used for cleaning and sanitizing items soiled by an ill individual should include:

- Washing the surface or item thoroughly with soap and water.
- Rinsing the surface or item with clean water.
- Submerging, wiping, or spraying the surface or item with a sanitizing solution.
- Allowing the surface or item to 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) should be used according to the manufacturer's instructions.

When sanitizing toys and other items that children may put in their mouths, the bleach used must have an EPA number indicating approval for food sanitizing. Commercial sanitizers used must specify on the label that the sanitizer is safe for food contact surfaces.

Best Practice

Local health department sanitarians may maintain a list of approved commercial sanitizers.

Bleach is recommended as a sanitizing product because it is safe, effective, and inexpensive. Test strips are available from most food service suppliers and can be used to check the concentration of the bleach/water solution. The following resources provide additional information on managing communicable diseases and cleaning practices in child care settings:

- Managing Communicable Diseases in Child Care Settings (BCAL-Pub 111) is located on the [Provider Resources](#) page under Child Health and Safety
- The CDC website has additional information: [How To Clean and Disinfect Early Care and Education Settings | CDC](#)

When cleaning up vomit (including spit-up) or feces, it is recommended that the affected surface or item be disinfected. A disinfecting solution can be made using water and non-scented chlorine bleach as follows:

- Stainless steel and food/mouth contact items: One tablespoon of bleach per gallon of water.
- Non-porous surfaces, tile floors, countertops, sinks, and toilets: 1/3 cup bleach per gallon of water.
- Porous surfaces and wood floors: 2/3 cups of 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.

See the [directory of local health departments](#) for more information.

Licensees and child care personnel are encouraged to use separate spray bottles containing soapy water, rinse water, and sanitizing solution.

R 400.1941 Department notification required; incidents; injury; accident, illness, death, or fire

Rule 1941 (1)

- (1) A licensee shall make a verbal, electronic, or email report to the department within 24 hours of the occurrence of any of the following:
- (a) A child is lost or left unsupervised.
 - (b) An incident involving inappropriate contact or an allegation of inappropriate contact.
 - (c) A serious injury of a child.
 - (d) A fire on the premises of the child care home that requires the use of fire suppression equipment or results in loss of life or property.
 - (e) The child care home is evacuated for any reason.

Rationale

The purpose of this rule is to ensure timely reporting of serious incidents so the department can respond, monitor risks, and protect the health and safety of children.

Technical Assistance

Leaving a voice message meets the intent of this rule if the details of the incident are specified in the message. **Exception:** In the event of a child's death, the licensee must speak to a representative of the department.

Examples of when a child is considered lost or unsupervised include, but are not limited to:

- When the child leaves the home unnoticed.
- When a child is left outside.
- When returning from a field trip and discovering that a child is missing.

Examples of an incident involving an allegation of inappropriate contact include, but are not limited to:

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

If you are unsure if you need to contact the department, contact your licensing consultant.

Refer to subrule (4) of this rule regarding the mandatory written requirement.

Best Practice

It is recommended that the child care home notify their local fire authority of all details in the instance of a fire and notify their licensing consultant when a lockdown occurs.

Rule 1941 (2)

- (2) If a child in care dies, a licensee shall do both of the following:**
- (a) Immediately report it, in-person or via phone, directly to the child's parent.**
 - (b) Report it to the department within 24 hours, via phone.**

Rationale

The purpose of this rule is to ensure prompt communication with parents and/or legal guardians and the department in the event of a child's death to support response, accountability, and oversight.

Technical Assistance

In the event of a child's death, the licensee must speak to a representative of the department within 24 hours of the incident.

Rule 1941 (3)

- (3) A licensee shall make a verbal, electronic, or email report to the department within 24 hours of notification by a parent that a child received medical attention or was hospitalized for an injury, accident, or medical condition that occurred while the child was in care.**

Rationale

The purpose of this rule is to ensure prompt communication with the department when serious health incidents occur to determine an appropriate response.

Technical Assistance

A telephone call or leaving a voice message meets the intent of this rule, except for incidents resulting in the death of a child. In the event of a child's death, the licensee must speak to a representative of the department within 24 hours.

Any injury that occurs at the child care home and later requires a child to receive emergency medical treatment must be reported to the department.

Note: Any medical care received as a result of an accident or injury is considered emergency medical 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 injuries or medical conditions that occur while the child is in care and later require medical treatment or hospitalization include, but are not limited to:

- Seizures.
- A serious allergic reaction.
- Head injuries.
- Abusive head trauma/shaken baby.
- Bone fracture.
- Laceration/stitches.
- Substantial hematoma.
- Burns.
- Inappropriate Care/Discipline causing injury.
- Injury to an internal organ.
- Sexual abuse.

Refer to subrule (4) of this rule regarding the mandatory written requirement.

Rule 1941 (4)

(4) A licensee shall submit a written or electronic report to the department of the occurrences outlined in subrules (1), (2), and (3) of this rule, in a manner as prescribed by the department, within 72 hours of the verbal or electronic report to the department.

Rationale

The purpose of this rule is to ensure timely written documentation of reported incidents, including actions taken by the personnel.

Technical Assistance

The Incident Report (CCL-4605) must be used to report the incident. This form is located in the [forms](#) section of the [Child Care Licensing](#) website.

Any injury that occurs at the child care home that requires emergency medical treatment must be reported.

Note: Any medical care received as a result of an accident or injury is considered emergency medical care.

Rule 1941 (5)

(5) A licensee shall keep a copy of the report on file for a minimum of 2 years.

R 400.1942 Discipline

Rule 1942 (1) - (6)

- (1) A licensee shall develop, implement, and have on file a written policy regarding the age-appropriate, non-severe discipline of children.
- (2) Developmentally appropriate positive methods of discipline that encourage self-control, self-direction, self-esteem, and cooperation must be used.
- (3) Personnel and volunteers shall not do any of the following:
 - (a) Hit, spank, shake, bite, pinch, or inflict other forms of corporal punishment on a child.
 - (b) Use any substance in a child's mouth including, but not limited to, soap, hot sauce, or vinegar.
 - (c) Restrict a child's movement by binding or tying the child.
 - (d) Inflict mental or emotional stress on a child, such as humiliating, shaming, threatening a child, or using derogatory remarks.
 - (e) Deprive a child of meals, snacks, rest, or necessary toilet use.
 - (f) Exclude a child from outdoor play or other gross motor activities. This does not prohibit redirecting a child during these activities as a strategy that helps prevent challenging behaviors before they escalate or continue.
 - (g) Exclude a child from daily learning experiences.
 - (h) Isolate a child in an adjacent room, closet, locked room, box, hallway, darkened area, play area, or another area where the child cannot be seen or supervised.
- (4) Time out must only be used in combination with instructional approaches that teach children what to do in place of the behavior problem and must adhere to the following requirements:
 - (a) Time out must not be used for children under 3 years of age.
 - (b) Staff shall remain calm when placing the child in time out.
- (5) A non-severe and developmentally appropriate restraint for an enrolled child with special behavioral or mental health issues may be used when reasonably necessary, based on a child's development, to prevent a child from harming themselves or to prevent a child from harming other individuals or property, excluding those forms of punishment prohibited by subrule (3) of this rule. The plan for when the restraint should be initiated, the actual use of the restraint such as holding the child as gently as possible, and timed use of the restraint, must be developed in collaboration with the parent or guardian with the parent or guardian giving final approval of the plan.
- (6) This rule is not subject to the variance specified in R 400.1908.

Rationale

The purpose of this rule is to ensure parents and/or legal guardians, personnel/volunteers, and child care assistants are informed of the policies regarding the discipline of children.

Technical Assistance

Discipline involves helping a child gain control over his or her behavior, not just getting a child to “mind.”

The licensee is responsible and accountable for:

- Describing in the written policy how child care staff members, child care assistants and volunteers will manage children's behavior by using positive methods of discipline and encouraging children to develop self-control.
- Ensuring that the policy addresses the methods that are appropriate for children of different ages and levels of understanding. The policy must state that time-out must not be used for children under 3 years old.
- Ensuring that the policy states that physical punishment and all other prohibited methods will not be used even if the parents and/or legal guardians give permission.

Per R 400.1907(1)(b)(i), parents and/or legal guardians must receive a copy of the written discipline policy. The Child in Care Statement/Receipt (CCL-3900) is used to verify the parent's and/or legal guardian's receipt of the discipline policy and is located in the [forms](#) section of the [Child Care Licensing](#) website.

Per R 400.1906(1)(e)(iii), child care staff members and assistants must also receive a copy and read the written discipline policy.

Subrule (2)(f) and (g) do not allow for a child to be excluded from outdoor play, gross motor play, or a daily learning experience as a form of discipline. This means personnel and volunteers will not keep a child inside while others are outside as a discipline, keep a child sitting down for long periods of time while others are engaged in gross motor play, or keep a child from participating in a daily learning experience as a discipline technique. Personnel and volunteers can use redirection and other appropriate techniques during outdoor play, gross motor, and daily learning experiences as needed, but taking those experiences away as a form of discipline is prohibited by this rule.

Best Practice

Positive Discipline - Including the Proper Use of Time Out (BCAL-Pub 787) is located on the [Child Care Resources](#) page.

1. Personnel and volunteers should focus on remaining calm, responsive, and emotionally available when a child is experiencing distress and shall provide close support using relationship-based approaches grounded in co-regulation and prevention.

2. Punitive or exclusionary practices, including time out as a disciplinary measure, shall not be used with children of any age, when a child needs support to regain regulation, personnel and volunteers shall provide age-appropriate comfort and guidance, which may include remaining with the child, offering reassurance, or providing a calm, supportive space.
3. Physical restraint shall not be used as a behavior management strategy.
 - a. In rare and immediate safety situations when a child's behavior presents a serious and imminent risk of harm to the child or others, personnel and volunteers may use the least restrictive, non-punitive, and developmentally appropriate protective support necessary to ensure safety. Such protective support shall:
 - i. Be based on the child's age and developmental level;
 - ii. Be limited to the minimum contact necessary;
 - iii. End as soon as the immediate safety concern has resolved; and
 - iv. Never be used as punishment

For children with identified social-emotional, behavioral, developmental, or mental health needs, individualized support strategies shall be developed collaboratively with the parent and/or legal guardian and, when appropriate, with the support of Infant and Early Childhood Mental Health Consultation (IECMHC) or other qualified professionals.

Individualized support plans shall:

- a. Emphasize prevention, environmental supports, adult co-regulation, and skill-building appropriate for infants, toddlers, and preschoolers;
- b. Include any individualized safety support that may be necessary;
- c. Require written approval from the parent and/or legal guardian before implementation; and
- d. Be reviewed and updated as needed in collaboration with the parent and/or legal guardian

Examples:

Infant: A 14-month-old crawls rapidly toward an open stairway. A staff member moves quickly to the child, gently picks them up from under the arms, and carries them back to a safe area. The staff member immediately puts the child down once away from the stairs and addresses the environmental safety concern (closing the gate).

Toddler: A 3-year-old grabs a glass jar from a low shelf and lifts it overhead during a tantrum. A staff member approaches calmly and places their hands gently over the child's hands on the jar, saying, "I'm going to help keep everyone safe." They guide the jar down together and remove it from the child's hands. Physical contact ends immediately once the jar is secured. A staff member then kneels at the child's level to offer support.

Preschooler: A 4-year-old picks up a wooden block and raises it to throw at another child's head. Staff quickly but calmly steps forward and gently guides the child's arm down, using minimal contact to redirect the block to the floor. A staff member stays with the child, validates their feelings ("You seem really frustrated"), and helps them identify what they need. Physical contact ends within seconds once the block is no longer a danger.

R 400.1943 Daily activity program

Rule 1943 (1)

- (1) Staff shall engage in positive interactions with children. For infants and toddlers, interactions include, but are not limited to, both of the following:
- (a) Nurturing contact, such as talking to, holding, rocking, cuddling, and giving eye contact throughout the day and during daily routines such as feeding and diapering.
 - (b) Promptly responding to a child's cries and other signs of distress.

Rationale

A supportive, nurturing setting encourages the expression of feelings, allows for problem-solving, and builds a positive self-image.

Technical Assistance

The brain development of infants and toddlers is particularly sensitive to the quality and consistency of their relationships with others. Much of the stimulation for brain development comes from the responsive interactions of personnel and children during daily routines. Responding quickly to cries or signs of distress fosters a child's sense of trust that personnel will understand, respond to, and meet the child's needs

Rule 1943 (2)

- (2) A licensee shall plan daily activities so that each child may do any of the following:
- (a) Develop and use language.
 - (b) Develop and use large and small muscles.
 - (c) Use materials and take part in activities that encourage creativity.
 - (d) Learn new ideas and skills.
 - (e) Participate in imaginative play.
 - (f) Rest, sleep, or both.

Rationale

Children are happier and respond better to consistency and routine. Play is an active form of learning, and children learn best when actively engaged.

Technical Assistance

Planned daily activities:

- Keep children engaged, which reduces or eliminates chaos and behavioral issues.

- Foster children's growth and development.
- Ensure the program meets the cognitive, physical, emotional, and social needs of each child.

A rich variety of early experiences is critical to children's brain development because they impact a child's:

- Ability to solve problems.
- Self-control and emotional expression.
- Social interactions with others.
- Creativity.
- Success in school.
- Physical ability and health.

Children benefit from scheduled periods of rest. This rest may take the form of actual napping, a quiet time, or a change of pace between activities.

Some warning signs that may indicate there are problems with the daily program include, but are not limited to:

- Children who are not purposefully involved tend to wander around, unable to select an activity.
- Children show little respect for equipment or materials.
- Children fight over equipment or materials.
- Children are bored with the equipment and may develop their own inappropriate activities.
- Children fight with and become more aggressive with each other.
- Child care personnel become bored with the same routine and do not pick up on the children's interests.

Best Practice

AAP Caring for Our Children: National Health and Safety Performance Standards recommends that infants not be seated for more than 15 minutes at a time, except during meals and naps.

Young infants should have supervised tummy time every day. Child care personnel should interact with an infant on his or her tummy for short periods of time (three to five minutes), increasing the amount of time as the infant shows he or she enjoys the activity.

Helpful resources are, but are not limited to:

- American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education.
- Caring for Our Children: National Health and Safety Performance Standards;
- Guidelines for Early Care and Education Programs, 4th ed. Itasca, IL: American Academy of Pediatrics; 2019.

- The Michigan Department of Education has developed [Early Childhood Standards of Quality for Infant and Toddler Programs](#), [Early Childhood Standards of Quality for Prekindergarten](#), and the [Michigan Great Start to Readiness Program](#).

Rule 1943 (3)

(3) All of the following developmentally appropriate opportunities must be provided daily:

- (a) A balance of active and quiet play, group and individual activities.**
- (b) Indoor and outdoor play, except during inclement or extreme weather, or unless otherwise ordered by a healthcare provider.**
- (c) Early language and literacy experiences throughout the day accumulating for not less than 30 minutes.**
- (d) Early math and science experiences.**

Rationale

Play is an active form of learning, and children learn best when actively engaged.

Technical Assistance

A planned but flexible program:

- Allows children to make decisions about their activities.
- Fosters independence.
- Encourages creative expression.
- Promotes physical, social, cognitive, and emotional development.

A wide variety of early experiences is critical to children's brain development because they impact a child's:

- Ability to solve problems.
- Self-control and emotional expression.
- Social interactions with others.
- Creativity.
- Success in school.
- Physical ability and health.

Open spaces in outdoor areas encourage children to develop gross and fine motor skills in ways that may be difficult to duplicate indoors. Unstructured physical play is a developmentally appropriate outlet for reducing stress in children's lives.

Cold weather does not make children ill. Studies have indicated that children who are taken outdoors, even during cold weather for short periods of time, have fewer incidences of

respiratory illnesses. Infectious disease organisms are less concentrated in outdoor air than in indoor air. Exposing the skin to sunlight promotes the production of Vitamin D that growing children require. Being outdoors in the fresh air helps children stay healthy.

When outdoors, children breathe fresh air, develop their large muscles, learn and practice increasingly difficult skills, share and cooperate with other children, and get hands-on experiences with some basic scientific principles. Every child benefits from outdoor play every day.

Literacy is a process that begins at birth. Becoming literate is about using language to make oneself understood and to understand others and the world. Language is the foundation of reading development.

Engaging children in meaningful language and literacy experiences supports the development of communication skills, including exchanging information, sharing feelings, and developing strong emotional ties.

Math and science help children make sense of the world around them and find meaning in the physical world. They learn to reason, to connect ideas, and to think logically. Integrating math into all parts of the day increases their learning and shows children that math is part of everyday life. Children have a natural curiosity and interest in science, which allows them to be active learners and to construct knowledge through experimentation, problem solving, and play. It also allows children to make choices about what they explore and experience.

The licensee is responsible and accountable for ensuring:

- All children, including infants, are taken outside on a daily basis as weather permits.
- Children do not become overheated or excessively chilled.
- A child is properly supervised if he/she has a written order signed by a health care provider to remain inside.

Early language and literacy experiences include, but are not limited to:

- Looking at or reading books with children.
- Talking, singing, and interacting with children.
- Experiences with music.
- Playing games.
- Writing activities.
- Show and tell.
- Circle time.
- Dramatic play activities.
- Felt board stories.
- Finger plays.

Math and science experiences include, but are not limited to:

- Counting.
- Sorting, classifying, and sequencing.
- Baking/cooking activities.
- Setting the table, folding laundry.
- Matching games and puzzles.
- Water and sand play.
- Sensory activities.
- Exploring the outdoor environment.

Best Practice

The following should be taken into account when deciding whether to take children outside:

- The temperature outdoors, including wind chill factors and the heat index.
- Severe weather conditions (e.g., lightning, heavy rain or snow, tornado watches/warnings).
- Degree of sunshine and available shade.
- Appropriate clothing for conditions. Licensees may choose to have extra clothing available for children who do not come with appropriate clothing for the conditions.
- Ages of the children.
- Length of the play period.
- Planned play activities.
- Local community practices, health department advice, and local school weather guidelines.
- Public announcements of hazardous air quality.

Note: Exposed skin will freeze in a few minutes at temperatures below -13° F or when the wind chill falls to -18.4° F. Heatstroke, heat exhaustion, burns from hot objects such as metallic playground equipment, sunburn, excessive thirst, etc., can occur at 95 °F and above.

It is also recommended:

- That children wear child-safe sunscreen all year round, even in winter.
- That children are dressed appropriately for activities: long-sleeved and -legged items protect from sunburn; a full jacket, snowsuit, mittens, scarf, hat, boots for snow play, etc.
- That children are adequately hydrated during both hot and cold weather.

Child care personnel and volunteers should also have knowledge of the weather-related symptoms children may exhibit, such as heat or sunstroke, sunburn, dehydration, frostbite, hypothermia, etc.

It may be helpful to provide parents and/or legal guardians with the child care home's guidelines regarding the impact of weather conditions on outdoor play.

Working with Children Who Have Special Needs (BCAL-Pub 96) is located on the [Provider Resources](#) page under Child Behavior.

Additional resources from the National Institute for Literacy include:

- [“Learning to Talk and Listen”](#) - An oral language resource for early childhood caregivers
- [“Make Time to Talk”](#) - Language Building Tips for Center-Based Child Care Providers

Rule 1943 (4) - (6)

- (4) Media must be limited to not more than 2 hours per day and to programs designed for children's education, enjoyment, or both. Other activities must be available to children during television and movie viewing.**
- (5) Media with violent or adult content, including soap operas, must not be allowed in child-use space while children are in care.**
- (6) Media used by children in care must be suitable to the age of the child in terms of content and length of use.**

Rationale

Limiting the use of media to children allows them to engage with their environment more by way of imaginative play with peers, developing social-emotional skills, and keeping their bodies active.

Technical Assistance

Per R 400.1901, “media” means use of electronic devices with a screen, including, but not limited to, televisions, computers, tablets, multi-touch screens, interactive white boards, mobile devices, cameras, movie players, e-book readers, and electronic game consoles.

The American Academy of Pediatrics (AAP) recommends that priority be given to “creative, unplugged playtime for infants and toddlers. Some media can have educational value for children starting at around 18 months of age, but it's critically important that this be high-quality programming...”

They suggest that an emphasis be placed on activities that result in “physical activity, hands-on exploration and face-to-face social interaction in the real world, which is critical to learning.”

Further, the AAP recommends the following for parents and/or legal guardians of children:

- For children younger than 18 months, avoid the use of screen media other than video chatting. Parents and/or legal guardians of children 18 to 24 months of age who want to introduce digital media should choose high-quality programming and watch it with their children to help them understand what they're seeing.

- For children ages 2 to 5 years, limit screen use to 1 hour per day of high-quality programs. Parents and/or legal guardians should co-view media with children to help them understand what they are seeing and apply it to the world around them.
- For children ages 6 and older, place consistent limits on the time spent using media, and the types of media, and make sure media does not take the place of adequate sleep, physical activity, and other behaviors essential to health.
- Designate media-free times together, such as dinner or driving, as well as media-free locations at home, such as bedrooms.
- Have ongoing communication about online citizenship and safety, including treating others with respect online and offline.

Child Care Personnel and volunteers are responsible for ensuring that:

- Media is developmentally appropriate and promotes positive social values.
- The use of media does not replace or disrupt existing program routines.
- The use of media is time-limited and monitored closely.

Media can be a powerful teacher, so personnel and volunteers must make sure the lessons children learn are good ones. Technology and media should be used to enhance learning, not replace the opportunity for children to have direct experience with peers, adults, and real materials.

A wide variety of early experiences is critical to children's brain development because they impact a child's:

- Ability to solve problems.
- Self-control and emotional expression.
- Social interactions with others.
- Creativity.
- Success in school.
- Physical ability and health.

The growing use of technology and computers in education and recreation has made repetitive stress injuries a problem for children. Repetitive stress injuries result when repeated movements damage tendons, bones, and muscles. Excessive screen time and repetitive motions can also cause visual, fine motor, and other physical problems.

Best Practice

The following best practices are recommended:

- Have computers and TVs in highly visible places.
- Turn off visual media at mealtimes and nap time. Auditory music can be used to help soothe children. Soft music may be used during meals or nap time.
- Watch media with your child care children and plan learning experiences to expand on the media programming.

- Replace media exposure with more appropriate activities, unless the media offering is linked to and supports your curriculum.
- Use books, toys, and program activities to counter the effects of media.

Rule 1943 (7)

(7) For children with a disability, a licensee shall work with the parents, medical personnel, or other relevant professionals to provide care in accordance with the child's identified needs and learning supports.

Rationale

The purpose of this rule is to ensure consistency and continuity in the care of children with a disability. That a child's special needs are being met and professional recommendations are followed.

Best Practice

The following best practices are recommended in the care of children with a disability:

- Research online and become familiar with the condition.
- Talk with others who have experience with the condition.
- Take classes or workshops.
- Obtain in writing all necessary information and instructions for the care of the child.

R 400.1944 Nighttime care

Rule 1944 (1)

- (1) In a child care home where children are in care between the hours of midnight and 5 a.m., not more than 2 adjoining floor levels may be used at any 1 time for children in care who are sleeping.**

Rationale

The purpose of this rule is to ensure children can be effectively supervised during nighttime care by limiting the number of floor levels in use.

Technical Assistance

“Adjoining floor levels” means any two floors that are connected by 3 or more steps.

Rule 1944 (2)

- (2) If child care staff members and children in care are sleeping, at least 1 child care staff member shall be on the same floor level as the sleeping children.**

Rationale

The purpose of this rule is to ensure immediate supervision and response during nighttime care to protect children in the event of an emergency.

Rule 1944 (3)

- (3) Child care homes shall not use a third or higher floor as a resting or sleeping area for children in care unless there are 2 stairways to ground level.**

Rationale

The purpose of this rule is to ensure safe and timely evacuation by limiting the use of higher floor levels without adequate exit routes.

Rule 1944 (4)

- (4) If nighttime care is provided for more than 1 hour, children shall sleep in age-appropriate cribs, portable cribs, mats, cots, or beds. Play yards are not allowed for nighttime care.**

Rationale

The purpose of this rule is to ensure children have safe and appropriate sleep equipment during nighttime care to reduce the risk of injury and support healthy sleep.

Technical Assistance

The following would be considered a bed for the purposes of this rule:

- Sofa beds.
- Futons.
- Inflatable beds.

The following would not be considered a bed for purposes of this rule:

- Bean bags.
- Couches.
- Reclining chair.
- Portable camping beds.

Best Practice

It is recommended that sleeping mats be waterproof and at least one inch thick.

Rule 1944 (5)

- (5) A child shall be allowed to go back to sleep when dropped off during any nighttime care hours.**

R 400.1945 Heat-producing equipment

Rule 1945 (1)

- (1) All fuel-fired and heat-producing equipment must be maintained in a safe condition and shielded to protect against burns. This subrule applies to all of the following:
- (a) A furnace.
 - (b) A water heater.
 - (c) A fireplace.
 - (d) A radiator and pipes.
 - (e) Wood-burning equipment.

Rationale

The purpose of this rule is to ensure the safety and well-being of children.

Technical Assistance

When using flame- or heat-producing equipment during child care hours, the licensee is responsible and accountable for ensuring:

- A barrier is used to shield the flame- or heat-producing equipment.
- The barrier does not get hot.
- The barrier is stable and firmly secured.
- The barrier does not allow children access to any part of the flame or heat-producing equipment, including the pilot light.
- There is proper ventilation for all wall-mounted gas heating units.

Note: Heat can be retained for as long as 20 hours after the use of a wood burner, creating a potential hazard for young children

Rule 1945 (2)

- (2) Combustible materials and equipment must not be stored within 3 feet of furnaces, other flame or heat-producing equipment, or fuel-fired water heaters.

Rationale

The purpose of this rule is to ensure the safety and well-being of children from combustible materials that fuel fires.

Technical Assistance

Combustible material and equipment means anything that will burn, including, but not limited to, paper, cardboard, clothing, wood items, plastics, sleeping cots, and mattresses. Permanent structures within three feet of the furnace or water heater, such as walls, permanently attached shelves, workbenches, etc., do not need to be moved. However, any combustible items on or stored in these structures need to be moved.

Rule 1945 (3)

(3) Portable heating devices must not be used when children are in care.

Rationale

The purpose of this rule is to ensure the safety and well-being of children and personnel.

Portable heating devices are a common cause of fires, burns, and injuries.

Technical Assistance

A portable heating device can be moved from wall to wall or room to room and must not be used when children are in care.

Rule 1945 (4)

(4) Furnaces, other flame or heat-producing equipment used to heat the child care home when children are in care, and fuel-fired water heaters must be inspected by 1 of the following entities:

- (a) A licensed heating contractor for a fuel-fired furnace.**
- (b) A licensed heating contractor or licensed plumbing contractor for a fuel-fired water heater.**
- (c) A mechanical inspector for the local jurisdiction or a licensed mechanical inspector for a wood stove or other solid fuel appliance.**

Rationale

Heating equipment is the second leading cause of ignition in fatal house fires. Heating equipment that is routinely inspected and kept in good repair ensures that the equipment is working properly and is less likely to cause fires.

Technical Assistance

A licensed heating contractor has been issued a mechanical contractor license by the State of Michigan Department of Licensing and Regulatory Affairs Bureau of Construction Codes

Department of Energy, Labor & Economic Growth (DELEG). The license number will begin with 71. A licensed plumbing contractor's license will begin with 81. Boilers must be inspected by a boiler inspector from DELEG or an individual who has both a boiler license and a mechanical contractor license. Documentation of inspection, such as a receipt or an invoice, must include the license number of the contractor/inspector

Note: Wood boilers (pressurized and open air) must be located outside of the home. Pressurized wood boilers must be inspected by a mechanical inspector as required by subrule (c) of this rule.

Note: A mechanical contractor with a classification of Solid Fuel Equipment and Venting Decorative Gas Appliances may also inspect a wood boiler located outside of the home. This inspection must, at a minimum, include an inspection of the chimney, the pressure relief valve, and the drip tube. If the wood boiler is connected to a fuel-fired furnace, the fuel-fired furnace must also be inspected as required by subrule (a) of this rule or must be disconnected from its fuel supply. A copy of the initial installation inspection completed by a mechanical inspector, as required by subrule (c) of this rule, is all that is required for open-air wood boilers

In addition to furnaces and wood-burning stoves, all other flame- or heat-producing equipment requires documentation of an inspection if used to heat the home when children are in care.

Equipment includes, but is not limited to:

- Built-in space heaters.
- Fireplaces (wood or gas).
- Fireplace insert burners.
- Thermal heaters.
- Pellet stoves.
- Heating units located in separate outbuildings.

All fuel-fired water heaters also require documentation of an inspection. For newly installed furnaces, installation documentation by a licensed mechanical contractor is acceptable in lieu of an inspection. Electric heat does not require an inspection. In many rural areas, the county plumbing/mechanical inspector is the person authorized to conduct inspections of solid fuel equipment. A Geo-Thermal unit with Emergency Electrical Heat meets all the requirements of Electric and is not required to be inspected for compliance with this rule

Rule 1945 (5)

(5) The inspection specified in subrule (4) of this rule must be conducted before the initial license is issued and every 4 years at the time of license renewal.

Rationale

Heating equipment is the second leading cause of ignition in fatal house fires. Heating equipment that is routinely inspected and kept in good repair ensures that the equipment is working properly and is less likely to cause fires.

Technical Assistance

Per departmental policy, inspections for furnaces and other flame- or heat-producing equipment and fuel-fired water heaters must be dated within one year of initial home license issuance and at renewal. For a new home, an inspection for a furnace and other flame- or heat-producing equipment or fuel-fired water heater is not required at the six-month (original to regular license) renewal.

Rule 1945 (6)

(6) For outdoor wood stoves or open-air wood boilers, the initial installation inspection by a local heating or mechanical inspector must meet the requirements of this rule.

Rationale

The Michigan Building Code requires an initial installation inspection. The initial installation inspection is acceptable for the life of the unit because the unit is outdoors, and if it fails, there is no danger to the home.

Technical Assistance

If the licensee cannot produce the initial installation inspection for the outdoor wood stove or open-air wood boiler, a current inspection by a local heating or mechanical inspector is required. Fuel-fired furnaces and fuel-fired water heaters must still be inspected as required by rule.

R 400.1946 Electrical service; maintenance

Rule 1946 (1)

- (1) The electrical service of a child care home must be maintained in a safe condition. When warranted, an electrical inspection by an electrical inspecting authority may be required.**

Rationale

The purpose of this rule is to prevent electrical shock or electrocution from unsafe or broken electrical fixtures and outlets.

Technical Assistance

Possible indicators of an electrical problem may include, but are not limited to:

- Exposed, loose, frayed, or stripped wires.
- Burned wiring.
- Buzzing sound at the electrical box.
- Inappropriate/misuse of extension cords, especially when used in lieu of permanent wiring.
- Flickering or dimming of the lights

Rule 1946 (2)

- (2) All electrical outlets, including outlets on multiple outlet devices, accessible to children must have safety covers or be tamper resistant outlets.**

Rationale

The purpose of this rule is to prevent electrical shock, burns, and potential fires from exposed electrical outlets.

Technical Assistance

Children may place fingers or objects into exposed electrical outlets, which can cause electrical shock or burns. Electrical outlets, power strips, and extension cords with multiple plugs must have each individual socket covered if not in use. Electrical outlets that close automatically or rotate to prevent the use of the plug are acceptable.

Rule 1946 (3)

(3) Electrical cords must be arranged so they are not hazardous to children.

Rationale

The purpose of this rule is to ensure that electrical service materials in a child care home are arranged safely.

A slight shock may be fatal to a child. Electrical cords can cause injuries when:

- Children pull on the cord of an appliance, causing it to fall down on them.
- Children chew on an appliance cord down to the wires, causing a shock and potentially disfiguring mouth injuries.
- Someone trips over them.

Technical Assistance

Electrical cords, including cell phone and electronic device cords, must not be:

- Placed under rugs or carpet, through doorways, or across water-source areas.
- Frayed or overloaded
- Overhanging cords must not be within reach of children.

R 400.1947 Exit requirements for each floor level used by children

Rule 1947 (1)

- (1) A child care home shall have not less than 2 remotely located exits for every floor level occupied by children.**

Rationale

The purpose of this rule is to ensure the safety of children, personnel, and volunteers in the event of an emergency.

Remote exits allow for safe evacuation should the primary exit be inaccessible.

Technical Assistance

The licensee is responsible for explaining the plans for safe exiting from all floors used for child care to all personnel, volunteers, and the children.

Any basement window used as an exit must open into an area that permits those exiting to reach the ground at grade in a safe manner.

Refer to subrule (12)(e) of this rule for specifics regarding exiting into a window well.

Rule 1947 (2)

- (2) At least 1 exit from each floor level must provide a direct, safe means of unobstructed travel to the outside at street or ground level.**

Rationale

The purpose of this rule is to ensure a fast exit in the event of an emergency.

Technical Assistance

A stairway from the basement or second floor to the main floor is considered a direct exit to the outside.

Rule 1947 (3)

- (3) A window may be used as a second exit if it complies with all of the following:**
(a) Is accessible to children, personnel, and volunteers.

- (b) Is clearly identified.**
- (c) Can be readily opened.**
- (d) Is of a size and design to allow for the evacuation of all children, personnel, and volunteers.**

Rationale

The purpose of this rule is to ensure the safe exiting of the children, personnel, and volunteers in case of an emergency where exiting must be through a window.

Technical Assistance

To comply with (b) of this subrule, the window must be marked with an exit sign.

The consultant may request that personnel, volunteers, and the children in care demonstrate that they can safely exit from a basement window if it is being used as the second exit.

Refer to subrules (11) and (12) of this rule regarding the specific requirements for using a basement exit window.

Best Practice

When exiting a basement through a window, it is best practice for everyone to be out in less than two minutes.

Rule 1947 (4)

- (4) If a level of a child care home that is above the second floor is used for children in care, the building must be of 1-hour-fire-resistive construction and have 2 stairways to ground level. At least 1 of the required stairways and all other vertical openings must be enclosed by, at a minimum, 1-hour-fire-resistive construction to provide a protected means of egress direct to the outside at ground level.**

Rationale

The purpose of this rule is to ensure the safe exiting of all children, personnel, and volunteers in case of an emergency.

Technical Assistance

In a single-family dwelling, above the second floor means more than two stories above ground level.

In an apartment building, one exit may be the door of the apartment or an evacuation window, and one exit may be a fire escape.

Rule 1947 (5)

(5) All exits must be unobstructed and accessible at all times that children are in care.

Rationale

Unobstructed, clear exits are essential to prompt evacuation in an emergency.

Technical Assistance

Unobstructed means nothing is in front of, blocking the door and window exits, or reducing the means of egress. This includes, but is not limited to, the following:

- Furniture
- Toys
- Cribs
- Child Safety Gates
- Blinds secured at the bottom

Rule 1947 (6)

(6) The means of egress must be adequately lit at all times that children are in care.

Rationale

The purpose of this rule is to ensure adequate lighting for safe passage at any time and for the ability to quickly locate children in an emergency.

Technical Assistance

Adequate lighting can be natural light, overhead lighting, or lamps.

Stairs from a basement or second-floor level used as the pathway to exit the home are considered a means of egress.

Rule 1947 (7)

(7) Doors located in a required path of escape must be readily openable from the side of egress without the use of a key or special knowledge. Double cylinder locks,

key-operated locks, and similar devices are not allowed on any door in a required path of escape.

Rationale

Children may not be able to disengage a lock, which may stop or slow down their escape in an emergency.

Children, personnel, and volunteers must be able to safely and quickly evacuate in the event of a fire or other emergency.

Technical Assistance

The following are acceptable as long as they can be easily disengaged:

- A lock that opens with the turn of the locking mechanism or a turn of the doorknob.
- A deadbolt that can be opened from the interior without the use of a key.
- A hook and eye latch.

Double cylinder locks are locks that require a key from both sides to disengage, and they must not be used.

Safety gates and half or quarter doors are acceptable if they can be opened with a single motion and do not reduce the minimum required widths.

If a safety gate is used, the bottom threshold can be no higher than ½ inch. Safety gates must not require more than one motion and therefore cannot include:

- Pinch then pull motion.
- Squeeze, slide, then open.

Best Practice

It is recommended that safety gates be at least 36 inches tall to discourage parents and/or legal guardians, personnel, and volunteers from stepping over them. A child could be injured if a parent and/or legal guardian, personnel, or volunteer tripped on the gate when stepping over while holding a child or by landing on a child.

Rule 1947 (8)

(8) Interior door hardware must be designed to allow opening from the outside during an emergency if locked.

Rationale

The purpose of this rule is to ensure the safety of the children, personnel, and volunteers.

Technical Assistance

The instrument needed to unlock an interior door must be easily accessible and kept in a location known to all personnel and volunteers.

Rule 1947 (9)

- (9) All closet door latches must be of the design so that children can open the door from inside the closet.**

Rationale

The purpose of this rule is to ensure the safety of children.

Technical Assistance

A door that can be opened with a single motion of the handle—without the need to use a key or turn a lock—is acceptable.

Rule 1947 (10)

- (10) A room or space, including an attic, that is accessible only by a ladder or folding stairway or through a trapdoor must not be used by children in care.**

Rationale

The purpose of this rule is to ensure the safety and well-being of children, personnel, and volunteers.

Rule 1947 (11)

- (11) For a basement window exit that is over 44 inches above floor level and approved before January 1, 2006, only steps and platforms must be used to access the window exit, and they must be permanently secured to the wall or floor. Ladders must not be used as a means for exiting.**

Rationale

Provides for a safe, permanent means of exiting in case of an emergency by ensuring that the means of exiting cannot be moved.

This subrule only applies to window exits approved prior to January 1, 2006. See subrule(12) of this rule for the requirements for window exits approved January 1, 2006, and after.

Prior to the 2006 rule changes, licensees were allowed to designate a basement window as an exit window. Many of these windows had bottom openings that were higher than 44 inches from the floor.

The previous rule allowed licensees to use a number of options to obtain access to these windows (tables, sofas, ladders, etc.). For these window exits to continue to be approved exits, the June 2006 rule change required that steps and/or platforms, permanently secured to the wall or floor, be installed. However, to be consistent with the Michigan Residential Building Code, steps and/or a platform are not required for exit windows if the bottom of the window opening is 44 inches or less above the floor. If steps or platforms are used, they must be permanently affixed.

Michigan Residential Building Code requires that the maximum rise (distance between steps) for steps be 8 1/4 inches or less. The top step leading to the basement window exit must be within 8 1/4 inches of the window sill.

If there are three or more steps, or a total rise of 24 inches or more, a handrail is required per R 400.1913(4).

Rule 1947 (12)

- (12) An emergency escape window to the outside is required for basements approved for child-use after January 1, 2006. All of the following provisions apply:**
- (a) The total unobstructed window area for egress must be not less than 5 square feet.**
 - (b) The unobstructed opening must be not less than 20 inches wide.**
 - (c) The unobstructed opening must be not less than 24 inches high.**
 - (d) The bottom of the opening must be not more than 44 inches above the floor.**
 - (e) If the sill height is below grade, it must open into a window well with not less than 9 square feet of area, 3 feet in length and 3 feet in width. The area of the window well must allow the emergency escape window to be fully opened. If the well depth is over 44 inches, it must have permanently affixed steps that are approved by the local building inspector.**

Rationale

The purpose of this rule is to ensure safe, quick exiting from a basement window in case of an emergency.

Technical Assistance

This subrule applies to basements approved for child use space after January 1, 2006.

Any request for a modification to add the basement level as child care use space requires compliance with this subrule.

A 20" width X 24" height window does not meet the 5 square feet requirement. Acceptable window sizes include, but are not limited to:

- 20" width X 36" height or larger.
- 30" width X 24" height or larger.

To determine the square footage of the window, multiply the width in inches by the height in inches and then divide by 144.

The requirement that permanently affixed steps in an egress window with a well depth over 44 inches must be approved by the local building inspector (Subrule (e)) applies only to modifications to a license or to an original license that has an egress window meeting this criteria.

R 400.1948 Smoke detectors; fire extinguishers

Rule 1948 (1) - (2)

- (1) Operable smoke detectors approved by a nationally recognized testing laboratory must be installed and maintained on each floor of the child care home, including the basement, and in all sleeping areas and bedrooms used by children in care.
- (2) Heat detectors may be utilized in kitchens.

Rationale

The purpose of this rule is to ensure the safety of children by providing timely notification of a fire.

Technical Assistance

The licensee is responsible for ensuring that:

- Smoke detectors are functional and installed according to the manufacturer's recommendations. **Note:** Smoke detectors have an expiration date listed on the back of the smoke detector and should be replaced accordingly.
- There is a working smoke detector installed on each floor of the home, including the basement, even if that floor is not used for child care.
- There is a working smoke detector in each bedroom/sleeping area used by children in care.
- If all smoke detectors are part of an alarm system and monitored by an outside source, verification that the system works properly is required. Two ways to accomplish this include:
 - The outside source tests the system and provides the documentation.
 - The licensee tests the system in the presence of the consultant after first notifying the outside source and the local fire department that the test is being conducted.

Examples of nationally recognized testing laboratories include, but are not limited to:

- Underwriters Laboratories (UL).
- Electrotechnical Laboratory (ETL).

Note: Smoke detectors are not needed in the kitchen if heat detectors are used.

Best Practice

It is recommended that the licensee maintain a copy of the original manufacturer's instructions for installation and maintenance of smoke detectors.

Rule 1948 (3)

(3) A child care home shall have at least 1 functioning multipurpose fire extinguisher, with a rating of 2A-10BC or larger, properly mounted not higher than 5 feet from the floor to the top of the fire extinguisher, on each floor level approved for child-use.

Rationale

A fire extinguisher may be necessary for safe exiting during a fire.

Technical Assistance

The licensee is responsible for ensuring that a functional fire extinguisher includes:

- The manufacturer's mounting directions are followed.
- The fire extinguisher is accessible and can be removed from the mounting bracket.
- The gauge on the fire extinguisher is in the "green zone." If it is in the red, then it must be replaced or recharged, as it will not function properly.
- The pin remains in place.
- The hose and nozzle are attached and free from debris.
- Checking the cylinder for dents, rust, corrosion, or other damage. A compromised cylinder might not be able to hold pressure safely.
- The manufacturer's recommendations regarding service and recharging are followed.
- All personnel and volunteers are familiar with the operation of the fire extinguisher.

Best Practice

It is recommended that:

- A visual inspection of the fire extinguisher is done monthly.
- If the fire extinguisher is not readily visible, a sign is posted to mark its location.
- The fire extinguisher is inspected annually by a certified service technician.

R 400.1951 Transportation

Rule 1951 (1)

- (1) A vehicle used to transport children in care must be maintained in a good and safe working condition.**

Rationale

The purpose of this rule is to ensure the safety and well-being of children and personnel.

Rule 1951 (2)

- (2) A licensee shall ensure that the driver of a vehicle transporting children is an adult, who has a valid driver's license, valid vehicle registration, and proof of current automobile insurance.**

Rationale

Driving children is an important and significant responsibility. Anyone who transports children must be competent to drive the vehicle.

Technical Assistance

This rule does not require the licensee to make or keep copies of these documents on file. However, upon request, the licensee must be able to provide them to the department.

Best Practice

The Driver Verification (CCL-5039) form may be used to document compliance with this subrule and is located in the [forms](#) section of the [Child Care Licensing](#) website.

Rule 1951 (3)

- (3) A licensee shall notify the parents in advance when drivers other than child care staff members are used to transport children.**

Rationale

Parents and/or legal guardians have the right to know who is transporting their children.

Technical Assistance

Ways to comply with this rule include, but are not limited to:

- Posting a list of the drivers and assigned children.
- Documenting the parent's and/or legal guardian's awareness of the arrangement via email, telephone call, or signature of the parent and/or legal guardian.
- Maintaining a written log.

Rule 1951 (4) - (5)

- (4) If the driver will have unsupervised access to children or counted in child to staff ratios, the driver shall complete a comprehensive background check and be determined eligible by the department in compliance with section 5n of the act, MCL 722.115n.**
- (5) Each child passenger restraint device and each safety belt must be installed, anchored, and used according to the manufacturer's specifications and must be maintained in a safe working condition.**

Rationale

When used properly, safety restraints are effective in reducing injury and death. The provision of mandatory safety restraints ensures the health and safety of the children and personnel.

In Michigan, 21% of infants are incorrectly turned forward-facing in their car seat before age 1. Children incorrectly restrained in seat belts instead of a car seat or booster seat are 3.5 times more likely to suffer serious injury. More than 90% of the 4- to 8-year-old children who were seriously injured in auto accidents were not restrained in a booster seat.

Technical Assistance

The use of safety restraints and car seats, and the choices of positioning in the vehicle, can be found in the manufacturer's instructions for car seats and for the vehicle. The manufacturer's instructions must be followed when installing car seats.

Car seats and other safety restraints must be kept in a safe, working condition. The manufacturer's instructions for the car seat will indicate when a car seat should no longer be used.

Best Practice

The best car seat is one that:

- Fits the child being transported.
- Has never been in a crash.
- Is used correctly every time.

Improper installation can be avoided by:

- Reading the vehicle manufacturer's instructions carefully.
- Reading the car seat manufacturer's instructions carefully.
- Testing the car seat for a safe, snug fit in the vehicle.
- Having the car seat installation checked by a certified car seat technician at an approved car seat check station in the community.
- Remembering that the rear vehicle seat is the safest place for a child of any age to ride.

Usage tips for all car seats:

- Every car seat has an expiration date. Do not use an expired seat.
- Never buy a used car seat if you do not know its full history.
- Never use a car seat that has been in a crash.
- Children should not wear bulky clothing under harness straps.
- Do not use products that did not come with the car seat (in or with the seat).

Rule 1951 (6)

(6) The transportation of all children must be conducted pursuant to state law.

Rationale

The purpose of this rule is to ensure the safety and well-being of children and personnel.

Technical Assistance

All state traffic laws must be followed.

Note: The Pupil Transportation Act (1990 PA 187) prohibits the use of 11-15 passenger vans for pupil transportation. The use of these vans is prohibited for transporting children to and from school and school related activities. If a child care home takes children to school and/or picks them up from school, 11-15 passenger vans may not be used. If these vans are observed transporting children to or from school, any police authority may stop the vehicle and ticket it. Licensing consultants will report the use of 11-15 passenger vans for school transportation to the Michigan State Police.

Removing one or more bench seats or a row of seats does not change the manufacturer's rated seating capacity of a vehicle. It is still illegal to transport children to and from school in 11-15 passenger vans, regardless of if seats have been removed.

Best Practice

11-15 passenger vans are prohibited for school transportation because statistics have shown that they are very dangerous. Due to the safety issues present when 11-15 passenger vans are

used, it is recommended that these types of vans never be used for transporting children in care.

Rule 1951 (7)

(7) Each child transported shall remain seated and properly restrained by a child passenger restraint device appropriate for the child's age. The manufacturer's rated seating capacity for the vehicle must not be exceeded.

Rationale

When used properly, safety restraints are effective in reducing injury and death. The provision of mandatory safety restraints ensures the health and safety of the children and personnel.

In Michigan, 21% of infants are incorrectly turned forward-facing in their car seat before age 1. Children incorrectly restrained in seat belts instead of a car seat or booster seat are 3.5 times more likely to suffer serious injury. More than 90% of the 4- to 8-year-old children who were seriously injured in auto accidents were not restrained in a booster seat.

Technical Assistance

Current state law on safety belt and child restraint requirements (MCL 257.710d et seq.) can be found at in the [Child Care Organizations Act](#).

Current Michigan Child Passenger Safety Laws (effective 04/02/2025) require:

- Infant to two years: A child must be in a rear-facing car seat until they reach the maximum weight or height allowed by the car seat's manufacturer, or the child is 2 years old.
- Two to five years: The child can then move into a forward-facing car seat until they reach the maximum weight or height allowed by the car seat's manufacturer, or the child is 5 years old.
- Five to eight years: The child can then move to a belt-positioning booster seat using a lap and shoulder belt until they are 4' 9" or 8 years old.
- All children under thirteen years: Children under the age of 13 must ride in the rear seat of a vehicle if the vehicle has one available.

The use of safety restraints and car seats can be found in the manufacturer's instructions for car seats and for the vehicle.

The Michigan Vehicle Code (1949 PA 300) ([MVC document](#)) requires children under age eight and less than four feet nine inches in height to be properly secured in a CSRS unless they are

transported on a school bus, a multi-function school activity bus or any vehicle designed to carry 16 or more passengers, including the driver.

Best Practice

For more information, a car seat guide is available via [Healthy Children](#).

Improper installation can be avoided by:

- Reading the vehicle instructions carefully.
- Reading the car seat manufacturer's instructions carefully.
- Testing the car seat for a safe, snug fit in the vehicle.
- Having the car seat installation checked by a certified car seat technician at an approved car seat check station in the community.
- Remembering that the rear vehicle seat is the safest place for a child of any age to ride.

For more information, visit [Car Seat Safety Tips | Safe Kids Worldwide](#).

See the table at the end of this section for specific requirements and tips.

Rule 1951 (8)

(8) A licensee shall provide a driver with a copy of the child information card, or comparable facsimile, for each child being transported in a vehicle.

Rationale

The purpose of this rule is to ensure drivers have all necessary contact and emergency information readily available.

Best Practice

Attach a photo of each child to the child's Child Information Record (CCL-3731) and label each car seat with the child's name.

Rule 1951 (9)

(9) The driver of each vehicle transporting children shall carry in the vehicle, and be familiar with, the contents of a first aid kit. The first aid kit, must contain, at a minimum, all of the following:

- (a) Adhesive tape.**
- (b) Bandages of assorted sizes.**

- (c) Cold pack.
- (d) Disposable gloves.
- (e) Gauze pads and roller gauze of assorted sizes.
- (f) Hand sanitizer.
- (g) Plastic bags.
- (h) Scissors and tweezers.
- (i) Triangular bandage.

Rationale

The purpose of this rule is to ensure drivers have the necessary supplies readily available to respond to minor injuries and emergencies involving children.

Technical Assistance

Ointments and antiseptics are prohibited from being stored in the first aid kit.

Best Practice

First aid kits should be kept out of the reach of children because they contain sharp objects.

It is recommended that if medications are needed while on a field trip or when transporting children, they be stored with the Medication Permission form (CCL-1243) (or comparable substitute) forms and separately from the first aid kit.

Note: The Medication Permission form (CCL-1243) (or comparable substitute) must be signed by the parent and/or legal guardian prior to administering medication. The Medication Permission form (CCL-1243) is located in the [forms](#) section of the [Child Care Licensing](#) website.

Rule 1951 (10)

- (10) If the driver is counted in child-to-staff ratios, the driver shall comply with R 400.1923 and R 400.1924.**

Rationale

The purpose of this rule is to ensure the driver is qualified to respond to common life-threatening emergencies and to ensure the driver has received ongoing training related to the health, safety, and welfare of children.

R 400.1952 Child transportation; parent permission; child information card; required when off-premises

Rule 1952 (1)

- (1) A licensee shall obtain and keep on file written permission from a child's parent before a child is transported in a vehicle. Written permission must be obtained for both of the following:
- (a) Routine transportation, at least annually.
 - (b) Nonroutine transportation, before each trip. **R 400.1952 Child transportation; parent permission; child information card; required when off-premises.**

Rationale

The purpose of this rule is to ensure parents and/or legal guardians know the whereabouts of their children at all times. Parents and/or legal guardians have the right to decide if their child is transported in a vehicle.

Technical Assistance

Refer to R.1901(jj) for the definition of routine transportation. Examples of routine transportation include, but are not limited to the following;

- To and from school
- A weekly library program that occurs on the same weekday and time each week.

Examples of nonroutine transportation include, but are not limited to the following:

- A trip to the park.
- A trip to the library that is not routine, meaning the same day and time weekly.
- A trip to the store.
- Dropping off or picking up children from school that is not routine and prearranged, such as a child missing the bus.
- A parent's and/or legal guardian's digital signature is an acceptable verification of parental permission for transportation

Best Practice

Best practice is to maintain records for a minimum of 4 years after the child is no longer in care. Licensees are encouraged to store inactive files on children separately from active files.

Keeping Track at all Times: Preventing Lost Children (BCAL-Pub 687) is located on the [Child Care Resources](#) page.

Rule 1952 (2)

(2) At the time of initial enrollment, a licensee shall obtain written permission from a child's parent for the child to go on field trips that do not involve a vehicle including, but not limited to, walking to a park or in the neighborhood.

Rationale

The purpose of this rule is to ensure that parents and/or legal guardians know the whereabouts of their children at all times.

Technical Assistance

Refer to R 400.1901(q) for a definition of a field trip. Field trips that do not involve a vehicle include, but are not limited to, the following;

- Walks around the neighborhood.
- Walking to the neighborhood park.
- Walking to the local library.

Best Practice

When on a walking field trip, a notice may be posted on the door notifying parents and/or legal guardians. Parents and/or legal guardians should be given the location of any walking field trip destinations and the route used to get there. On walking field trips, it is important to provide appropriate supervision to prevent lost children. The following resource provides helpful tips and information.

Rule 1952 (3)

(3) A licensee shall have a copy of each child's information card and a first aid kit, containing the items listed in R 400.1951(9), accessible at all times when children leave the premises.

Rationale

The purpose of this rule is to ensure the safety and well-being of children by having emergency information and supplies readily available.

Technical Assistance

Leaving the premises includes, but is not limited to, walking trips, picking up children from school, or field trips.

The Child Information Record (CCL-3731 or a comparable substitute) and first aid kit must be with caregiving staff at all times. The Child Information Record (CCL-3731) is located in the [forms](#) section of the [Child Care Licensing](#) website.

Refer to R 400.1901(q) for a definition of a field trip.

Refer to R 400.1951(9) regarding the contents required in a first aid kit.

Best Practice

Best practice is to attach a photograph of each child to that child's Child Information Record (CCL-3731 or a comparable substitute).