



Office of Children's Ombudsman



Annual Report

October 1, 2020 to December 31, 2021



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Message from the Children's Ombudsman



In December of 2020, Governor Gretchen Whitmer appointed me to serve as the children's ombudsman for the state of Michigan. This report outlines the last quarter of 2020 and gives you the full calendar year report of 2021. In total, this annual report will cover 15 months of OCO operations.

Prior to my appointment, I spent years as a prosecutor in Macomb County. During my time there, I vertically prosecuted crimes involving physical and sexual abuse of children. I spent many days in the courtroom fighting on behalf of these young victims. That experience gave me unique insight into the critical functions and our state's use of multidisciplinary teams when keeping children

safe. It solidified my belief that the protection and welfare of our children is a shared responsibility of our communities.

The OCO's mission is to help improve Michigan's child welfare system through awareness, advocacy, public education, review and recommendation. We accomplish this through independently investigating complaints, advocating for children, and recommending changes to improve law, policy, and practice for the benefit of current and future generations. My staff and I are deeply dedicated to this mission, and as we've navigated through the COVID-19 pandemic our dedication to providing quality service, including vital information about the child welfare system to members of the public, has continued uninterrupted.

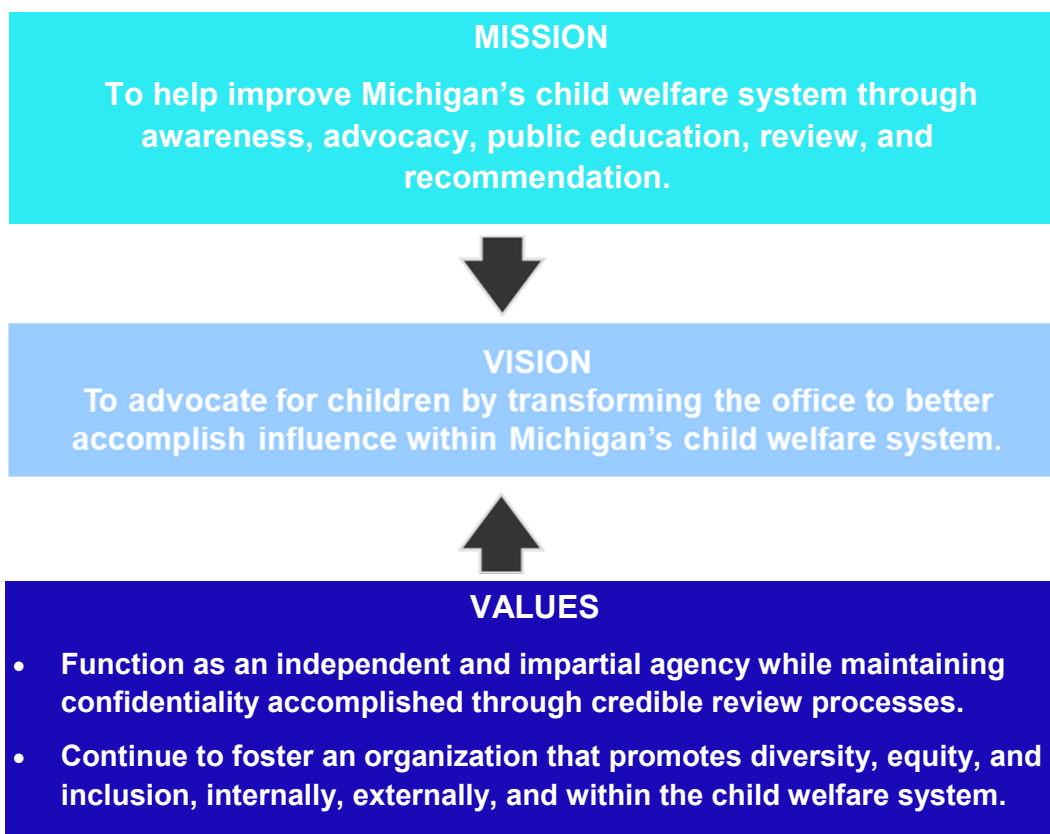
It is a privilege to serve as Michigan's Children's Ombudsman. The OCO looks forward to recommending meaningful changes, fostering successful collaborations with all child welfare partners, and providing forward-thinking ideas to improve Michigan's child welfare system.

Sincerely,

A handwritten signature in black ink that reads "Suzanna Shkreli". The signature is fluid and cursive, with the first name and last name clearly legible.

Suzanna Shkreli
Children's Ombudsman

About the Office of Children's Ombudsman



The Office of Children's Ombudsman (OCO) is an type one autonomous agency created to advocate for effective change in policy, procedure, and legislation; to educate the public; and to review the actions of the Michigan Department of Health & Human Services (MDHHS), child placing agencies, and child placing institutions. The OCO is housed under the Michigan Department of Technology, Management & Budget (DTMB).

Authority

The OCO has the authority to investigate administrative actions of child protective services, foster care programs and agencies, adoption services, and juvenile justice programs.

After an investigation, the OCO may make a report of findings and recommendations to the agency it investigated. The goal of the ombudsman is to formally or informally influence policy and rule changes for the betterment of all children involved with the child welfare system.

As required by law, the ombudsman provides the agency it investigated the opportunity to respond to the findings and recommendations. The responding agency has the ability to agree or disagree with the findings and recommendations.



OCO Key Goals

- ⇒ To conduct independent and impartial investigations.
- ⇒ To make impactful recommendations in order to change and/or update statute, policy, or administrative rules that have a positive change on the child welfare system.
- ⇒ To promote transparency in the child welfare system.

Why Contact the OCO?

- ⇒ Empowerment through knowledge: If you have general questions about the child welfare system in Michigan, we may be able to assist you in providing insight.
- ⇒ If you believe that your experience with Michigan's child welfare system (child protective services, foster care, adoption, and/or juvenile justice) can highlight a system-wide issue or deficiency or can be used as a case sample to improve the child welfare system as a whole, please contact our office or file an online complaint.
- ⇒ The OCO may be able to use your experience to highlight areas where the ombudsman can make recommendations for change to improve the child welfare system.

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A Year In Review

Equity and Inclusion at the OCO

In 2019, Gov. Gretchen Whitmer issued Executive Directive 2019-09. In part, the directive stated “The diversity of Michigan’s people is one of our state’s greatest strengths. When the State of Michigan acts inclusively, the state benefits from the enhanced contribution, commitment, participation, and satisfaction of its employees, improved workplace relationships, and through increased productivity and health outcomes.”

To assist with educating state employees about the requirements of the directive and monitoring compliance, each director of a principal state department or autonomous agency was to designate an individual within the department as an equity and inclusion officer (EIO). The OCO, being an autonomous agency, temporarily appointed a specialist into the role of the EIO. The appointment of this specialist into this role fulfilled the requirement set forth in the directive but the OCO had a desire to go beyond the requirements of the directive and actively worked during 2021 to incorporate equity and inclusion within the OCO.

During 2021, the OCO participated on the statewide EIO team. This team was responsible for many activities one of which included the development and implementation of a statewide inclusion calendar. The calendar assisted state departments in organizing and hosting events that educated, celebrated and recognized diversity. Some of the events that the OCO participated in include the following:

- National Women's History Month
- Arab American Heritage Month
- Jewish American Heritage Month
- Pride Month
- National Disability Independence Day
- Happiness Happens Month
- Hispanic/Latino Heritage Month
- Disability Employment Awareness Month

In addition to these events, the OCO worked to build equity into its organization. During 2021, the OCO hosted department wide staff trainings on diversity, consulted with outside departments on the implementation of diversity, equity, and inclusion structures into the OCO strategic plan, adopted an EIO duties policy through the direction and assistance of the state EIO office and utilized equitable practices in hiring.

The OCO concluded 2021 with the development, posting, and hiring of a public education and intake unit manager position. This position formally included the responsibilities of the EIO within the OCO and moved the EIO position from a temporary status to a full-time position on the management team.

Public Education and Intake Unit Creation

The Children's Ombudsman Act states in part, *"As a means of effecting changes in policy, procedure, and legislation, educating the public, investigating and reviewing actions of the department, child placing agencies, or child caring institutions ..."*

The OCO has been informally educating the public since its inception. Combined, OCO staff members spend hundreds of hours a month speaking to the public over the phone, in person, and in virtual settings to provide education about Michigan's child welfare system and how it impacts families and children. Until recent changes in law, the OCO had not been able to realize its full potential for public education. In 2021 the OCO aimed to change that.

In November 2021, the OCO established the Public Education and Intake (PEI) Unit. The PEI Unit is currently staffed by a new unit manager, Kenyatta Lewis, and two PEI analysts, Pamela Bryant and Rebecca Taylor. Ms. Lewis has decades of experience in child welfare and adult foster care licensing services. Ms. Bryant and Ms. Taylor also have decades of experience in child welfare and Michigan's court systems. Additionally, our investigators and administration have more than a century's worth of combined experience in these areas. This experience has proven to be vital when informing the public about the child welfare system and its laws, policies, and procedures.

In 2022, the OCO plans to expand the PEI Unit with a third analyst and the hiring of a departmental tech position. The OCO strives to be as responsive to the public as possible. Our phone hours are Monday through Friday, 8 a.m. to 5 p.m. The PEI Unit takes great pride in this work, and has just scratched the surface of the information that can be provided to the public and the platforms that can be used to exchange information.

For more information please visit our website at www.Michigan.gov/oco

Audit Mitigation

In September 2021, the OCO began receiving secondary death alerts from the vital records division at MDHHS for review in order to come within compliance of the material finding made by the Office of the Auditor General (OAG) 2018. In that report, the OAG determined that MDHHS did not make the OCO aware of 206 child fatalities between the years of 2014 to 2017 and that the OCO must independently identify child death alerts by verifying them through state records. The OCO is up to date in reviewing these secondary child death alerts, and a procedure is in place to ensure that these alerts are reviewed on a rolling basis moving forward. We continue to cast a wide net to locate this information so we can continue to meet our statutory requirements.



Intake Process Overview



The OCO receives inquiries and complaints from the general public by phone and through an online complaint system. An OCO intake analyst speaks to each complainant by phone to obtain a detailed understanding of the complainant's concerns. The analyst may refer a complainant to another agency that is better able to address some or all of the complainant's concerns.

If the OCO has authority to address a complainant's concerns, an intake analyst conducts a preliminary investigation by analyzing case file information in MDHHS's computer database, the Michigan Statewide Automated Child Welfare Information System (MiSACWIS). If the preliminary investigation reveals that an agency involved in the case did not comply with applicable law or policy, or if it appears that OCO intervention may assist with keeping a child safe or improving their well-being, the OCO may open a full investigation of the complaint. If the complaint does not fall within these broad parameters, the OCO may close the complaint after the preliminary investigation. Complaint dispositions are reviewed by the public intake and education unit manager and deputy director and approved by the ombudsman. The ombudsman notifies all complainants in writing of the disposition of their complaint. Complainants identified in section 5 of the Children's Ombudsman Act may speak with the ombudsman about the disposition of their complaint.

The OCO is also required to investigate child welfare cases involving a child who has died. The OCO receives an automated alert whenever Child Protective Services (CPS) centralized intake processes a complaint involving a deceased child. An OCO intake analyst conducts a preliminary investigation of all automated alerts. If the preliminary investigation reveals that the child's death may have involved child abuse or neglect, and the child's family was involved in the child welfare system during the preceding two years, the OCO must open a full investigation of the case. As with complaints from the general public, dispositions of automated alerts are reviewed by a chief investigator and deputy director and approved by the ombudsman.



Investigation Process Overview



The OCO conducts three types of investigations: complainant investigations, child death investigations, and systemic investigations. The goals of each type of investigation differ. Complainant investigations attempt to determine the truth or falsity of the allegations of agency missteps made by a public complainant, whether a solution may be mediated with the agency, and whether the agency missteps are likely to recur in future cases. Child death investigations examine agency handling of cases in the two years preceding a child's death to determine whether agency missteps affected case outcomes or contributed to the child's death and whether recommendations for improvement should be made to the involved agency or agencies. Systemic investigations examine agency handling of several cases involving the same issue, with the focus on recommendations to ameliorate the issues.

Basic investigative techniques are similar in each type of investigation. The assigned OCO investigator interviews caseworkers, complainants, and other witnesses; obtains and examines documents contained in the agency's case file or created by other agencies, such as a medical examiner's office, hospital, or law enforcement agency; reviews applicable law and policy; and consults with OCO staff and outside experts. Throughout all OCO investigations, the assigned investigator and others remain alert to emerging threats to child safety.

OCO investigations may be closed administratively or with the issuance of a formal report of findings and recommendations. The OCO may close an investigation administratively if the complainant's allegations are unfounded, the investigator mediated a solution with the agency to the complainant's concerns, or a change in case circumstances has rendered the continuation of the investigation unnecessary or unavailing. Child death investigations may be closed administratively if the investigator found no law or policy violations by an agency or any such violations did not affect case outcome or contribute to the child's death. Systemic investigations are typically closed through the issuance of a formal report of findings and recommendations.

A formal report of findings and recommendations contains factual findings concerning agency handling of a case and recommendations to improve agency handling of similar cases in the future. If there are no law enforcement or CPS investigations open at the time, the OCO issues its formal report to the involved agencies, which have 60 days to respond to the report in writing. After personal and confidential information is redacted, the OCO publishes its reports and agency responses to those reports on its public web site.

Each public complainant to the OCO receives a closing letter notifying them of the outcome of the OCO's investigations. As explained in the Children's Ombudsman Act, individuals with a personal or professional relationship to the child or children involved receive both the OCO factual findings and recommendations; individuals with no personal or professional relationship to the child or children involved receive only the OCO's recommendations. The vast majority of OCO child death investigations have no public complainant. If the OCO closes a case administratively, the complainant is made aware of this outcome through the closing letter.



How We Help

Aside from the daily public education the PEI Unit provides those with questions about Michigan's child welfare system, our intake staff, investigators, and administration work tirelessly to advocate for child welfare agencies to follow Michigan law, administrative rule, and policy. Additionally, the OCO is always looking for better outcomes for children. The OCO has challenged staff to advocate for better outcomes when the opportunity to do so presents itself. While the OCO is not a complaint-resolution organization, in some limited circumstances the OCO is able to provide information to MDHHS and its contracted agencies in, to help produce better outcomes for children involved in the child welfare system.

The following case examples exhibit how our staff has accomplished these goals and helped keep children safe.

Case Sample #1:

While assisting our own internal workforce, an OCO investigator fielded a phone call from a distraught mother. The mother was alleged that MDHHS was not allowing her to see her newborn child after a court ordered removal of that child from her care had taken place. Because of the infant's age, it is appropriate for MDHHS to set up supervised meetings with the new mother to allow for bonding as much as possible with her infant. Our investigator reached out to the county MDHHS office to see if he could advocate for the mother to be with her child, at least in a supervised manner. Our investigator discovered a Michigan court had issued a removal petition for the child, but before MDHHS could take custody, the mother had fled with her new child. Both the mother and baby were considered missing, and this was a potentially dangerous situation. Over the course of the next 24 hours, an OCO intake analyst and the original investigator worked over the phone with the mother to help her feel more comfortable turning her child into the proper authorities. Our staff members were able to safely assist the mother with bringing her child to a police department, so mother and child in a safer environment and with the assistance of MDHHS, could work together towards reunification.

Case Sample #2:

The OCO received a complaint from a grandparent who advised us that she was being denied placement of her grandchild and that the child was currently placed in an unrelated foster home not familiar to the child. Prior to this placement, a Michigan court ordered the removal of the grandchild from the parental home. Our complainant, the grandparent, had shown interest in and was evaluated by MDHHS for placement of the grandchild. Unfortunately, the grandparent had been placed on central registry in the mid-1990s for an unknown reason. There was no other reason to deny this family member the care of the child. Because of this, the grandparent was denied placement of the blood relative. The OCO was able to determine that the grandparent was not placed on central registry for an egregious offense (homicide, sexual assault, child abuse, etc.) Our investigator worked with MDHHS and the grandparent to have the grandparent lawfully removed from central registry. Afterward, the grandchild was able to be placed with the grandparent in a familial home that was familiar with the child.

Please note: The OCO experiences many calls from relatives asking either MDHHS or private placing agencies for placement of their kin and the relative often perceives that they are being ignored or denied for placement unfairly. There are instances where the OCO has found that those requests could be handled better by the child welfare agencies involved. We have worked, on a limited basis, with those agencies to guide them on policy and proper handling of these requests.

Case Sample #3:

The OCO received a complaint from a foster parent who was caring for a child exposed to HIV at birth. A private placing agency was managing the foster care case. The foster parent asserted they were not made fully aware of the child's health history. Through the OCO's investigation, the OCO investigator was able to determine that the private placement agency was not aware of policy and law surrounding HIV exposure and how or when the information should be provided to caregivers. The investigator educated the private agency supervisor and administration, who, in turn, committed to training their staff on this topic to create more well-rounded foster care specialists.

Case Sample #4:

The OCO received a complaint from a foster parent. The foster parent was caring for a child who the individual was approved to adopt. However, the formal adoption was not scheduled to occur for some time, and the child needed emergency dental surgery. Once adopted, the child would receive health care benefits under the adoptive parent. Since the adoption had yet to take place, the foster child was not covered by the foster parent's private health insurance. While the foster child was receiving health care benefits through Medicaid at this time, the hospital providing the surgery required a hefty, up-front payment for anesthesia, which Medicaid had denied. Through research and interviews, the OCO investigator was able to help the foster parent apply for an exemption to Medicaid's no pre-payment policy. Thanks to this amazing work, the exemption was granted, and the child was able to get her much-needed surgery sooner than expected.

These are real-life examples of how the OCO advocates for children and families from within state government.

The best results occur, when we as an agency can say our involvement and efforts led to better outcomes for Michigan's children, one child at a time.



Annual Report Recommendations

Introduction:

The OCO annually reviews thousands of child welfare cases handled by three programs administered by MDHHS and its contracted agencies: foster care, children's protective services, and adoption.

Through the independent review of complaints made to our office, the OCO has observed consistent complaints regarding the performance of caseworkers, from how families are engaged and treated to adherence to law and policy. In mid-2021, the OCO began tracking in its records management system, MiCAIS, complaints regarding the performance of caseworkers in an attempt to quantify the percentage of complaints our office receives regarding this issue.

This in no way detracts from the many hard-working and dedicated child welfare employees in Michigan. MDHHS and the private child welfare agencies MDHHS contracts with employ thousands of dedicated staff who work tirelessly to keep children safe. More often than not, the OCO investigates child welfare matters because a member of the child's family, a mandated reporter, or other parties involved in the child welfare system call our office to make a complaint regarding an issue, real or perceived, with how a child welfare matter is being handled.

The OCO believes the best way to maximize performance in the child welfare system as a whole is through enhanced training of its workforce. When MDHHS hires an employee as a child welfare service specialist, the individuals are subsequently trained by MDHHS's Office of Workforce Development and Training. Currently, MDHHS is developing and implementing a plan in partnership with universities and higher education institutions around Michigan. That plan centers around delivering child welfare training to prospective child welfare specialists earning a degree at those institutions. After successfully completing their degrees and gaining employment with MDHHS, the new employee will enter the world of children's protective services, foster care, or adoption. MDHHS is planning to provide additional training to these newly hired child welfare service specialists to provide them with the tools they need to help keep children safe and families together. The plan is to invest in career-long training for all child welfare staff that will start during their undergraduate education and will provide for continuous on-the-job training through to retirement. This innovative, forward-thinking plan uses multiple tools at the State of Michigan's disposal to deliver training to new service specialists. The OCO supports this improvement in the delivery of training to these service specialists. MDHHS has historically experienced difficulty in recruitment and retention of service specialists.

As the ombudsman, I am glad to see the progression towards more enriching training in partnership with Michigan's higher education institutions. This will undoubtedly go a long way in the preservation and retention of staff as it is widely known that more robust education and continuing education lead to a more confident workforce.

For decades, various professions have provided scenario-based training in controlled environments to individuals before they are given the keys to their profession. Physicians, nurses, police officers, firefighters, pilots, construction workers, teachers, and dentists, just to name a few, train under conditions that closely mimic the real professional world they are about to step into. This scenario-based training occurs in environments similar to the complex situations these professionals will encounter in their practice.

Scenario-based training allows professionals to transition what is learned in the classroom to actual practical application before being presented with cases in the real world. These professionals are able to build skills while gaining confidence and experience they can later transfer to real-life situations in their profession. Through practicing, building skills, and receiving constructive feedback, professionals in their respective fields not only improve their competencies, but also increase their confidence and self-efficacy.

Michigan should explore new ways to train, hire, and retain well-equipped and better prepared child welfare service specialists.

Michigan is presented with the opportunity to join the national trend towards a more innovative child welfare training. The State of Illinois has reimaged how to train their newly hired child welfare specialists based on the needs of the families and children their specialists serve. Illinois is leading the way nationally as a benchmark for how to train and maintain legacy employees. Paramount for Illinois' rise to the top is the University of Illinois Springfield Child Protection Training Academy (CPTA). The CPTA uses simulation-based training to recreate real-life conditions to provide real-world interactions in a training environment. An actual home and an actual mock hospital room are used to create scenario-based training in a controlled environment for new and current child welfare employees. These scenario-based trainings give knowledge, confidence, and experience to professionals before they are asked to make decisions that have a direct impact on the children and families in the child welfare system. These training environments are referred to by the State of Illinois as "simulation labs." The use of simulation labs allows the child welfare trainee or the current employee to put forth the skills they've learned in the classroom but in a dynamic, fast-paced environment where growth can occur, where the scenario can be sped up or slowed down to successfully educate the trainee or employee, and where mistakes can be afforded in order to advance practical knowledge. Just as flight simulation can help pilots build skills before they fly a plane, child welfare simulation lab training will help child welfare workers safely strengthen their competencies.

This way of training culminates in better trained, more confident employees that have been afforded the opportunities to be the best versions of themselves through education and practical experience, because that is exactly what Michigan's families and children deserve.

Early Evidence:

Early evaluation data from Illinois suggest that simulation training may improve child welfare worker retention.

Illinois Department of Children & Family Services (DCFS) child protective investigators who did not receive simulation training were almost twice as likely to leave their jobs at 18 months compared to investigators who had received simulation training from the University of Illinois Springfield CPTA. Program evaluation findings suggest that investigators participating in simulation training felt more prepared, which may have reduced the stress of the job and increased their self-efficacy in their work.

Simulation training is a powerful training method for child welfare workers because it:

- **Allows individuals to practice their skills** in an environment similar to the complex situations they will encounter in their practice.
- **Increases individual confidence** in the field.
- **Offers avenues for receiving feedback.**
- **Encourages trainers to break down skills into manageable subsets**, allowing skills to be built in a thoughtful way that increases the chance of success for participants.
- **Supports individuals in transferring newly acquired skills** to real-life situations.

In addition, simulation training can be used to help current or future child welfare workers develop a better understanding of what child welfare work entails daily and what to expect in real world application of protective services, foster care, and adoption.

Chiu, Y. L. & Cross, T. (2019). FY 2019 program evaluation of the child protection training academy for new DCFS investigators. Prepared for the Illinois Department of Children and Family Services. Urbana, IL: Children and Family Research Center, University of Illinois School of Social Work. Retrieved from: https://cfrc.illinois.edu/pubs/rp_20190903_FY2019ProgramEvaluationoftheChildProtectionTrainingAcademyforNewDCFSInvestigators.pdf

Recommendations:

The OCO recommends that MDHHS, in conjunction with their university partners, research, develop, purchase, deploy staff, and utilize multiple regional simulation labs for child welfare training.

MDHHS Response to Recommendation: MDHHS's Children's Services Agency (CSA) agrees that ongoing evaluation of its child welfare training curriculum, including researching the possibility of utilizing multiple regional simulation labs, is essential.

Since late 2019, CSA has worked with a consortium of Michigan universities and other stakeholders, including the Office of Children's Ombudsman, to redesign its child welfare training. The project will enhance the Child Welfare Certificate, available to students at 16 Michigan universities and colleges, redesign Pre-Service Institute for new staff, and implement ongoing training and mentorship opportunities for all Michigan child welfare workers.

CSA will assess and explore the possibility of multiple regional simulation labs for all levels of the training redesign.

The OCO also recommends that the Michigan Legislature adequately fund the purchase, equipping, staffing, and maintenance of all MDHHS regional simulation labs for child welfare training.

MDHHS Response to Recommendation: MDHHS welcomes the opportunity to partner with the legislature to explore costs associated with regional simulation labs and the potential for funding.



Systemic Recommendation

In June 2020, the OCO began tracking cases where children died due to firearms. Since then, the OCO has been made aware of 29 child deaths involving firearms. After a manual review of the circumstances of each case, the OCO determined that 14 of those 29 child deaths were due to an unsecure firearm.

Recommendation:

The OCO recommends that the Michigan Legislature pass a safe firearm storage law to better protect Michigan's children from preventable death.

Fiscal Year Highlights

In quarter (Q) 4 of 2020, the OCO received 168 total complaints. In 2021, the OCO received 966 total complaints. These complaints include child death alerts, complaints from the public and information referrals.

Figure 1 shows a comparison of the complaints received from 2021, Q4 2020, FY 2020, and FY 2019.

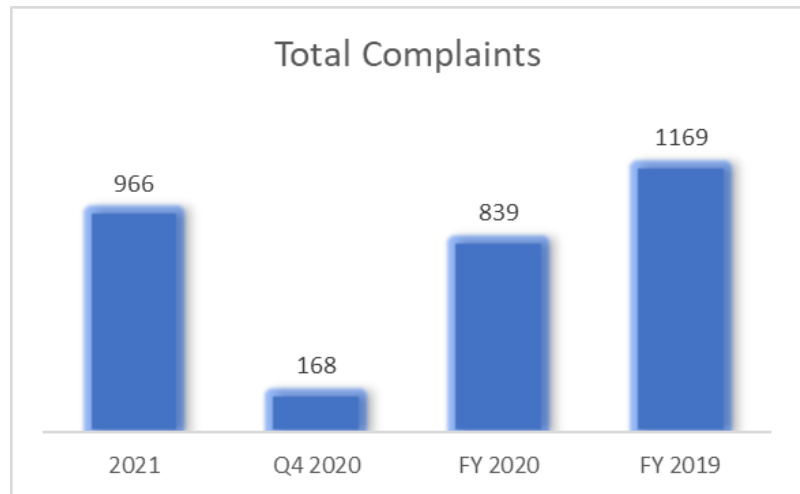


Figure 1

In Q4 of 2020, the OCO received a total of 101 complaints from the public that resulted in information referrals or preliminary investigations. OCO staff provided information or referred a public complainant on 68 of these complaints and conducted a preliminary investigation on 33 of the complaints. A full investigation was opened on nine of the complaints. Figure 2 below shows the breakdown of the public complaints received by the OCO for Q4 of 2020.

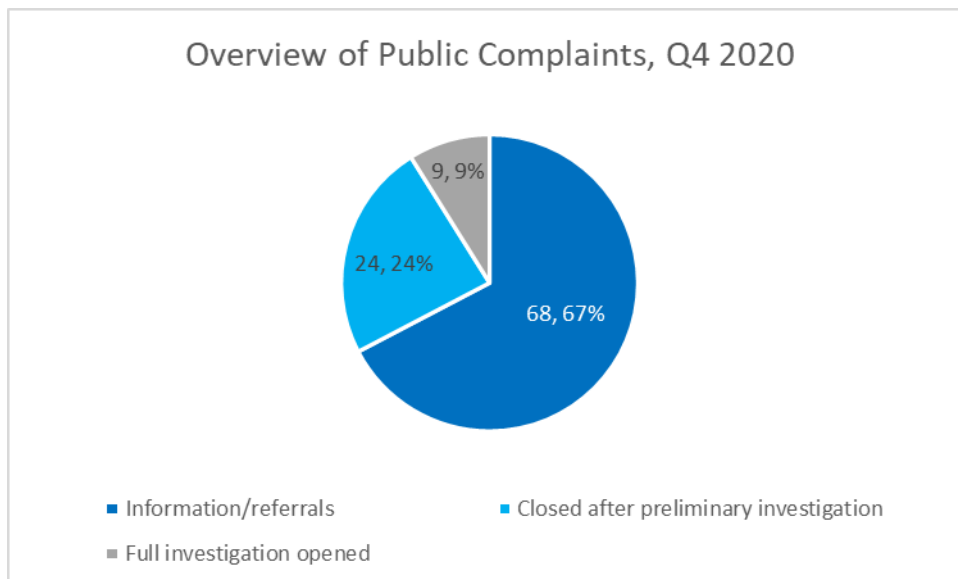


Figure 2

The OCO received a total of 647 complaints from the public that resulted in information referrals or preliminary investigations in 2021. The OCO provided information or referred a public complainant on 349 of the complaints. A preliminary investigation was completed on 277 of the complaints. The OCO opened 62 complaints for full investigation.

Figure 3 shows the breakdown of the public complaints received by the OCO for 2021.

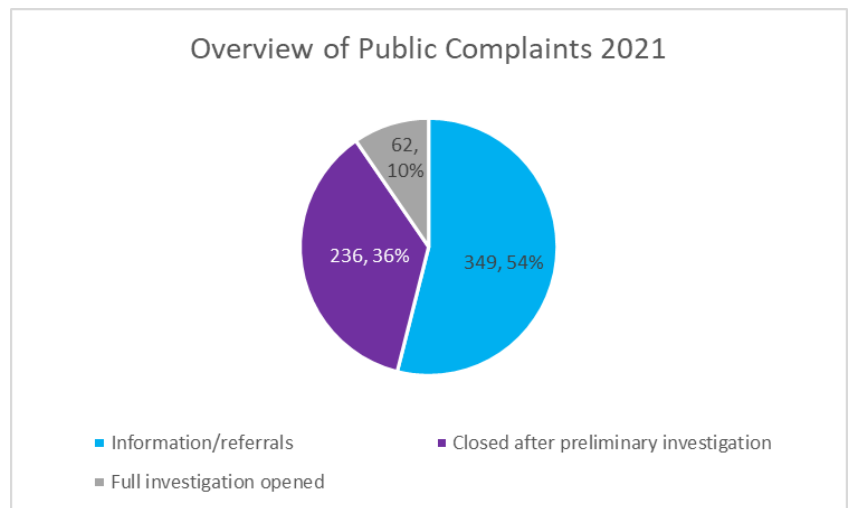


Figure 3

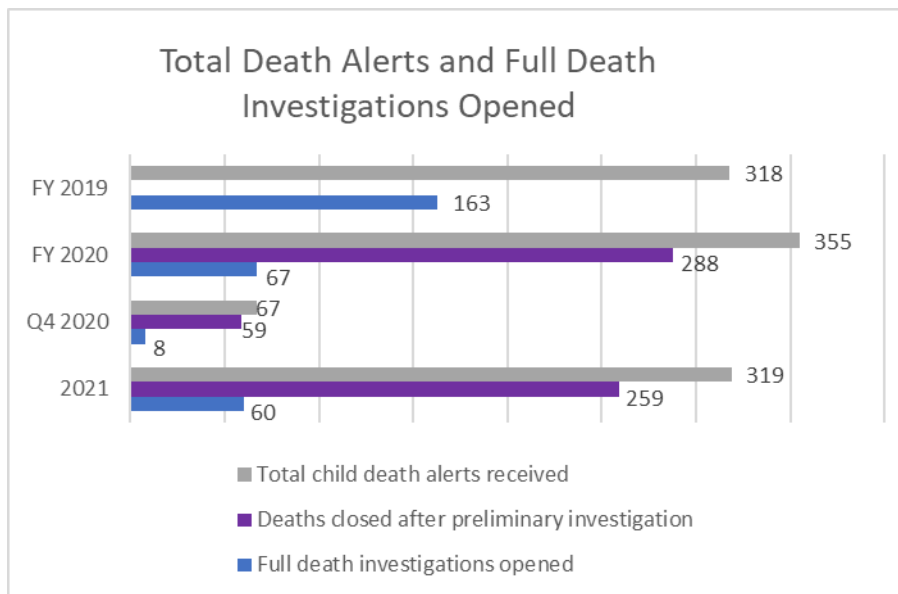


Figure 4

Figure 4 above shows the breakdown of child death alerts received for 2021, Q4 of 2020, FY 2020, and FY 2019. Please note the OCO did not begin the preliminary investigation process until FY 2020.

In Q4 of 2020, the OCO received 67 child death alerts. A preliminary investigation was completed on all 67 and the OCO opened eight for full investigation. In 2021, the OCO received a total of 319 child death alerts and completed preliminary investigations on all of them. Of these 319 preliminary investigations, the OCO opened 60 for full investigation.



The OCO is made up of 13 staff members with experience in the child welfare system, the legal system, and law enforcement.

- ◇ Suzanna Shkreli– Children’s Ombudsman
- ◇ Ryan Speidel– Deputy Director
- ◇ Tobin Miller– Chief Investigator
- ◇ Kenyatta Lewis– Public Education and Intake Unit Manager
- ◇ Danielle Mitchell– Senior Executive Management Assistant
- ◇ Paula Cunningham– Investigator
- ◇ Tiffany Jackson– Investigator
- ◇ Scott Clements– Investigator
- ◇ Christopher Kilmer– Investigator
- ◇ Michelle Brandel– Investigator
- ◇ Pamela Bryant– Intake Analyst
- ◇ Rebecca Taylor– Intake Analyst

OCO Committee Participation

The OCO staff participates in several different committees surrounding the child welfare system.

Director Suzanna Shkreli serves as a voting member on the United States Ombudsman Association (USOA), the Foster Care Review Board (FCRB) advisory committee, and was appointed in 2022 by Governor Whitmer to serve on the Governor’s Task Force on Child Abuse and Neglect (GTFCAN). Director Shkreli also serves as member of the Michigan Court Improvement Program (CIP) task force, housed within the State Court Administrative Office.

Deputy Director Ryan Speidel sits on the Governor’s Task Force on Child Abuse and Neglect (GTFCAN) training committee, the United States Ombudsman Association (USOA) mentorship committee, and the Foster Care Review Board (FCRB) advisory committee. Ryan has helped the GTFCAN develop curriculum for training on how to investigate sexual assaults when there are child victims and has also assisted the USOA in developing their mentorship program.

Ryan is new to the FCRB advisory committee and will aid the FCRB in providing advice to its volunteers who review appeals from foster families when children are removed from their care.

Michelle Brandel participates in the Infant Safe Sleep Action Committee. This committee replaced the Safe Sleep Advisory Committee that was previously in place. The Infant Safe Sleep Action Committee has been working to create ideas to recommend meaningful change in the state of Michigan in attempt to reduce safe-sleep related deaths in infants and increase public education on infant safe sleep. The committee has brainstormed collaboratively among a diverse workgroup to create recommendations using a systems change model surrounding equity and identifying root causes for possible reasons infant safe sleep is not followed.

Scott Clements participates in the Michigan Child Death State Advisory Team. The team was established to identify and make recommendations on policy and statutory changes pertaining to child fatalities and to guide statewide prevention, education and training efforts. Scott plays a role as an advisor on this committee by providing feedback on policy and statutory changes and offering annual recommendations that are presented to the governor and Legislature. He also participates in all committee meetings and other tasks as assigned.

Paula Cunningham participates in the Citizen's Review Panel for Child Fatalities. The panel reviews child deaths that have occurred in the state of Michigan. These reviews help improve understanding of how and why children die. Following their review, the panel offers recommendations for systemic change to MDHHS, the court, hospitals, and law enforcement, with the goal of providing additional protection and safety to prevent other child deaths.

Tiffany Jackson participates in the Adoption Oversight Committee (AOC). All meetings have been virtual since March 2020 and continue to meet bi-monthly. The AOC is comprised of representatives from MDHHS's central and field offices, adoption contractors, the court, adoptive families, the Foster Care Review Board, and the OCO. The committee's purpose is to examine adoption services in Michigan and make recommendations for improvement; to develop action plans to increase the number of child welfare adoptions and the recruitment of adoptive homes; to provide MDHHS with a long-term work group that represents a cross-section of partners in the adoption arena; act as ambassadors to the larger field, educating colleagues regarding system changes and obtaining input on areas of need. The work of the AOC has been instrumental in review of pre-adoption training requirements; research and presentation of national post-adoption models; and making recommendations on adoption and adoption subsidy policy and form changes. Everyone on the committee participates on a subcommittee that meets every other month.

Tobin Miller is a member of the Michigan Court Improvement Program (CIP) task force, housed within the State Court Administrative Office. As a member of the CIP Court Process Improvement Committee, Tobin helps to provide data reports to courts conducting child protective proceedings, educational materials for parties to these proceedings, and forms to improve court processes.

Pamela Bryant participates on DTMB's Diversity, Equity and Inclusion Committee. The role of the committee is to promote fair treatment to all DTMB state employees and contractors by strengthening and developing equal opportunities, providing training, showing recognition, and promoting advancement within the DTMB workplace. Pam also participates on the Awareness Theme Area subcommittee that focuses on facilitating connections and bringing awareness for DTMB state employees and contractors by sharing diversity through personal stories. The focus also is to provide different perspectives on relevant news stories, books, and case studies, and make recommendations to increase interest in the diversity, equity, and inclusion website.

Update on OCO's Recommendations

The OCO sent a letter to MDHHS requesting an update regarding the recommendations the OCO made over the past year.

In the addendum, please find the letter the OCO sent in November 2021 asking for updates, as well as the MDHHS February 2022 letter responding to those questions, and the relevant attachments referenced in MDHHS's responses.





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www.michigan.gov/oco • 517-241-0400 • Toll Free 800-642-4326

Addendum



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
OFFICE OF CHILDREN'S OMBUDSMAN
LANSING

SUZANNA SHKRELI
DIRECTOR

November 30, 2021

Seth Persky
Office of the Family Advocate
Department of Health and Human Services
Grand Tower, 15th Floor
Lansing, MI 48933

Mr. Persky,

As you are aware, the Office of Children's Ombudsman (OCO) is required by statute to issue an Annual Report on the OCO's conduct, including reports and recommendations regarding the need for legislation or for changes to rules or policies.

In October 2020, changes to the Children's Ombudsman Act now require the OCO to publish its findings and recommendations with the department's responses. 2021 was the first year the OCO published such reports and made them accessible to the general public. The OCO's 2021 Annual Report will include a section on the year's previous recommendations, the Michigan Department of Health and Human Services' (MDHHS) responses to our recommendations, and information on action the department has taken since the reports were published.

Additionally, you can find each of our published reports which includes the department's complete responses at <https://www.michigan.gov/oco> under the "Published Reports" tab. Below, you will see relevant excerpts of our recommendations from various reports over this past year and the department's responses. Under each recommendation and response, are questions about any updates since the publication of these reports. It is crucial for the governor, legislature, and general public to see what additional efforts the department has made in light of our recommendations. This provides the department an opportunity to highlight some of the changes it has made over the year to better the child welfare system and how the OCO influences this very important objective.

Please provide written responses to these questions by close of business on January 31, 2022.

1. On December 7, 2020, the OCO published a findings and recommendation report, Case No. 2019-CAS-0423-C5L6C1.

In that case, the OCO recommended:

When considering best interest factors for a child(ren)'s placement into a foster care home it is recommended that the department continue to wrestle with all best interest factors for each case and for each and every placement decision. Cases such as the [name

redacted] children should be reviewed and used to spark conversation around which best interest factors can or should carry more weight and when.

MDHHS in its response, stated in part:

In 2019, the Children's Service Agency began ChildStat, a management accountability and quality improvement process which routinely analyzes cases similar to the [name redacted] case, helps identify gaps in case services, and informs changes needed to systems and practices at the state and local level.

What updates can you share about how ChildStat is impacting placement decisions?

2. On March 25, 2021, the OCO published a findings and recommendation report, Case No. 2020-0036.

In that case, the OCO recommended:

MDHHS require a heightened response by DCWL to statutory or administrative rule violations regarding restraint, staff physical abuse of a resident, or failure to comply with the mandated reporting provisions of the Child Protection Law (CPL) by a child caring institution. This heightened response could include the following:

- For a second or subsequent violation of law or administrative rule concerning restraint, staff physical abuse of a resident, or failure to report, issuing a provisional license to the child caring institution; and
- For any violation of law or administrative rule concerning restraint, physical abuse of a resident, or failure to report, requiring DCWL to notify local DHHS offices of its findings to permit local offices to decide whether to seek re-placement of children under their care and supervision.

MDHHS in its response stated in part:

MDHHS asked national experts to help guide reform of its use of residential services and improve safety for children receiving residential services. National experts issued a report containing recommendations to improve oversight of safety and quality of care to children receiving residential services and their families, including moving towards restraint-free programs. In September 2020, Michigan convened a 6-month steering committee to implement the recommendations in the report. The steering committee is set to conclude its work at the end of March 2021.

MDHHS has implemented a series of trainings for child caring institutions focused on implementation of best practices to prevent and safely reduce the use of restraints; additional technical assistance is planned in 2021.

What were the results of the steering committee that was scheduled to conclude its work at the end of March 2021? Have the recommendations in the report been adopted and fully implemented; if not, what is the timeline for full implementation?

What trainings have been implemented for child caring institutions and what additional technical assistance was given during 2021?

The OCO also recommended:

MDHHS amend R 400.4121 to require either:

- a) A bachelor's degree in social sciences, human services, or a related field, or
- b) A minimum number of years of experience working with children before being employed in a child caring institution as a direct care worker.

MDHHS in its response stated in part:

Draft revisions to the licensing rules that are expected to take effect in Fall 2021, enhance the amount and types of training newly hired and existing staff will receive when employed at a child caring institution.

Have these draft revisions to the licensing rules taken effect; if not, what is the new timeline for them to take effect?

The OCO also recommended:

MDHHS identify jobs within the state civil service that are substantially similar to the position of direct care worker at a private non-secure child caring institutions. MDHHS should require by contract that pay rates for direct care workers within private non-secure child caring institution's be commensurate with the department's pay rates for substantially similar positions within the state civil service and include pay differentials for employees with relevant child welfare experience.

MDHHS in its response stated in part:

Beginning in December 2020, MDHHS began working with Public Consulting Group and residential service providers to identify comparable market rates for similar positions and identify salary benchmarks commensurate with job duties and expectations. The next meeting among MDHHS, Public Sector Consulting Group and residential providers is scheduled for March 17, with additional meetings scheduled to occur in April and May. This work will be factored into actuarially sound rate recommendations for child caring institutions.

Has MDHHS concluded its work with Public Consulting Group and residential service providers to determine an actuarially sound rate recommendation for child caring institutions?

The OCO also recommended:

MDHHS add a requirement to Michigan Administrative Rule 400.4128; Rule 128, to require all direct care workers in child caring institutions, similar to the first aid training requirement, to take Parent Resources for Information, Development, and Education (PRIDE) training as required for foster parents.

MDHHS in its response stated in part:

Child caring institution contracts require orientation for all new staff that include topics identified in Michigan Administrative Code R400.4128 and the Child Protection Law. Current draft rule revisions will require additional annual training in over 30 areas related to staff providing effective treatment for children and families involved at child caring institutions.

In 2020 and 2021, all child caring institutions were invited to participate in the Six Core Strategies training, delivered by national experts in congregate care system reform.

A workgroup has drafted rule revisions that will require all child caring institutions to develop agency-based and child specific crisis prevention and intervention strategies that are strength-based and non-coercive.

Have the draft rule amendments including the requirement of additional annual training for child caring institutions been adopted?

What child caring institutions attended the Six Core Strategies training in 2020 and 2021?

Did the requirement of all child caring institutions to develop agency-based and child specific crisis prevention and intervention strategies that are strength-based and non-coercive make it into the final version of the proposed rule amendments?

3. On July 19, 2021, the OCO published a findings and recommendation report, Case No. 2020-0045.

In that case, the OCO recommended:

MDHHS Children's Services Agency amend the Children's Foster Care Manual policy FOM 722-03B to establish clearer deadlines for completing the DHHS 5770 Relative Placement Safety Screen. Deadlines should be stringent enough to allow for more timely consideration of interested relatives and possible resolution of identified concerns.

MDHHS in its response stated in part:

As a result of the recommendation, the Children's Services Agency reviewed policy and determined that current deadlines, when followed, allow for timely investigation and licensure of interested relatives.

Any additional developments or updates for this recommendation?

The OCO also recommended:

DHHS Children's Services Agency update the Foster Care Placement Decision Notice form, also known as DHS-31 to require the following:

- A. Documentation of case-specific reasons for denying an identified relative placement of a child without disclosing confidential information.
- B. Require an individual completing the form to select that either the Relative Placement Safety Screen form (form MDHHS-5770) and/or the Children's Foster Care Relative Placement Home Study form (form DHS-3130a) were provided to the potential foster care family.

The OCO also recommends the addition of a date box to complete after selecting form MDHHS-5770 and/or DHS-3130a. It is recommended that the date box be utilized to document the date in which the potential foster family was provided MDHHS-5770 and/or DHS-3130a.

MDHHS in its response stated in part:

MDHHS agrees to add a checkbox to the DHHS-31 where Child Placing Agencies can acknowledge they provided either the 5770 or 3130a to the family as well as the date the form was provided. Proposed enhancements to the form should occur within 90 days.

Has the checkbox and space for the date been added to the DHHS-31 form as agreed upon?

The OCO also recommended:

MDHHS build alerts or ticklers into the new MDHHS case management tool, the Comprehensive Child Welfare Information System (CCWIS), to help the department hold a PAFC accountable for completing all relative assessments in accordance with timeframes in FOM722-03B.

MDHHS in its response stated in part:

As a result of this recommendation, the Children's Services Agency reviewed areas where oversight exists regarding timely completion of relative home studies. On 9/30/20, MDHHS directed, through Communication Issuance CI 20-141, county and private agency staff to access the Data Warehouse Portal to create reports, including the CW-6025, which track and monitor upcoming and overdue initial and annual Relative Placement Home Studies. Additionally, MDHHS will request a tickler function for relative assessments be added to the new CCWIS system currently under development and will consult with the State Court Administrative Office on additional training regarding the importance of relative placements for the Foster Care Review Board.

Can MDHHS confirm that county and private agency staff are accessing the Data Warehouse Portal to create reports which track and monitor relative placement home studies?

Has MDHHS notified CCWIS developers or agency staff in control of the development, of the need for a system notification/tickler function for relative assessments?

Has MDHHS consulted SCAO regarding training on the importance of relative placements for the Foster Care Review Board?

4. On August 12, 2021, the OCO published a findings and recommendation report, Case No. 2020-0343.

In that case, the OCO recommended:

MDHHS develop a plan to provide free resources or for the department to purchase resources to help families secure firearms.

MDHHS make funds available to local offices for purchase and distribution of such safety devices to CPS clients.

MDHHS utilize its partners to develop the safest and most effective way MDHHS can determine which families are in need of gun-safety devices.

MDHHS in its response said in part:

MDHHS's Children's Services Agency (CSA) reached out to the MDHHS Department of Communications regarding the creation of a webpage workers and community members will have access to through the MDHHS website which will contain links to sites such as Mott's Children's Hospital and the University of Michigan's Firearm Safety Among Children and Teens (FACTS), information related to firearm safety, how to access free safety devices such as trigger locks in each local community, suicide prevention resources, and useful instructional aids. CSA will continue to consult with our stakeholders to assist in the development of the webpage which should be available within 90 days.

On September 20, 2021 MDHHS provided a preview to the OCO on the resource webpage regarding firearm safety. Is this website now live and available to the public? If not, can MDHHS provide the OCO a timeline of when it will be published?

The OCO also recommends:

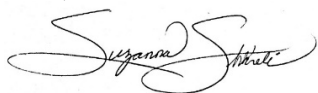
MDHHS develop a flyer or pamphlet addressing gun safety that CPS workers may distribute to clients as part of the community resource materials for category III and IV complaints. The flyer or pamphlet may be based on that distributed by Mott's Children's Hospital, available at <https://healthblog.uofmhealth.org/childrens-health/keeping-kids-safe-from-gun-accidents-6-strategies-for-families>. The flyer should identify free sources of trigger locks and gun safes, if available, and instruct clients on how to request funds for purchase of such safety devices.

MDHHS in its response said in part:

MDHHS agrees with this OCO recommendation and is working with the Depression Center at the University of Michigan to develop an informational pamphlet which will be made available to child welfare staff either through the aforementioned webpage and/or by assigning it a QR code. The pamphlet will outline strategies for firearm safety, resources families can access in their local communities, and should be available to staff within 90 days.

Can MDHHS provide an update on the creation of the pamphlet referenced above and how it is being administered to child welfare staff?

Best,

A handwritten signature in black ink, appearing to read 'Suzanna Shkreli', written in a cursive style.

Suzanna Shkreli
Children's Ombudsman



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

February 2, 2022

Ms. Suzanna Shkreli
Office of Children's Ombudsman
401 S. Washington Square
Lansing, MI 48933

Dear Ms. Shkreli:

The following are Michigan Department of Health and Human Services' (MDHHS) updates regarding developments since the publication of previous Office of Children's Ombudsman (OCO) Reports of Findings and Recommendations.

1. Regarding the 12/7/20 OCO Findings and Recommendations Report:
 - a. What updates can you share about how ChildStat is impacting placement decisions?

MDHHS response: Although the focus of ChildStat isn't specific to placement decisions, we have seen changes in the following areas since the inception of ChildStat in 2019:

- The foster care population has been reduced from 13,495 in 2019 to 10,633 in December 2021.
- Relative placements have increased from 34.7 percent of total foster care placements in 2019 to 40.8 percent in December 2021.
- CCI placements have been reduced from 7.1 percent in 2019 to 3.8 percent in December 2021.

In addition, each ChildStat presentation produces action items for follow-up, which allows state-level leadership to address challenges and barriers to progress. The following are systemic changes made as a result of ChildStat:

- Family Reunification Program contract eligibility was expanded to include non-respondent parents who receive physical custody.
- The Michigan legislature approved an increase in the appropriation which allowed Supportive Visitation to be expanded to all 83 counties in the state.
- Changes to clarify maltreatment type policy to align with the Michigan Child Protection Law are underway.

- A remedy was created which enabled Family Reunification Program staff to enter face to face contacts directly into MiSACWIS.
- A statewide contract for batterers' intervention services is being explored as part of the state Title IV-E Prevention Plan. A comprehensive list of batterers' programs was created and made available to all counties.

2. Regarding the 3/25/21 OCO Findings and Recommendations Report:

What were the results of the steering committee that was scheduled to conclude its work at the end of March 2021? Have the recommendations in the report been adopted and fully implemented; if not, what is the timeline for full implementation?

MDHHS response: The steering committee, comprised of seven workgroups, completed its work at the end of March 2021 and adopted several recommendations along with a timeline for completion. Please see Attachment A for a full outline and timeline of those recommendations.

Additionally, MDHHS issued a press release after the final steering committee meeting which can be found at https://www.michigan.gov/mdhhs/0,5885,7-339-73970_71692_71696-555267--,00.html

What trainings have been implemented for Child Caring Institutions and what additional technical assistance was given during 2021?

MDHHS response: Child Caring Institutions must ensure each employee has participated in a minimum of 50 hours of planned training within the first year of employment and a minimum of 25 hours of training annually thereafter. At least 16 of the 50 hours provided in the first year must include orientation provided prior to the assumption of duties. Training topics for direct care staff must include:

- (a) Developmental needs of children.
- (b) Ethics and boundaries of staff with youth.
- (c) Basic group dynamics.
- (d) Crisis prevention and intervention, and de-escalation techniques.
- (e) The direct care and social service workers' roles in the Child Caring Institution.
- (f) Interpersonal communication.
- (g) Trauma-informed practice.
- (h) Diversity, equity, and inclusion methods of service delivery, including diverse SOGIE identity.

(i) CPR and first aid.

Additionally, MDHHS piloted Active Contract Monitoring, in partnership with the Harvard Government Performance Lab, to strengthen partnerships with Child Caring Institutions and to improve outcomes for children and families. The Active Contract Management pilot group began meeting in June 2021.

Lastly, the Residential Collaboration and Technical Assistant Unit was piloted in June 2021 to provide enhanced support, collaboration, and technical assistance to licensed residential facilities in need of additional support. The unit uses a Risk Stratification tool to determine which facilities qualify for additional support and action planning to address safety and the use of restraints.

Have these draft revisions to the licensing rules taken effect; if not, what is the new timeline for them to take effect?

MDHHS response: The timeline for the implementation of the Child Caring Institutions' licensing rules is pending with the Michigan Joint Committee on Administrative Rules (JCAR) and is expected to be implemented in the first quarter of 2022.

Has MDHHS concluded its work with Public Consulting Group and residential service providers to determine an actuarially sound rate recommendation for Child Caring Institutions?

MDHHS response: MDHHS completed its rate study and implemented an increase in April 2021 to coincide with QRTP recommendations.

Have the draft rule amendments including the requirement of additional annual training for Child Caring Institutions been adopted?

MDHHS response: MDHHS has completed their amendments of the rules and is waiting for final approval by the legislature's Joint Committee on Administrative Rules (JCAR) and the Secretary of State which is expected to occur in the first quarter of 2022.

What Child Caring Institutions attended the Six Core Strategies training in 2020 and 2021?

MDHHS response: Please see Attachment B for the list of agencies that attended the Six Core Strategy trainings. MDHHS has negotiated a plan to provide Six Core Strategies for 20 continuous months beginning in 2022. Over 550 people registered to attend.

Did the requirement of all Child Caring Institutions to develop agency-based and child specific crisis prevention and intervention strategies that are strength-based and non-coercive make it into the final version of the proposed rule amendments?

MDHHS response: Yes, please see Attachment C for a copy of draft rules.

3. Regarding the 7/19/21 OCO Report of Findings and Recommendations:

Any additional developments or updates for this recommendation?

MDHHS response: Though MDHHS has not changed the timeframes in the 5770, policy was updated to clarify how to better assess safety issues identified in either the 5770 or the 3130A within 45 days.

Has the checkbox and space for the date been added to the DHHS-31 form as agreed upon?

MDHHS response: Yes, the DHHS-31 form was updated July 2021 with the check box added.

Can MDHHS confirm that county and private agency staff are accessing the Data Warehouse Portal to create reports which track and monitor relative placement home studies? Yes, data shows that between 200 and 400 users from both MDHHS and private agency staff accessed the Data Warehouse Portal each month throughout 2021.

Has MDHHS notified CCWIS developers or agency staff in control of the development, of the need for a system notification/tickler function for relative assessments? CSA is cognizant of the need for tracking and monitoring this work and intends to include it in human centered design for CCWIS development.

4. Regarding the 8/12/21 OCO Report of Findings and Recommendations:

Ms. Suzanna Shkreli
February 2, 2022
Page 5

On September 20, 2021, MDHHS provided a preview to the OCO on the resource webpage regarding firearm safety. Is this website now live and available to the public? If not, can MDHHS provide the OCO a timeline of when it will be published?

MDHHS response: Yes, the webpage is currently live and available to the public.

Can MDHHS provide an update on the creation of the pamphlet referenced above and how it is being administered to child welfare staff?

MDHHS response: The “Parents’ Guide to Home Firearm Safety” section on the webpage contains printable pamphlet information regarding information for families regarding firearms safety among children and teens and other resources for families.

Thank you for the opportunity to respond to your questions. If you have questions or concerns, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads "Demetrius Starling". The signature is written in a cursive, flowing style.

Demetrius Starling
Executive Director
Children’s Services Agency



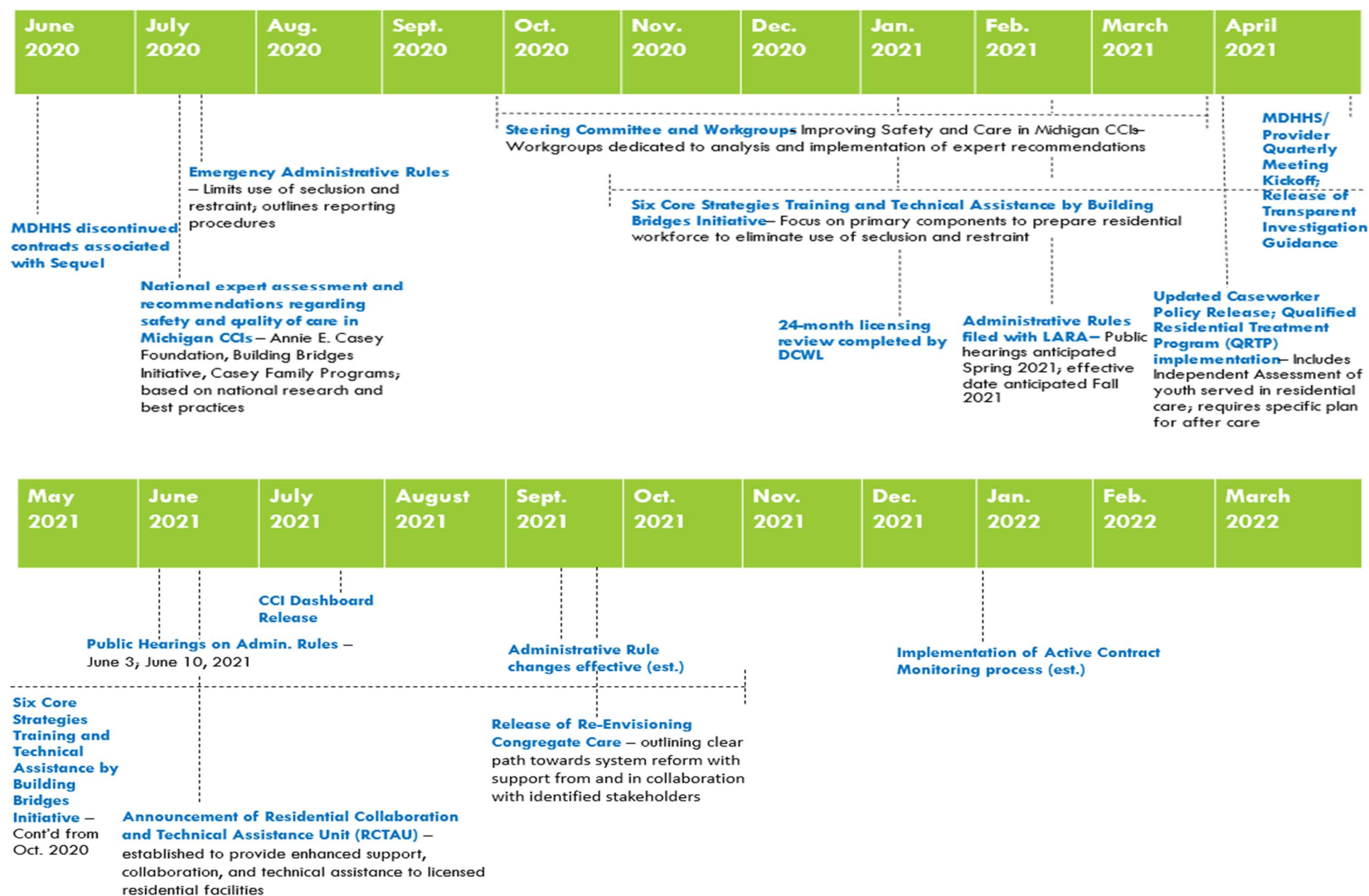
Improving Safety and Care in Michigan's Child Caring Institutions (CCIs)

August 2021

Background/Timeline, CCI Transformation Efforts:

- **April 29, 2020** – Inappropriate restraint incident, Cornelius Frederick, Lakeside Academy, Kalamazoo
- **May 1, 2020** – Cornelius Frederick's death
- **June 2020** – MDHHS discontinued contracts associated with Sequel, company that managed Lakeside
- **July 13, 2020** – Release of report and recommendations from Annie E. Casey, Building Bridges Initiative, and Casey Family Programs regarding safety and quality of care in Michigan CCIs
- **July 16, 2020** – Release of Emergency Administrative Rules limiting use of seclusion and restraint; outlining reporting procedures
- **Sept. 29, 2020** – Improving Safety and Care in Michigan CCIs Steering Committee Kickoff; workgroups established to analyze and implement expert recommendations
- **Oct. 30, 2020 – March 31, 2021** – Five full sessions of Six Core Strategies Training offered to all contracted/non-contracted CCI providers
- **Jan. 2021** – Division of Child Welfare Licensing (DCWL) licensing review completed, covering time period Dec. 2018 – Dec. 2020
- **Feb. 22, 2021** – Revised Administrative Rules filed with Licensing and Regulatory Affairs (LARA)
- **March 23, 2021** – Final Steering Committee meeting
- **April 1, 2021** – Qualified Residential Treatment Program (QRTF) implementation (Maximus contract, Independent Assessment began Feb. 1, 2021); Release of updated Caseworker policy
- **April 28, 2021** – MDHHS/Provider Quarterly Meeting Kickoff; Release of Transparent Investigation Guidance
- **May 2021 – Oct. 2021** – Technical Assistance through Building Bridges Initiative
- **June 3, June 10** - Public hearings for Emergency Rules
- **June 2021** – Announcement and planning for Residential Collaboration Technical Assistance Unit (RCTAU) to support and provide training/technical assistance to providers
- **July 19, 2021** – CCI Dashboard release
- **Sept. 2021** – Estimated finalization of Emergency Rules; estimated release of Re-Envisioning Congregate Care document
- **Jan. 2022** – Estimated date of implementation for Active Contract Monitoring

TIMELINE OF PRIMARY CCI REFORM ACTIVITIES



Agency	Participants Registered
7th Circuit Court Family Division	1
Acadia Healthcare/APEX	1
Baptist Children's Home	1
Bay Pines	6
Berrien County Juvenile Center	3
Bethany Christian Services	9
Bethany Christian Services - Bellaview	1
Bethany Christina Services Refugee Home	1
Bethany Christian Services - Ridgeview	2
Betsy's Place	4
Beverly/Sumpter	1
Boys to Men Group Home	1
Bridgeway Services	1
Calhoun County Juvenile Home	2
CAO Home LLC, CFO Management LLC	4
Capstone/Apex	1
CCMO - Center for Youth and Families	4
Chaddock	1
Children's Village	10
Christ Child House	4
Crossroads for Youth	1
CYS - Family Youth Interventions-TLP	1
D.A. Blodgett St. Johns	16
DeSantis	1
Detroit Behavioral Institute	9
Detroit Capstone Academy	18
Eagle Village	35
FAFF Place LLC	1
Family and Children Services	3
Fostering Forward	1
Genacross Lutheran Services	12
Genesee Valley Regional Center	1
Great Lakes Recovery Center	3
Guiding Harbor	2
Guy Thompson Parent Advisory Council	1
Hanley House for Boys	2
Havenwyck Hospital	4
Highfields	5
Holy Cross Services - Bowman	1
Hope Network/DART	3
House of Providence	2
Insight Youth and Family Connections	1
Let's Talk About it CMH Services	5
Lincoln Treatment Facility	1
Livingston Family Center	1
Louisiana Homes	2

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CHILDREN'S SERVICES AGENCY

DIVISION OF CHILD WELFARE LICENSING

CHILD CARING INSTITUTIONS

Filed with the secretary of state on

These rules take effect immediately upon filing with the secretary of state unless adopted under section 33, 44, or 45a(9) of the administrative procedures act of 1969, 1969 PA 306, MCL 24.233, 24.244, or 24.245a. Rules adopted under these sections become effective 7 days after filing with the secretary of state.

(By authority conferred on the director of the department of health and human services by sections 2, 5, 10, and 14 of 1973 PA 116, MCL 722.112, 722.115, 722.120, and 722.124, and Executive Reorganization Order No. 2015-1, MCL 400.227.)

R 400.4139, R 400.4141, R 400.4164, R 400.4420, R 400.4601, R 400.4602, R 400.4604, R 400.4605, R 400.4606, R 400.4608, R 400.4612, R 400.4613, R 400.4615, R 400.4617, R 400.4618, R 400.4620, R 400.4621, R 400.4623, R 400.4632, R 400.4635, R 400.4638, R 400.4639, R 400.4640, R 400.4643, R 400.4652, R 400.5657, R 400.4660, and R 400.4666 of the Michigan Administrative Code are rescinded, R 400.4436, R 400.4437, R 400.4438, R 400.4439, and R 400.4400 are added, and R 400.4101, R 400.4102, R 400.4103, R 400.4104, R 400.4105, R 400.4106, R 400.4107, R 400.4108, R 400.4109, R 400.4110, R 400.4111, R 400.4112, R 400.4113, R 400.4114, R 400.4115, R 400.4116, R 400.4117, R 400.4118, R 400.4119, R 400.4120, R 400.4121, R 400.4122, R 400.4123, R 400.4124, R 400.4125, R 400.4126, R 400.4127, R 400.4128, R 400.4129, R 400.4130, R 400.4131, R 400.4132, R 400.4133, R 400.4134, R 400.4135, R 400.4136, R 400.4137, R 400.4138, R 400.4140, R 400.4142, R 400.4143, R 400.4144, R 400.4145, R 400.4146, R 400.4147, R 400.4148, R 400.4149, R 400.4150, R 400.4151, R 400.4152, R 400.4153, R 400.4154, R 400.4155, R 400.4156, R 400.4157, R 400.4158, R 400.4159, R 400.4160, R 400.4161, R 400.4162, R 400.4163, R 400.4165, R 400.4166, R 400.4167, R 400.4401, R 400.4407, R 400.4409, R 400.4411, R 400.4414, R 400.4417, R 400.4426, R 400.4428, R 400.4431, R 400.4435, R 400.4501, R 400.4504, R 400.4505, R 400.4506, R 400.4508, R 400.4510, R 400.4512, R 400.4515, R 400.4517, R 400.4520, R 400.4522, R 400.4523, R 400.4524, R 400.4527, R 400.4532, R 400.4535, R 400.4538, R 400.4540, R 400.4543, R 400.4545, R 400.4546, R 400.4548, R 400.4550, R 400.4552, R 400.4554, R 400.4555, R 400.4557, R 400.4559, R 400.4560, R 400.4562, R 400.4563, R 400.4564, R 400.4566, and R 400.4568 are amended, as follows:

PART 1. GENERAL PROVISIONS

R 400.4101 Definitions.

Rule 101. (1) As used in these rules:

September 2, 2021

- (a) "Accredited college or university" means a college or university recognized by the United States Department of Education.
- (b) "Act" means 1973 PA 116, MCL 722.111 to 722.128, and known as the child caring organizations act.
- (c) "Case record" means the individual file, including electronic records, kept by an institution concerning a youth who has been placed at the institution.
- (d) "Chemical restraint" means a drug that meets all the following:
- (i) Is administered to manage a youth's behavior.
 - (ii) Has the temporary effect of restricting the youth's freedom of movement.
 - (iii) Is not a standard treatment for the youth's medical or psychiatric condition.
- (e) "Chief administrator" means the person designated by the licensee as having the onsite day-to-day responsibility for the overall administration of a child caring institution and for assuring the care, safety, and protection of youth.
- (f) "Child caring institution staff member" means an individual who is 18 years or older, and to whom any of the following apply:
- (i) Is employed by a child caring institution for compensation, including adults who do not work directly with children.
 - (ii) Is a contract employee or self-employed individual working with a child caring institution.
 - (iii) Is an intern, volunteer, or other person who provides specific services under these rules.
- (g) "Corporal punishment" means hitting, paddling, shaking, slapping, spanking, or any other use of physical force as a means of behavior management.
- (h) "Department" means the Michigan department of health and human services.
- (i) "Direct care worker" means a person who provides direct care and supervision of youth in an institution.
- (j) "Emergency restraint or safety intervention" means use of personal restraint as an immediate response to an emergency safety situation.
- (k) "Emergency restraint or safety situation" means the onset of an unanticipated or severely aggressive behavior that places the youth or others at serious threat of violence or injury if no immediate intervention occurs.
- (l) "Gender" means a person's internal identification or self-image as a man, boy, woman, girl, or another gender identity. Gender identity may or may not correspond to the sex that is listed on the person's birth certificate.
- (m) "Gender expression" means how a person publicly expresses or presents their gender, which may include behavior and outward appearance such as dress, hair, make-up, body language, and voice. Components of gender expression may or may not align with gender identity.
- (n) "Gender identity" means an individual's self-conception as being male, female, both, or neither. One's gender identity can be the same or different from their sex assigned at birth.
- (o) "Human behavioral science" means a course of study producing a degree from an accredited college or university that is approved by the department for the specific positions when required by the act and these rules.
- (p) "Juvenile justice youth" means a youth pending adjudication, or has been adjudicated, under section 2(a) of chapter XIIA of the probate code of 1939, 1939 PA 288, MCL 712A.2a, or section 1 of chapter IX of the Code of Criminal Procedure, 1927 PA 175, MCL 769.1.

(q) "License" means a license issued by the department to a non-governmentally operated institution or a certificate of approval issued by the department to a governmentally operated institution indicating that the institution complies with these rules.

(r) "Licensee" means the agency, association, corporation, firm, organization, person, partnership, department, or agency of the state, county, city, or other political subdivision that has submitted an original application for licensure or approval or has been issued a license or certificate of approval to operate a child caring institution.

(s) "Licensing authority" means the administrative unit of the entity responsible for making licensing and approval recommendations for an institution.

(t) "Mechanical restraint" means a device, materials, or equipment attached or adjacent to the youth's body that he or she cannot easily remove that restricts freedom of movement or normal access to one's body. Mechanical restraint does not include the use of a protective or adaptive device, or a device primarily intended to provide anatomical support.

(u) "Medication" means prescription and nonprescription medicines administered to treat a youth's medical or psychiatric condition.

(v) "Nonsecure institution" means an institution or facility, or portion thereof, that is used to house youth and that is not locked against egress.

(w) "Parent" means biological parent, including custodial and non-custodial parent, adoptive parent, or legal guardian.

(x) "Personal restraint" means the application of physical force without the use of a device, that restricts the free movement of a youth's body.

(y) "Seclusion" means the involuntary placement of a youth in a room alone, where the youth is prevented from exiting by any means, including the physical presence of a staff person if that staff person's presence prevents the youth from exiting the room.

(z) "Seclusion room" means a room or area approved for the involuntary confinement or retention of a single youth. The door to the room may be equipped with a security locking device that operates by means of a key or is electrically operated and has a key override and emergency electrical backup in case of a power failure.

(aa) "Secure institution" means any public or private licensed child caring institution where the movement and activities of residents is restricted against egress from the building.

(bb) "Sexual harassment" means verbal comments or gestures of a sexual nature to a youth by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

(cc) "Sexual orientation" means a person's identity in relation to the gender or genders to which they are attracted.

(dd) "Shelter care facility" means an institution that primarily provides short-term assessment and planning.

(ee) "Social service supervisor" means a person who supervises a social service worker.

(ff) "Social service worker" means a person who works directly with youth, their families, and other relevant individuals and who is primarily responsible for the development, implementation, and review of treatment plans for the youth. This definition does not prevent a team approach to treatment plan development and implementation.

(gg) "SOGIE" means an individual's sexual, orientation, gender, identity, and expression.

(hh) "Terms of license" means those designations noted on an institution's license for which the institution is authorized or approved.

(ii) "Transgender" means a person whose gender identity, such as internal sense of feeling male or female, is different from the person's assigned sex at birth.

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

R 400.4102 Inspection and approval of institution.

Rule 102. Youth may occupy a child caring institution, including new construction, additions, and conversions, only after inspection and approval by the licensing authority. Only youth who fall under the definition of “minor child” as provided in section 1(z) of the act, MCL 722.111, may receive care and services in the child caring institution.

R 400.4103 Space and equipment requirements.

Rule 103. A child caring institution must provide all the following to ensure delivery of licensed services:

- (a) Sufficient youth living space, as set forth in R 400.4510.
- (b) Office space for performance of services provided by the child caring institution.
- (c) Access to outdoor recreational space.
- (d) Equipment to ensure delivery of licensed services.

R 400.4104 Rules compliance.

Rule 104. (1) Before being licensed as a child caring institution, an original applicant must comply with the act and the rules for the type of child caring institution the applicant proposes to operate, and for which compliance can be achieved prior to beginning operation. Compliance may only be demonstrated after the child caring institution has become fully operational.

(2) After being licensed, a child caring institution must, on an ongoing basis, comply with the act, child caring institution rules, and terms of the license.

(3) A licensee must take action to ensure the health, safety, and well-being of a youth while under the supervision of the licensee or an agent or employee of the licensee, including protection from physical harm, sexual abuse, sexual harassment, humiliation, intimidation, and exploitation.

(4) A licensee must submit a written corrective action plan that addresses rule violations cited during an inspection or special investigation. An acceptable corrective action plan must be submitted to the licensing authority within 15 days of the receipt of an inspection or special investigation report and must be completed on the forms provided by the licensing authority.

(5) On an ongoing basis, a licensee must comply with the terms of all written corrective action plans approved by the licensing authority.

(6) Under section 15(3) and (4) of the act, MCL 722.125, a licensee may agree to a revocation or renewal of a license, or may be refused a license, or a person, child care organization, agency, or representative or officer of a firm, a corporation, an association, or an organization may be prohibited from being connected, directly or indirectly, with a licensee for a period of not less than 5 years after the revocation, denial, or refusal to renew a license.

R 400.4105 Rule variance.

Rule 105. (1) Upon written request of an applicant or licensee, the department may grant a variance from an administrative rule if the alternative proposed ensures that the health, care, safety, protection, supervision, and needed services of youth are maintained and that the alternative aligns with the intent of the administrative rule.

(2) The department must enter its decision, including the qualification under which the variance is granted, in the records of the department and send a signed copy to the applicant or licensee. This variance may remain in effect for as long as the licensee continues to comply with the intent of the rule or may be time limited.

R 400.4106 Orientation; original licensure; application.

Rule 106. (1) An applicant must attend an orientation provided by the department prior to the submission of an application for an original license.

(2) At the time of application submission, an applicant must provide documentation to the department, including all the following:

(a) A statement demonstrating the need for the type of program the child caring institution proposes to provide.

(b) Verification of sufficient financial resources to meet applicable licensing rules following the issuance of the initial license.

(c) A plan of financial accounting, including an annual budget, containing projected income and expenditures. The plan of financial accounting must be developed in accordance with generally accepted accounting principles.

(d) A plan that describes the services, treatment, and intervention that will be provided by the child caring institution.

(e) Articles of incorporation.

(f) A copy of the proposed child caring institution's program statement.

(3) At the time of application submission, an applicant must identify a proposed chief administrator and submit written verification of the individual's educational credentials and professional work experience to the department for approval.

(4) Prior to issuance of an original license, an applicant must obtain:

(a) An approved fire safety inspection of the proposed facility.

(b) An approved environmental health inspection of the proposed facility.

(c) Zoning approval for the proposed facility as required by the local municipality.

(d) A certificate of occupancy as required by the local municipality.

(5) An applicant must provide the department with the documentation specified by this rule within 9 months of the date of application submission. The department may close an application without further evaluation if the documentation is not received.

R 400.4107 Deemed status.

Rule 107. (1) The department may accept, for the purpose of determining compliance with part 1 of these rules, evidence that the child caring institution is accredited by the council on accreditation or other nationally recognized accrediting body whose standards closely match state licensing regulations.

(2) The child caring institution may request deemed status when the accreditation site inspection is less than 12 months old. Both of the following apply:

(a) When accreditation is requested, a child caring institution must submit a copy of the most recent accreditation report to the department.

(b) A child caring institution is only eligible for deemed status if the license is on a regular status.

(c) The acceptance of accreditation in subrule (1) of this rule does not prohibit the department from conducting on-site investigations or requiring environmental health and fire safety inspections at intervals determined by the department.

R 400.4108 Financing and audit.

Rule 108. A licensee must do all the following:

- (a) Obtain an annual audit of all financial accounts. Audits for nongovernmental institutions must be conducted by an independent certified public accountant who is not administratively related to the agency. The audit must conform with generally accepted accounting principles.
- (b) Annually develop and implement a plan to correct any deficiencies identified.
- (c) Demonstrate sufficient financial resources, on an ongoing basis, to ensure that youth are provided proper care and treatment intervention, in addition to ensuring the licensing rules are followed.
- (d) Develop a budget that includes projected income and expenditures.

R 400.4109 Program statement.

Rule 109. (1) A child caring institution must have and follow a licensing authority-approved, current written program statement that specifically addresses all the following:

- (a) The types of youth to be admitted for care and treatment intervention.
 - (b) The services provided to youth and parents directly by the child caring institution and the services provided by outside resources.
 - (c) Policies and procedures pertaining to admission, care, safety, and supervision methods for addressing youths' needs; implementation of treatment plans; and discharge of youth.
- (2) The program statement must be provided to youth, parents, and referral sources.

R 400.4110 Employees qualified under prior rules.

Rule 110. An employee in a position approved before 2001 is deemed to be qualified for that position at the child caring institution. A person appointed to a position after the date of these rules must meet the qualifications of these rules for that position.

R 400.4111 Job description.

Rule 111. A child caring institution must provide a written job description for each staff position that identifies rules, required qualifications, and lines of authority.

R 400.4112 Criminal history check, central registry; subject to requirements; staff qualifications.

Rule 112. (1) Child caring institutions subject to 42 USC 671 must not permit a child caring institution staff member to begin working unless all the following have been completed using the forms, and in the manner, prescribed by the department:

- (a) A criminal record check as referenced in R 400.4113(f), including a fingerprint-based check of national crime information databases, unless an alternative criminal history check has been approved by the federal government.
- (b) A check of Michigan's child abuse and neglect central registry or Canadian provincial agency. The documentation must be completed not more than 30 days prior to the start of employment and every 12 months thereafter.
- (c) A check of other states' child abuse registries where the person has lived within the preceding 5 years.

(2) Child caring institutions not subject to 42 USC 671 may not permit a staff member to begin working unless all the following have been completed:

(a) A criminal history background check as defined in section 5j of the act, MCL 722.115j.

(b) A check of Michigan's child abuse and neglect central registry or Canadian provincial agency. The documentation must be completed not more than 30 days prior to the start of employment and every 12 months thereafter.

(c) A check of other states' child abuse registry where the person has lived in within the preceding 5 years.

(3) A person who has unsupervised contact with children must not have been convicted of either of the following:

(a) Child abuse or neglect.

(b) A felony involving harm or threatened harm to an individual within the 10 years immediately preceding the date of hire.

(4) A person with a confirmed case or cases of child abuse or child neglect may not be present in the child caring institution unless the department has determined the person no longer presents a risk of harm to children.

(5) If the prospective employee has criminal convictions, the child caring institution must collect a written statement from the employee regarding the convictions to determine if the prospective employee would present a risk of harm to children.

(6) The child caring institution must complete a written evaluation of the convictions that addresses the nature of the conviction, the length of time since the conviction, and the relationship of the conviction to regulated activity for the purpose of determining suitability for employment in the child caring institution.

(7) A staff member will conduct himself or herself in a manner that is conducive to the welfare of children and be able to meet the needs of children and provide for their care, supervision, and protection.

(8) Unsupervised volunteers who performs work, including adults who do not work directly with youth, are subject to the requirements of subrules (1)(a) and (b) of this rule.

(9) For all facilities for which the primary purpose is to serve juvenile justice youth, background checks must comply with 28 CFR 115.

R 400.4113 Employee records.

Rule 113. (1) A child caring institution must maintain employee records for each employee and must include documentation of all the following information prior to employment or at the time specified in this rule:

(a) Name of the employee.

(b) A true copy of verification of education from an accredited college or university where minimum education requirements are specified by rule.

(c) Verification of high school diploma or GED when specified by rule.

(d) Work history.

(e) Three dated references that are obtained prior to employment from persons unrelated to the employee and ~~which~~ that are less than 12 months old.

(f) A record of the results of the background checks as required under R 400.4112.

(g) A written evaluation of the employee's performance within 30 days of the completion of the probationary period or within 180 days, whichever is less, and a written evaluation of the employee's performance annually thereafter.

(h) Verification of health where specified by the child caring institution policy.

(2) A child caring institution must provide a written job description to each staff position that identifies required qualifications, specific duties, and lines of authority.

R 400.4114 Infectious and communicable disease control.

Rule 114. The child caring institution must ensure that staff and youth are complying with written procedures to detect, prevent, and report infectious and communicable diseases.

R 400.4115 First aid; CPR.

Rule 115. A licensee must have all direct care and supervisory staff with current certification on both first aid and age-appropriate cardiopulmonary resuscitation. Certification shall be made by the American Red Cross, the American Heart Association, or an equivalent organization or institution approved by the department.

R 400.4116 Chief administrator; responsibilities.

Rule 116. (1) A child caring institution must designate a chief administrator. A chief administrator must demonstrate the administrative capability to oversee the on-site day-to-day operation of the child caring institution and ~~for~~ ensure compliance with these rules.

(2) For all facilities for which the primary purpose is to serve juvenile justice youth, the chief administrator will also ensure compliance with the 28 CFR 115.

(3) A chief administrator must annually:

(a) Conduct a written assessment and verify the child caring institution's compliance with these rules.

(b) Develop and implement a written plan to correct, within 6 months, rule violations identified as a result of the assessment conducted pursuant to subdivision (a) of this subrule.

(c) Conduct a written evaluation of trends and patterns of all unplanned discharges.

R 400.4117 Chief administrator; qualifications.

Rule 117. (1) A chief administrator, at the time of appointment, must possess either of the following:

(a) A master's degree in a human behavioral science, education, business administration, or public administration from an accredited college or university and 2 years of experience in a child caring institution or child placing agency or equivalent organization from another state or Canadian province.

(b) A bachelor's degree with a major in education, a human behavioral science, business administration, or public administration from an accredited college or university and 4 years of post-bachelor's degree experience in a child caring institution or child placing agency or equivalent organization from another state or Canadian province.

(2) A child caring institution must notify the licensing authority of a change of chief administrator.

(3) In the event of a change in the chief administrator, his or her education and qualifications must be reviewed and approved by the department prior to assuming duties. In the event of exigent circumstances, the approval may be obtained within 5 business days after the chief administrator's duties are assumed.

R 400.4118 Social service supervisor; qualifications.

Rule 118. A social service supervisor, at the time of appointment to the position, must possess either of the following:

(a) A master's degree in a human behavioral science from an accredited college or university and 2 years of experience as a social service worker.

(b) A bachelor's degree in a human behavioral science or another major with 25% of the credits in a human behavioral science from an accredited college or university and 4 years of experience as a social service worker.

R 400.4119 Social service worker; qualifications.

Rule 119. A social service worker, at the time of appointment to the position, must possess a bachelor's degree with a major in a human behavioral science from an accredited college or university or another major with 25% of credits in human behavioral sciences.

R 400.4120 Supervisor of direct care workers; qualifications.

Rule 120. A supervisor of direct care workers must have 1 of the following:

(a) A bachelor's degree from an accredited college or university and 2 years of work experience in a child caring institution.

(b) Two years of college from an accredited college or university and 3 years of work experience in a child caring institution.

(c) A high school diploma and 4 years of work experience in a child caring institution.

R 400.4121 Direct care worker; qualifications.

Rule 121. A direct care worker must have completed high school or obtained a general equivalency diploma (GED).

R 400.4122 Youth and family time.

Rule 122. A child caring institution must have the capability to provide for family time, both in-person and virtual, between each youth and the youth's parents or guardian, and siblings, provided the child caring institution offers sibling family time. Family time must be provided unless parental rights have been terminated or there is a court order restricting the family time.

R 400.4123 Education.

Rule 123. (1) A child caring institution must provide an appropriate educational program, in accordance with the individual needs of the youth, including any special education needs.

(2) A youth in care must receive an appropriate education program in accordance with the revised school code, 1976 PA 451, MCL 380.1 to 380.1853, and all applicable state and federal law. Each child of school age must be enrolled not later than 5 school days after admission and continuously thereafter.

(3) For children who are wards of the state, a child caring institution will ensure that a legal guardian for educational decisions is identified in the child's preliminary service plan and service plan. The service plan must include the name, address, and other current contact information for the legal guardian responsible for educational decisions.

(4) A child caring institution must ensure that the parent or guardian with legal responsibility for educational decisions is provided information to allow their meaningful participation in the child's education in accordance with all state and federal requirements.

R 400.4124 Communication.

Rule 124. (1) A child caring institution must have and follow a written policy regarding communication that ensures that a child is able to communicate with family and, if the facility permits, friends, in addition to the child's legal guardian ad litem or attorney, and

the child's caseworker, in a manner appropriate to the child's functioning and consistent with the child's treatment plan and security level.

(2) The communication policy must include access to interpreters and written materials in formats to ensure effective communication for all youth.

R 400.4125 Personal possessions; money; clothing; storage space.

Rule 125. (1) A licensee must do all the following:

(a) Safeguard youths' personal possessions and money.

(b) Accurately account for and return possessions and money to the youth or guardian upon discharge.

(c) Ensure that each youth has sufficient clean, properly fitting, seasonally appropriate clothing.

(d) Provide access to clothing that is consistent with the youth's gender expression.

(2) The licensee must provide accessible storage space for personal possessions.

R 400.4126 Sufficiency of staff.

Rule 126. The licensee must staff the facility in a manner that enables the child caring institution to successfully perform the prescribed functions required by these administrative rules and in the agency's program statement, and to provide for the continual needs, protection, and supervision of youth.

R 400.4127 Staff-to-resident ratio.

Rule 127. (1) The licensee shall develop and adhere to a written staff-to-child ratio formula for direct care workers. If a child caring institution is contracted by the department to care for youth, the facility will follow its contracted ratio.

(2) At a minimum, 1 direct care worker is responsible for not more than 10 youth at 1 time during youths' normal awake hours and not more than 20 residents at 1 time during the youths' normal sleeping hours.

(3) The ratio formula for direct care workers must correspond with the child caring institution's purpose and the needs of youth and ensure the continual safety, protection, and direct care and supervision of youth.

(4) When youth are asleep or otherwise outside of the direct supervision of staff, staff must perform variable interval, eye-on checks of youth. The time between the variable interval checks must not exceed 15 minutes.

(5) During an offsite medical or mental health emergency, a child caring institution must ensure a staff member, or a parent or legal guardian, is supervising the youth.

(6) If a licensed child caring institution has admitted the maximum number that can be safely served by current staffing capacity and ratios, when a bed space becomes available, the facility will prioritize admission for admission youth who are residents of Michigan awaiting bed space.

R 400.4128 Initial staff orientation and ongoing staff training.

Rule 128. (1) The licensee must provide an orientation program for new employees, contractors, interns, and volunteers providing services in the child caring institution.

(2) Job shadowing must not be the only form of orientation.

(3) The orientation must include the following:

(a) The child caring institution's purpose, policies, and procedures, including crisis

prevention and intervention and de-escalation techniques, and emergency and safety procedures.

(b) The role of the staff members as related to service delivery and protection of the children.

(4) The licensee must provide a written plan of ongoing staff training related to the role of the individual within the child caring institution's program.

(5) The licensee must document that each employee whose function is covered by these rules has participated in a minimum of 50 hours of planned training within the first year of employment and a minimum of 25 hours of training annually thereafter related to the employee's job function. At least 16 of the 50 hours provided in the first year must be orientation provided prior to the assumption of duties.

(6) Training topics for direct care staff must include:

- (a) Developmental needs of children.
- (b) Ethics and boundaries of staff with youth.
- (c) Basic group dynamics.
- (d) Crisis prevention and intervention, and de-escalation techniques.
- (e) The direct care and social service workers' roles in the child caring institution.
- (f) Interpersonal communication.
- (g) Trauma-informed practice.
- (h) Diversity, equity, and inclusion methods of service delivery, including diverse SOGIE identity.
- (i) CPR and first aid.

(7) An employee may not participate in restraining a youth or placing a youth in seclusion prior to receiving training on those topics. The training model must be approved, in writing, by the department.

R 400.4129 Child caring institutions serving developmentally disabled youth; written procedures.

Rule 129. A child caring institution providing care to youth with developmentally disabilities must require staff to follow written procedures that address the services required for the resident.

R 400.4130 Privacy and confidentiality of youth.

Rule 130. (1) The licensee must ensure youth and parent privacy and confidentiality and must protect youth from exploitation.

(2) A child's identity may be disclosed for public purposes or publicity only after both of the following criteria are met:

- (a) The parent has consented.
- (b) The youth has consented if the youth is capable of consent.

R 400.4131 Compliance with child protection law; development of plan required.

Rule 131. The must comply with the child protection law, 1975 PA 238, MCL 722.621 to 722.638, including mandated reporting requirements.

R 400.4132 Grievance procedures.

Rule 132. (1) A child caring institution must have and follow a written grievance handling procedure for youth and their families. All the following apply:

(a) The policy must be provided to youth, their families, and referring sources prior to or at admission.

(b) The policy must be explained in a language and manner that the youth and his or her family can understand.

(c) There must be written acknowledgement the policy was provided as required in subdivision (a) of this subrule.

(2) The procedure must provide all the following:

(a) Who may initiate the grievance.

(b) How the grievance is filed and ability to request assistance with filing.

(c) Grievance response and timeframe processes, including appeal.

(d) Documentation.

(e) Ability to report grievances to third party agencies and the youth LGAL and attorney.

(3) If a secure juvenile justice facility uses room confinement as a behavioral sanction, the procedure must provide for all the following:

(a) Before the sanction begins, but not later than 24 hours after confinement for misconduct, an opportunity for the resident to be heard by a trained impartial fact finder designated by the chief administrator, who has no personal knowledge of the incident, and has the authority to release the resident from confinement.

(b) Staff assistance in preparing and presenting his or her grievance or defense.

(c) A meaningful process of appeal.

(4) A child caring institution must provide a grievant with a written copy of the grievance resolution.

R 400.4133 Institutional care for children under 6 10 years of age.

Rule 133. A child under 10 years of age may not remain in a child caring institution for more than 30 days, unless this stay is documented to be in the best interest of the child.

R 400.4134 Religious or spiritual policy and practices.

Rule 134. (1) The child caring institution must have and follow a policy on religious or spiritual participation that contains, at a minimum, both of the following:

(a) A youth may not be prohibited from participating in religious activities and services in accordance with the youth's own faith and parental direction as long as the participation does not conflict with the safety and security of the child caring institution.

(b) Youth may not be compelled to attend religious services or religious education nor be disciplined for failing to attend.

(2) The child caring institution must provide the policy to youth, parents, and referral sources prior to or at admission.

R 400.4135 Youth work experience.

Rule 135. (1) A child caring institution must have and follow a written policy regarding work experiences for youth that specifies, at a minimum, all the following:

(a) How and when youth are or are not compensated for working.

(b) Means of protection from exploitation.

(c) The types of work experience that youth will engage in.

(2) Work experiences for youth must be appropriate to the age, health, and abilities of the youth, and used in conjunction with the youth's treatment plan.

(3) Youth are not permitted to work for staff members' personal gain and must be

protected from personal exploitation.

R 400.4136 Recreational activities, equipment, and supplies; swimming restriction.

Rule 136. (1) A child caring institution will have and follow a written policy regarding recreational activities, equipment maintenance, and training of staff involved in recreational activities.

(2) A child caring institution shall ensure appropriate supervision related to the age of youth and developmental level of youth in any recreational activity,

(3) Youth must be provided a variety of indoor and outdoor recreational activities designed to meet the youths' needs. Youth must be given the opportunity of an outside activity at least once a day unless there is inclement weather.

(4) A child caring institution shall provide appropriate recreation supplies and equipment.

(5) Swimming is permitted only where and when a qualified lifeguard, who is not counted in the staffing ratio, is on duty.

(6) As used in this rule, high adventure activity means a program that requires specially trained staff or special safety precautions to reduce the possibility of an accident. If the child caring institution provides high adventure activities, including swimming, the child caring institution must have and follow a program statement that covers all the following:

(a) Activity leader training and certification and experience qualifications appropriate to the activity.

(b) Specific staff-to-youth ratio appropriate to the activity.

(c) Classifications and limitations for youth participation.

(d) Arrangement, maintenance, and inspection of the activity area.

(e) Equipment and the biannual inspection and maintenance of the equipment and the program by a nationally recognized inspection process.

(f) Safety precautions.

(g) High adventure activities must be conducted by an adult who has training or experience in conducting the activity.

(7) If child caring institution staff take youth away from the child caring institution for or more overnights, the institution must keep a travel plan on file at the institution. The travel plan will include an itinerary and pre-established check-in times.

R 400.4137 Sleeping rooms.

Rule 137. (1) Youth may be required to remain in their assigned rooms for up to 30 minutes to accommodate staff shift changes.

(2) The presumption for diverse SOGIE youth is that they are placed consistently with their gender identity. In addition to the information relevant to placement of all youth, the child caring institution must consider:

(a) The physical and emotional safety of diverse SOGIE youth and prioritize the youth's views about their own safety.

(b) Any recommendations from the youth's professional service provider team about the impact of potential placements on the youth's health and wellbeing.

(3) Child caring institutions may not base housing decisions on the complaints of staff or other youth when those complaints are based on the youth's gender identity or gender expression.

(4) In new and converted child caring institutions, single occupant sleeping rooms must not be less than 70 square feet, exclusive of closet space.

(5) In new and converted child caring institutions, multi-occupant sleeping rooms must not be less than 45 square feet per occupant, exclusive of closet space.

(6) In new or converted secure child caring institutions, locked youth sleeping rooms must be equipped with a 2-way monitoring device.

(7) In programs that accept youth who are minor parents who have children placed together, the child caring institution must follow the department's safe sleep practices located at www.michigan.gov/dhhs for children who are less than 1 years of age.

(8) Objects may not be placed or draped over a crib, bassinet, or pack n play, and an infant's head may not be covered during sleep.

(9) The child caring institution shall maintain supervision and frequently monitor infant's breathing, sleep position, and bedding for possible signs of distress. Baby monitors must not be used exclusively to adhere with this subrule.

R 400.4138 Bedding and linen.

Rule 138. (1) Each youth must be provided with an individual bed with a clean pillow, and mattress.

(2) Unless otherwise indicated by the youth's safety plan, each youth must be provided with clean sheets, a pillowcase, and sufficient clean blankets at least weekly and more often if soiled.

(3) All bedding must be in good repair and shall be cleaned and sanitized before being used by another person.

R 400.4139 Rescinded.

R 400.4140 Transportation.

Rule 140. (1) The child caring institution must have and follow a policy on vehicle maintenance that ensures vehicles are properly maintained.

(2) All vehicles must be insured as required by state law.

(3) The child caring institution shall document that any employee driver of any vehicle transporting youth at the request of or on behalf of the licensee possesses a valid operator or chauffeur license with endorsement appropriate to the vehicle driven and the circumstances of its use. The child caring institution must have written verification annually that the employee's operator's license is valid.

(4) Transported youth must occupy a manufacturer's designated seat. Youth may not be transported in any portion of any vehicle not specifically designed by the manufacturer for passenger transportation.

(5) Each driver and youth transported must be properly restrained with safety belts while the vehicle is being operated.

(6) Infants and children must use age-appropriate child safety seats as required by state law.

(7) In the event a child removes the safety belt while the vehicle is being operated, the driver must come to a complete stop at the earliest opportunity and remain stopped until the child reattaches the safety belt.

R 400.4141 Rescinded.

R 400.4142 Health services; routine and emergency care; policies and procedures.

Rule 142. (1) A child caring institution must provide timely health services. In case of an

accident or sudden adverse change in a youth's physical condition or adjustment, the child caring institution must immediately obtain needed care.

(2) A child caring institution must establish and follow written health service policies and procedures addressing all the following:

- (a) Routine and emergency medical, dental, and behavioral health care.
- (b) Health screening procedures.
- (c) Documentation of health care and maintenance of health records.
- (d) Storage of medications.
- (e) Dispensing medication, including methods for dispensing medication when the youth will be off site, for example, all-day outings, parenting time, and court appearances. Prescription medication, including dietary supplements, or individual, special medical procedures must be given, taken, or applied only as prescribed by a licensed medical practitioner or dentist.

(f) Procedures for communicating youth health care needs at the child caring institution and during any transition of care, for example, at admission, visitation, discharge, and transfer for inpatient medical or psychiatric care, or both.

(g) Provisions to ensure that the youth has immediate access to medication in the event of an urgent medical situation.

(3) Youth medications must be kept in the original pharmacy supplied container until dispensed and must be kept with the equipment to administer it in a locked area, and refrigerated, if required.

(4) A child caring institution must establish and follow written procedures consistent with department policy ensuring that consent has been obtained for psychotropic medications under the following circumstances:

- (a) Medications the child is taking on admission.
- (b) Medications recommended during treatment.

R 400.4143 Medical treatment; supervision.

Rule 143. Medical treatment must be under the supervision of a licensed physician or other licensed health professional as permitted by law.

R 400.4144 Admission health screening; physical examinations.

Rule 144. (1) An initial health screening, including a body chart of any evidence of injury, including bruises, scars, and any other injury, must be completed by the child caring institution for each youth within 24 hours of admission to a facility. An urgent medical or mental health need identified at intake will be addressed immediately with the institution's medical staff or by transport to an emergency medical institution.

(2) An institution must identify health needs within 3 days of admission by any of the following:

- (a) Reviewing documentation of the most recent examination completed under department policy.
- (b) Completing a comprehensive examination appropriate to the youth's age per department policy.
- (c) Conducting an examination earlier than the deadline if medically indicated.

(3) The admission comprehensive health examination must follow, at a minimum, the recommendations by the American Academy of Pediatrics Bright Futures Guidelines.

(4) Nothing in the rules adopted under the act authorizes or requires a medical or physical examination or treatment for any child whose parent objects on religious grounds. If a

parent objects to medical or physical examinations or treatments on religious grounds, the objection must be made in writing to the institution and retained in the resident's file.

R 400.4145 Periodic physical examinations.

Rule 145. (1) A child caring institution must provide and document, a comprehensive, periodic physical examination for each youth as follows, unless greater frequency is medically indicated:

(a) At least once every 3 months for youth under one year of age.

(b) At least once every 14 months for youth one year of age or older.

(2) Nothing in the rules adopted under the act authorizes or requires a medical or physical examination or treatment for any youth whose parent objects on religious grounds. If a parent objects to medical or physical examinations or treatments on religious grounds, the objection must be made in writing to the institution and retained in the youth's file.

R 400.4146 Immunizations.

Rule 146. (1) A youth shall have current immunizations as required by the department.

(2) Immunizations must begin within 30 calendar days of admission, unless a statement from a licensed health care provider indicates there is any of the following:

(a) Documentation of the most recent immunizations completed under department policy.

(b) The need to provide immunizations appropriate to the youth's age per department policy.

(c) A statement that immunizations are contraindicated is included in the youth's record.

(3) Documentation of immunizations from the Michigan Care Improvement Registry is the primary source to determine if immunizations are up to date.

(4) Nothing in the rules adopted under the act authorizes or requires immunizations for any youth whose parent objects on religious grounds unless the youth is a temporary court ward, a motion is heard, and an order is entered by the circuit court for the youth's case. If a parent objects to immunizations on religious grounds, the objection must be made in writing to the institution and retained in the youth's file.

R 400.4147 Dental care.

Rule 147. (1) Child caring institution staff must provide for and document dental examinations and treatment for each youth 1 year of age and older.

(2) A dental examination within 3 months prior to admission must be documented or there must be an examination not later than 90 calendar days following admission.

(3) Reexamination must be provided at least every 6 months unless greater frequency is indicated.

R 400.4148 Personal hygiene.

Rule 148. A child caring institution must ensure that each youth maintains or receives personal care, hygiene products, and grooming products appropriate to the youth's age, sex, gender, race, cultural background, and health needs.

R 400.4149 Resident nutrition.

Rule 149. (1) A child caring institution will provide a minimum of 3 nutritious meals daily unless medically contraindicated and documented. Food must be free from spoilage, filth, or other contamination and be safe for human consumption.

(2) Meals must be of sufficient quantity to meet the nutritional allowances recommended USDA guidelines: <https://health.gov/news/202012/usda-and-hhs-just-released-dietary-guidelines-americans-2020>.

(3) A child caring institution must provide any special diet that has been prescribed by a licensed medical practitioner.

(4) A child caring institution must provide any special diet dictated by differing nutritional requirements related to the youth's age, medical condition, or religious beliefs.

(5) Menus, including snacks if provided, must be written and posted prior to the serving of the meal. Any change or substitution must be noted and considered as part of the original menu.

R 400.4150 Incident reporting.

Rule 150. (1) Child caring institution staff must contact the youth's parent or legal guardian, the licensing authority, and the caseworker within 12 hours, and provide a written report to the same parties within 24 hours of any of the following:

(a) Any of the following incidents that require emergency medical attention or hospitalization, or both:

- (i) Accident.
- (ii) Illness.
- (iii) Self-inflicted harm.
- (iv) Injury caused by others.
- (v) Mental health crisis.

(b) Attempted suicide.

(c) Incidents or allegations of sexual abuse or other forms of sexual misconduct.

(d) Behaviors that result in contacting law enforcement.

(e) Any use of prohibited methods of discipline under R 400.4158.

(f) Any use of lockdown procedure under R 400.4165.

(2) The death of a youth to the parent or legal guardian, responsible referring agency, and the licensing authority must be reported immediately to the parent or legal guardian or next of kin, law enforcement, the licensing authority, and the referring agency. Child caring institution staff must provide a written report to the same parties within 24 hours.

(3) If a child caring institution determines that a youth is absent without legal permission, the child caring institution staff must immediately report the information to law enforcement; the parent, legal guardian, or next of kin; the licensing authority; and the referring agency. Child caring institution staff must provide a written report to the same parties within 24 hours.

R 400.4151 Emergency; continuity of operation procedures.

Rule 151. (1) A child caring institution must establish and follow written emergency procedures that have been approved by the department that maintain the continuity of operations for a minimum of 72 hours to ensure the safety of youth for the following circumstances:

- (a) Fire.
- (b) Severe weather.
- (c) Medical emergencies.
- (d) Transmission of communicable diseases.
- (e) Missing persons.
- (f) Disasters.

- (g) Utility failures.
- (h) Environmental hazards.
- (2) The procedures must explain all the following:
 - (a) Staff roles and responsibilities.
 - (b) Evacuation procedures.
 - (c) Required notifications, including, but not limited to, the parent or legal guardian, the licensing authority, the referring agency, and law enforcement.
 - (d) Methods for maintaining continuity of services.

R 400.4152 Initial documentation.

Rule 152. At the time of admission, all the following must be in the youth's family service plan record:

- (a) Name, address, birth date, sex, gender, SOGIE identity, race, height, weight, hair color, eye color, identifying marks, religious preference, and school status.
- (b) A photograph taken within the previous 12 months.
- (c) A description of the youth's preparation for care and treatment in a child caring institution.
- (d) A description and documentation of the general physical and emotional state at the time of admission, immediate medical and mental health needs, and immediate safety planning for the protection of the youth and others in the child caring institution.
- (e) Documentation of health information including current medications, both prescribed and over the counter, medical examinations, mental health assessment and treatment plan, if applicable, and laboratory data from the prior year.
- (f) Name, address, and marital status of parents and name and address of legal guardian, if known. If unknown, that information must be obtained and entered into the youth's youth and family service plan record within 7 calendar days.
- (g) Date of admission and legal status.
- (h) Documentation of legal right to provide care, either through consent of a parent or legal guardian, or by court order.
- (i) Authorization to provide medical, dental, and surgical care and treatment as provided in section 14a(1), (2), and (3) of the act, MCL 722.124a.
- (j) A brief description of the circumstances leading to the need for care.
- (k) Documentation that the grievance policy was provided as required in R 400.4132.

R 400.4153 Shelter care and detention institutions; preliminary service plans.

Rule 153. (1) Within 7 calendar days of admission, a plan must be developed for each youth. The plan must include all the following:

- (a) The reason for care and treatment.
- (b) An assessment of the youth's immediate and specific needs, including input by the youth and parent or legal guardian.
- (c) The specific services to be provided by the child caring institution.
- (d) Other resources to meet the youth's needs.
- (2) Copies of the plan shall be maintained at the child caring institution, and provided to the youth, parent or legal guardian, and the referring agency.

R 400.4154 Shelter care and detention institutions; service plans.

Rule 154. (1) Within 30 calendar days after admission and every 15 calendar days thereafter, a child caring institution must complete a written service plan. The service plan

must include all the following:

- (a) The reason for continued care.
- (b) Evaluation of service needs including input by the youth and parent or legal guardian.
- (c) Ongoing service needs.
- (d) How service needs will be met.
- (e) Unmet service needs and the reasons those needs are unmet.
- (2) Copies of the plan must be maintained at the child caring institution, and provided to the youth, parent or legal guardian, and the referring source.

R 400.4155 Child caring institutions not detention or shelter care facilities; initial treatment plan.

Rule 155. (1) The social service worker shall complete an initial treatment plan for each youth within 30 calendar days of admission.

(2) The initial treatment plan must document input from the youth; the youth's parents; the youth's medical or mental health provider or clinician, or both; independent assessor; direct care staff; and the referral source, unless documented as inappropriate.

(3) The initial treatment plan shall include all the following:

(a) An assessment of the youth's and family's strengths and needs, including input from the youth, and parent or legal guardian.

(b) Plans for parent and youth family time.

(c) Treatment goals to improve youth and family functioning, and time frames for achieving the goals.

(d) Indicators of goal achievement.

(e) The person responsible for coordinating and implementing the youth and family treatment goals.

(f) Staff techniques for achieving the youth's treatment goals, including a specific plan.

The plan must be designed to promote healing and prevent seclusion and restraint and include a continuum of crisis prevention and intervention and de-escalation responses to the youth's behaviors.

(g) Projected length of stay and next placement.

(h) Permanency, transition, or discharge plan and steps that will be taken to achieve permanency.

(i) For youth who are permanent court wards or MCI wards, there must be documented co-ordination with the agency responsible for case management to achieve permanency as soon as possible for the youth.

(j) For youth 14 years of age and over, a plan to prepare the youth for functional independence.

(4) The social service worker must sign and date the initial treatment plan.

(5) The social service supervisor must, within 14 days of receipt of the worker's initial treatment plan, approve, countersign, and date the initial treatment plan.

(6) Copies of the plan will be maintained at the child caring institution, and provided to the youth, parent or legal guardian, and the referring source.

R 400.4156 Child caring institutions not detention or shelter care facilities; updated treatment plan.

Rule 156. (1) The social service worker must complete an updated treatment plan for each youth at least once every 90-calendar days following the initial treatment plan.

(2) The updated treatment plan must document input from the youth, the youth's parents,

the youth's medical or mental health provider or clinician, or both, direct care staff, and the referral source, unless documented as inappropriate.

(3) The updated treatment plan must include all the following information:

- (a) Dates, persons contacted, type of contact, and place of contact.
 - (b) Progress made toward achieving the goals established in the previous treatment plan, including input by the youth and parent or legal guardian.
 - (c) Changes in the treatment plan, including new problems and new goals to improve youth and family and functioning-. Indicators of goal achievement and time frames for achievement must be specified along with a specific behavioral and calming plan designed to promote healing and-prevent seclusion and restraint and that includes a continuum of crisis prevention and intervention, and de-escalation techniques respond to the youth's behaviors.
 - (d) For youth who are permanent court wards or MCI wards, there must be documented co-ordination with the agency responsible for case management to achieve permanency as soon as possible.
 - (e) For youth 14 years of age and over, a plan to prepare the youth for functional independence.
- (4) The social service worker must sign and date the updated treatment plan.
- (5) The social service supervisor must, within 14 days of receipt of the worker's updated treatment plan, approve, countersign, and date the updated treatment plan.
- (6) Copies of the plan will be maintained at the child caring institution, and provided to the youth, parent or legal guardian, and the referring source.

R 400.4157 Behavioral and calming plan.

Rule 157. (1) A child caring institution shall develop written policies and implement a behavioral and calming plan that includes all the following:

(a) Development of agency-based crisis prevention and intervention strategies that are strength-based and non-coercive. The plan will be used to support staff development and assist youth in self-regulation and social skills. An agency plan will include all the following:

- (i) On-site, sensory-based interventions that will be made available to youth.
- (ii) A physical environment that promotes comfort and healing.
- (iii) Access to a youth's support team, which may include peer support.
- (iv) Youth engagement with family.
- (v) In the absence of family, developing a community of support for youth.
- (vi) Opportunities to teach youth dispute resolution, conflict mediation, and negotiation skills.
- (vii) Staff awareness and inclusion in each youth's behavior and calming plan that is updated regularly, as needed.

(b) A plan for regular review and modification of each youth's behavioral and emotional support plan at least on a quarterly basis or more frequently as needed.

(c) Development of an individualized behavioral and calming plan for each youth that includes:

- (i) Safety and calming strategies unique for each youth, including options for support tools.
- (ii) Utilizes trauma responsive and best practices.
- (iii) A youth-centered behavioral and calming plan incorporating input and ideas from the youth and family.

(iv) Strength-based and non-coercive crisis prevention and intervention strategies that will be used to assist a youth in self-regulation and social skills.

(v) Options for fresh air, movement, and exercise.

(2) The child caring institution must continually educate and support workforce competency and skill development to effectively implement the institution's behavioral and calming plan approach.

(3) The agency written behavioral and calming plan policies must be reviewed annually and updated as needed.

(4) Upon admission, the child caring institution must provide each youth, family, and referral agency a handbook that includes the institution's written behavioral and calming plan policies summarized in appropriate language. The actual policies must be available and provided upon request.

R 400.4158 Intervention standards and prohibitions.

Rule 158. (1) A child caring institution shall establish and follow written policies and procedures that prohibit the following forms of intervention:

(a) Any type of physical punishment including, but not limited to:

(i) Use of chemical agents including, but not limited to, pepper spray, tear gas, and mace.

(ii) Hitting or striking, throwing, kicking, pulling, or pushing a youth on any part of their body.

(iii) Threats of restraint, seclusion, punishment, or otherwise suggesting physical or emotional harm to a youth.

(iv) Verbal abuse including the use of derogatory or discriminatory language including negative references to a youth's background or appearance or mental state. Yelling, threats, ridicule, or humiliation are strictly prohibited.

(v) Peer-on-peer discipline.

(b) Denial of any essential program services as punishment. These include, but are not limited to, the following:

(i) Food or creating alternative menus.

(ii) Family time or any type of communications with family.

(iii) The opportunity for at least 8 hours of sleep in a 24-hour period.

(iv) Shelter, clothing, medical care, or essential personal needs, including culturally specific items.

(v) Any actions that inhibit a youth's ability to achieve permanency.

(2) An agency will provide a list of these prohibited practices to all youth, their families, and referring agencies upon admission.

R 400.4159 Youth restraint; pregnant youth; reduction, prevention; prohibited restraints; elimination of restraints.

Rule 159. (1) A child caring institution shall establish a process improvement and restraint reduction/elimination plan that:

(a) Includes documentation of each restraint.

(b) Requires staff training in approved crisis prevention and intervention techniques including:

(i) Prevention, de-escalation techniques, and non-violent responses to assaultive behavior.

(ii) Conflict management.

(iii) Minimizing trauma.

(iv) Staff emotional self-regulation techniques.

- (c) Training must be conducted by certified trainers.
- (d) Staff must complete refresher training annually or more frequently as needed.
- (e) The agency must maintain documentation verifying staff training.
- (f) The agency will review all restraints at least monthly.
- (g) The agency shall establish a restraint reduction committee for the purpose of analysis, process improvement, communication, and recognition of efforts to eliminate the use of restraints.

(2) The following restraints are strictly prohibited:

- (a) Use of chemical restraints as defined in section 2b of the act, MCL 722.112b.
- (b) Use of pressure point control and pain adherence techniques at the facility.
- (c) Use of straightjackets, hogtying, and restraint chairs.
- (d) Restraining youth to fixed objects, including beds or walls.
- (e) Restraining youth in a prone position or any restraint that restricts the youth's airway.
- (f) Using restraints for punishment, discipline, retaliation, or humiliation.
- (g) Peer-on-peer discipline or utilizing the assistance of another youth to implement a restraint.

(3) For a youth who is pregnant, including a youth who is in labor, delivery, or post-partum recovery, mechanical restraints are prohibited. In addition, the following restraints are prohibited for use on pregnant youth:

- (a) Abdominal restraints.
- (b) Leg and ankle restraints.
- (c) Wrist restraints behind the back.
- (d) Four or five-point restraints.

(4) Only the least restrictive intervention necessary to prevent immediate harm to the youth or others may be used and follows an individualized set of graduated interventions that avoid the use of restraints.

(5) In the event a restraint occurs, it must be performed in a manner that is safe, appropriate, and proportionate to the severity of the youth's behavior, chronological and developmental age, size, gender, physical condition, medical condition, psychiatric condition, and personal history, including any history of trauma, and must be done in a manner consistent with the youth's treatment plan.

(6) Restraint must not last longer than the minimal duration of time it takes for a youth to calm down and to restore safety.

(7) Staff must continuously monitor the youth's breathing and other signs of physical distress and take appropriate action to ensure adequate respiration, circulation, and overall well-being.

(8) When an emergency health situation occurs or the youth exhibits sign of physical distress occurs during the restraint, staff must immediately obtain treatment for the youth.

(9) All restraints for child caring institutions, with the exception of those restraints allowed in Rule 160 and Rule 161, will be prohibited effective May 1, 2022.

R 400.4160 Emergency restraint.

Rule 160. The use of emergency restraint as a lifesaving response of a youth will be limited to:

- (a) An emergency response to protect the youth or others an unanticipated or severely aggressive behavior that places the youth or others at serious threat of violence, or injury if no immediate intervention occurs.
- (b) When all other interventions in the agency crisis prevention and intervention plan and

the youth's individual safety and calming plan have been utilized but fail to protect the youth or others from unanticipated or severely aggressive behavior that places the youth or others at serious threat of violence, for injury if no immediate intervention occurs.

(c) The emergency restraint must not last longer than needed to end the threat of serious physical harm.

(d) Staff must continuously monitor the youth's breathing and other signs of physical distress and take appropriate action to ensure adequate respiration, circulation, and overall well-being.

(e) The youth must be released immediately when an emergency health situation occurs or a situation that presents physical distress occurs during the restraint. Staff must obtain immediate medical treatment for the youth.

R 400.4161 Secure juvenile justice facilities; mechanical restraint; policies and procedures; prohibitions.

Rule 161. (1) Secure juvenile justice facilities must develop and implement written policies and procedures regarding the use of mechanical restraint in actual practice in secure detention and residential treatment juvenile justice facilities.

(2) Staff are prohibited from doing the following:

(a) Handcuffing youth together during transportation or restraining youth to a vehicle.

(b) Leave sleeping youth in restraints.

(c) Leaving a restrained youth alone.

(3) The only mechanical restraints that staff may use within a facility are handcuffs unless circumstances require and written approval is given by the chief administrator for the use of leg shackles, leg bar, or belly chains or belly belts, or both.

(4) Within the facility or during transportation to or from the facility, staff may use handcuffs when an assessment has been made that the youth presents a current risk of escape or serious, recent assaultive behavior has been documented and there are no other means available to provide for the safety of other youth and staff. In the rare instances that staff need additional restraints as described in subrule (3) of this rule during transportation, staff must document specific reasons for the use of any mechanical restraint other than handcuffs and obtain written approval by the chief administrator.

(5) During secure facility emergencies, such as a lockdown or riot, staff may use handcuffs and belly chains to prevent serious injury or escape. Staff must remove handcuffs and other restraints promptly after the youth is placed in his or her room or is otherwise in a safe place.

(6) In the event a mechanical restraint occurs, it must be performed in a manner that is safe, appropriate, and proportionate to the severity of the youth's behavior, chronological and developmental age, size, gender, physical condition, medical condition, psychiatric condition, and personal history, including any history of trauma, and done in a manner consistent with the youth's treatment plan.

(7) If a mechanical restraint is used, staff must use the permitted methods of mechanical restraint and appropriate techniques for use of restraints, and the agency shall provide guidance to staff in deciding what level of restraint to use if that becomes necessary.

(8) Restraint may not last longer than the minimal duration of time it takes for a youth to regain self-control and to restore safety.

(9) Staff must continuously monitor the youth's breathing and other signs of physical distress and take appropriate action to ensure adequate respiration, circulation, and overall well-being.

(10) The youth must be released immediately when an emergency health situation occurs or a situation that presents physical distress occurs during the restraint. Staff must obtain immediate

medical treatment for the youth.

R 400.4162 Seclusion ~~rooms~~ within secure and nonsecure facilities; seclusion plan; prohibitions; reduction and elimination.

Rule 162. (1) An agency must establish a process improvement and a seclusion reduction/elimination plan that addresses the following areas:

(a) Requires staff training in approved crisis prevention and intervention techniques including:

(i) Prevention, de-escalation techniques, and non-violent response to assaultive behavior.

(ii) Conflict management.

(iii) Minimizing and addressing trauma for youth and staff.

(b) Training must be conducted by certified trainers.

(c) Staff shall complete refresher training annually or more frequently as needed.

(d) Access to youth support team members.

(e) Review and update the youth's individual behavioral and calming plan, as needed.

(2) Prior to using seclusion, staff must use less restrictive techniques to de-escalate the situation such as talking with youth, bringing in other staff or qualified mental health professionals to assist, or engaging family members other youth to talk with the youth. Prior to using seclusion or immediately after placing a youth in seclusion, staff will explain to the youth the reasons for the seclusion and the fact that he or she will be released upon regaining self-control.

(3) Seclusion must be performed in a manner that is safe, appropriate, and consistent with the youth's chronological and developmental age, size, gender, physical condition, medical condition, psychiatric condition, and personal history, including history of trauma.

(4) Staff must only use seclusion as a temporary response to prevent life-threatening injury or serious bodily harm when other interventions are ineffective.

(5) Staff may not use seclusion for discipline, punishment, administrative convenience, retaliation, staffing shortages, or reasons other than a temporary response to behavior that threatens immediate harm to a youth or others.

(6) Staff may not place youth in seclusion for fixed periods of time. Staff must release the youth from seclusion as soon as the youth has regained self-control and is no longer engaging in behavior that threatens immediate harm to the youth or others.

(7) During the time that a youth is in seclusion, staff must perform variable interval, eye-on checks of youth. The time between the variable interval checks must not exceed 15 minutes unless the situation requires continuous observation for the child's safety, including, but not limited to youth exhibiting suicidal ideations or is performing self-harm.

(8) Youth in seclusion must have reasonable access to water, toilet facilities, and hygiene supplies.

(9) Staff will keep designated areas used for seclusion clean, appropriately ventilated, and at comfortable temperatures.

(10) Designated areas used for seclusion must be suicide-resistant and protrusion-free.

(11) All seclusion will be prohibited effective May 1, 2022.

R 400.4163 Health status assessment; notification; debriefing; reporting.

Rule 163. (1) The agency shall develop and implement written procedures for health status screening, notifications, debriefing, and reporting when a restraint, including an emergency restraint, or seclusion is used.

(2) Health status screening of the youth will occur immediately after seclusion or restraint by

staff assigned to this screening as defined in agency policy. If the youth has any physical complaints or if the screening staff has any concerns, depending on the severity of the complaint or concerns, the staff will arrange for the youth's health needs to be met immediately by any of the following actions:

(a) Consultation with the on-call or onsite nursing staff.

(b) Referral for an off-site health assessment.

(c) Contacting emergency medical services.

(3) Notification must be made to the following individuals in the event of a restraint or seclusion:

(a) If a restraint or seclusion does not involve injury or medical intervention, or an injury that does not give rise to a serious injury as defined by section 8 of the child protection law, 1975 PA 238, MCL 722.628, the following individuals shall be notified within 12 hours:

(i) The youth's parent or parents or legal guardian or guardians, including the MCI Superintendent, if applicable.

(ii) The youth's child and family caseworker.

(iii) The youth's attorney or guardian ad litem.

(iv) The youth's advocate, if applicable.

(v) Any other individual the court finds appropriate for notification.

(b) If a restraint or seclusion results in serious injury, the following individuals shall be notified as soon as possible but no later than 6 hours after the incident:

(i) The youth's parent or parents or legal guardian or guardians, including the MCI Superintendent, if applicable.

(ii) The youth's child and family caseworker.

(iii) The youth's attorney or guardian ad litem.

(iv) The youth's advocate, if applicable.

(v) Any other individual the court finds appropriate for notification.

(c) The notification shall include all the following:

(i) The date and time of the restraint or seclusion.

(ii) A brief summary of events that led to the restraint or seclusion.

(iii) The actions taken following the restraint or seclusion, including any medical services provided.

(iv) A plan for debriefing following the incident, including how the notified individual will be engaged in the debriefing process.

(4) The agency shall implement a debriefing protocol containing the following characteristics:

(a) Consistent with trauma-informed principles.

(b) Consistent with the agency's crisis prevention and intervention processes.

(c) Inclusive of involved youth and caregivers, staff directly involved in the incident, supervisors, management, and agency leadership.

(d) Informs ongoing quality improvement in the treatment of the individual youth.

(e) Informs ongoing quality improvement in the agency's programs, policies, and practices.

(5) An agency will provide an incident report on a form prescribed by the department for each incident involving the use of seclusion or restraint. The initial report shall be submitted to the department within 24 hours of the incident occurring. A final incident report shall be submitted no later than 72 hours after the incident has occurred.

(6) If mechanical restraint was used, the report must also include the following:

(a) Name of administrator or designee who approved equipment use.

(b) Time of the authorization.

(c) Specific rationale for use.

(d) Time equipment was applied and removed, if different than the time of the overall incident.

(e) Name of the staff member who applied the equipment.

(f) Name or names of staff member or staff members continuously present with the youth throughout mechanical restraint use.

(7) The facility administrator shall review the use of restraint and seclusion on a quarterly basis to ensure that staff only use it as a temporary response to behavior that threatens immediate harm to the youth or others. Based upon the administrative review, a process improvement plan shall be implemented to address:

(a) Strategies to prevent use of restraints and seclusions for youth.

(b) Improve staff competency in non-physical crisis prevention and intervention techniques.

(8) The agency's policies and procedures shall be provided and explained to all youth, their families, and referring agencies.

R 400.4164 Rescinded.

R 400.4165 Secure facilities serving juvenile justice youth; lockdowns.

Rule 165. (1) A secure facility may only use lockdown in situations that threaten facility security, including, but not limited to, riots, taking of hostages, or escape plans involving multiple youth.

(2) A secure facility serving juvenile justice youth that uses lockdowns in which all youth are confined to their rooms must have a written policy that describes the procedures to be followed and includes all the following:

(a) Who may order a lockdown.

(b) Who is to implement the lockdown when it has been ordered.

(c) How the problem is to be contained.

(d) Procedures to be followed after the incident is resolved.

(e) Notification of the licensing authority within 24 hours after the occurrence of a lockdown.

R 400.4166 Discharge plan.

Rule 166. (1) When a youth is discharged from a child caring institution, all the following information must be documented in the case record within 14 days of discharge:

(a) The date of and reason for discharge, and the new location of the child.

(b) A brief summary or other documentation of the services provided to the youth, including medical and dental services.

(c) An assessment of the youth's needs that remain to be met.

(d) Any services that will be provided by the facility after discharge.

(e) A statement that the discharge plan recommendations, including medical and dental follow up that is needed, have been reviewed with the youth and with the parent and with the responsible case manager.

(f) The name and official title of the person to whom the youth was discharged.

(2) For an unplanned discharge, a child caring institution must provide a brief summary or other documentation of the circumstances surrounding the discharge.

(3) When a youth is discharged from a child caring institution, all the following information will be documented in the case record and provided to the subsequent placement within 24 hours:

(a) Medication list as reviewed and reconciled by nursing staff within 48 hours of discharge.

(b) Health problem list as reviewed and reconciled by nursing staff within 48 hours of discharge.

(c) List of scheduled procedures, including laboratory studies, as indicated based on the child's health concerns.

R 400.4167 Case record maintenance.

Rule 167. (1) The child caring institution must maintain a case record for each child, including all the following:

(a) All medical, dental, and mental health visit services provided, whether occurring on or off-site.

(b) Medication administration records.

(c) Laboratory records.

(2) Service plans must be signed and dated by the social services worker and the social services supervisor.

(3) Narrative entries in the case record must be signed and dated by the person making the entry.

(4) Records must be maintained in a uniform and organized manner, protected against destruction and damage, and stored in a manner that safeguards confidentiality.

(5) Youth records must be maintained for not less than 7 years after the youth is discharged.

PART 4. ENVIRONMENTAL HEALTH AND SAFETY

R 400.4401 Applicability.

Rule 401. The rules set forth in this part apply to all child caring institutions unless specifically noted otherwise.

R 400.4407 Child caring institution and premises maintenance.

Rule 407. (1) A child caring institution ~~facility~~ and premises must be maintained in a clean, comfortable, and safe condition. The child caring institution must be located on land that is properly drained.

(2) All chemical or cleaning supply containers must be properly labeled and stored to prevent unauthorized access by youth.

(3) Hazardous areas must be guarded or posted as appropriate to the age and capacity of the youth.

(4) The child caring institution, including main and accessory structures, must be maintained to prevent and eliminate rodent and insect harborage.

(5) Rooms, exterior walls, doors, skylights, and windows must be weathertight and watertight and kept in sound condition and in good repair.

(6) Floors, interior walls, and ceilings must be sound and in good repair and be maintained in a clean condition.

(7) Plumbing fixtures and water and waste pipes must be properly installed and maintained in good working condition.

(8) Bathroom, and kitchen floors must be constructed and maintained, waterproof, and be composed of a slip resistant material.

(9) Equipment and recreation devices, with the exception of playground equipment, must be inspected periodically for defects. Proper maintenance must be carried out to keep equipment in a safe operating condition.

(10) Water heaters must have an operable thermostatic temperature control and a pressure relief valve.

(11) Stairways, porches, and elevated walkways must have structurally sound and safe handrails.

R 400.4409 Ventilation.

Rule 409. (1) Except for a basement, each habitable room must have direct outside ventilation by means of windows, louvers, air conditioning, or mechanical ventilation.

(2) During fly and mosquito season, between May 1 and October 31, each door, window, and other opening to the outside that is used for ventilation purposes must be supplied with standard screens of not less than 16 mesh. Each screen door must have a self-closing device in working condition and swing outward.

(3) Where windows or louvers are used for ventilation, the total openable area for each youth-occupied room, other than a bathroom, must not be less than 3 1/2% of the floor area of the room.

R 400.4411 Natural light.

Rule 411. Every sleeping room occupied by youth must have natural light from a source that is equal to not less than 8% of the floor area for that room. A skylight, louver, glass-blocked panel, or similar light-transmitting device may not be counted for more than 50% of the required area in place of conventional windows and glass doors.

R 400.4414 Water supply.

Rule 414. (1) The water supply for a child caring institution must adhere to drinking water standards established by the department of environment, great lakes and energy, or local requirements. Installation of new wells or repairs on existing wells must be done by water drilling contractors registered under sections 12701 to 12721 of the public health code, 1978 PA 368, MCL 333.12701 to 333.12721.

(2) Each sink, lavatory, bath, shower, drinking fountain, and other water outlet must be supplied with safe and potable water, which is sufficient in quantity and pressure to meet the conditions of peak demand. Hot and cold or tempered water must be provided in each sink, lavatory, bath, and shower. Hot water temperatures may not exceed 120 degrees Fahrenheit at outlets accessible to youth.

(3) Plumbing must be installed and maintained to prevent cross connections with the water supply.

R 400.4417 Toilet and bathing facilities.

Rule 417. Toilet and bathing facilities must be provided as follows:

(a) Toilets that allow for individual privacy, unless inconsistent with a toilet training program or security program.

(b) Bathing and toilet fixtures that are specially equipped if used by individuals with a physical handicap.

(c) At least 1 toilet, lavatory, and tub or shower, which are easily accessible from sleeping quarters, for each 8 youth.

(d) Soap and hand and body drying material must be available for the youth in each toilet and bathing facility.

R 400.4420 Rescinded.

R 400.4426 Garbage and refuse.

Rule 426. (1) Garbage must be stored in animal and insect-tight, watertight containers with tight-fitting covers. A garbage can must be provided with a waterproof liner or be thoroughly cleaned after each emptying.

(2) Garbage and refuse must be removed at intervals of at least once a week.

R 400.4428 Sewage disposal.

Rule 428. Sewage and other water-carried wastes must be disposed of through a municipal sewer system where such a system is available. Where a municipal sewer connection is not available, liquid waste shall be discharged into an approved private system. The private system may not create a nuisance or pollute a stream, lake, or other body of water or contaminate a water supply or bathing place and must adhere to applicable local health department requirements.

R 400.4431 Heating equipment.

Rule 431. (1) Heating equipment must be capable of maintaining a minimum temperature of not less than 65 degrees Fahrenheit at a point 4 2 feet above the floor. Cooling measures must occur at a maximum 82 degrees. An accurate thermometer must be provided.

(2) Hot water radiators or steam radiators and pipes or any other heating device capable of causing a burn must be effectively shielded.

R 400.4435 Swimming beaches and pools.

Rule 435. (1) The water and beach area of a natural swimming area of a child caring institution must be free from contamination by garbage, refuse, sewage pollution, and hazardous foreign or floating materials. A survey or evaluation of the quality of the water at the swimming area must be made in accordance with sections 12541 to 12546 of the public health code, 1978 –PA 368, MCL 333.12541 to 333.12546 and the rules promulgated thereunder.

(2) A child caring institution's artificial swimming pool must be constructed and maintained in accordance with sections 12521 to 12534 of 1978 PA 368, MCL 333.12521 to 333.12534, and the rules promulgated thereunder.

R 400.4436 Food service establishment and facilities, equipment, and procedures.

Rule 436. A facility licensed as a food service establishment must adhere to sections 12905 and 12909 of the public health code, 1978 PA 368, MCL 333.12905 and 333.12909. A facility not licensed as a food service establishment must follow the requirements as set forth in R 400.4437 to R 400.4439.

R 400.4437 Food preparation areas.

Rule 437. (1) Food contact surfaces must be smooth, nontoxic, easily cleanable, durable, corrosion resistant, and nonabsorbent.

(2) Carpeting is prohibited in food preparation areas.

(3) Mechanical ventilation to the outside is required for all commercial cooking equipment, which includes, but is not limited to, stoves, ranges, ovens, and griddles.

(4) If residential hood ventilation is used, then cooking equipment must be limited to residential stove and oven equipment.

(5) Mechanical ventilation to the outside may be required if a problem is evidenced.

- (6) The use of deep fryers is prohibited.
- (7) Live animals are prohibited in food preparation and eating areas.

R 400.4438 Food and equipment storage.

Rule 438. (1) Each refrigerator must have an accurate working thermometer indicating a temperature of 41 degrees Fahrenheit or below.

(2) All artificial lighting fixtures located over, by, or within food storage, preparation, and service areas, or where utensils and equipment are cleaned and stored, must be properly shielded.

(3) Unpackaged bulk foods must be stored in clean covered containers, dated, and labeled as to the contents.

(4) Food not subject to further washing or cooking before serving must be stored in a way that protects it from cross-contamination from food requiring washing or cooking.

(5) Packaged food must not be stored in contact with water or undrained ice.

(6) Poisonous or toxic materials must not be stored with food, food service equipment, utensils, or single-service articles.

(7) Food, food service equipment, and utensils must not be located under exposed or unprotected sewer lines, open stairwells, or other sources of contamination. Automatic fire protection sprinkler heads are the exception.

(8) The storage of food, food service equipment, or utensils in toilet rooms is prohibited.

(9) Food and utensils must be stored in a cabinet or a shelf above the floor.

(10) All food service equipment must be above the floor and moveable or be properly sealed to the floor.

(11) Meals that are transported must be prepared in commercial kitchens and delivered in carriers approved by the local health department.

R 400.4439 Food preparation.

Rule 439. (1) Food must be in sound condition, free from spoilage, filth, or other contamination and be safe for human consumption.

(2) Food must be prepared on food grade surfaces that have been washed, rinsed, and sanitized.

(3) Raw fruits and vegetables must be thoroughly washed before being cooked or served.

(4) Staff shall minimize bare-hand contact with foods that will be cooked.

(5) Ready to eat foods must not be prepared or served using bare hands.

(6) Food must be cooked to heat all parts of the food to the safe temperature as identified in the document titled Safe Minimum Cooking Temperatures, published by the U.S. Food Safety Working Group. This document is available at no cost on the Foodsafety.gov website, <https://www.foodsafety.gov/keep/charts/mintemp.html>. It is also available for inspection and distribution at no cost from the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems, Child Care Division, 611 West Ottawa Street, Lansing, MI 48933.

(7) Potentially hazardous foods must be thawed using 1 of the following methods:

(a) In the refrigerator at a temperature not to exceed 41 degrees Fahrenheit.

(b) Completely submerging the item under cold water, at a temperature of 70 degrees Fahrenheit or below, that is running fast enough to float off loose ice particles.

(c) In a microwave oven for either of the following:

(i) The food will be immediately transferred to conventional cooking facilities as part of a continuous cooking process.

(ii) The entire cooking process takes place in the microwave oven.

(d) As part of the conventional cooking process.

(8) The temperature of potentially hazardous foods must be 41 degrees Fahrenheit or below, or 135 degrees Fahrenheit or above, at all times, except during necessary periods of preparation.

(9) Potentially hazardous foods that have been cooked and then refrigerated or frozen must be reheated rapidly to 165 degrees Fahrenheit or higher throughout before being served or before being placed in a hot food storage facility.

(10) Accurate metal stem-type food thermometers must be used to ensure the attainment and maintenance of proper internal cooking, holding, reheating, or refrigeration temperatures of all potentially hazardous foods.

(11) On field trips, all foods must be protected from contamination at all times as required by this rule.

(12) In the absence of proper hand washing facilities on field trips, individuals preparing and serving food shall wear sanitary disposable food service gloves.

R 400.4440 Sanitization.

Rule 440. (1) All tableware, utensils, food contact surfaces, and food service equipment must be thoroughly washed, rinsed, and sanitized after each use. Multi-purpose tables must be thoroughly washed, rinsed, and sanitized before and after they are used for meals or snacks.

(2) Enamelware utensils are prohibited.

(3) Reuse of single service articles is prohibited.

(4) Multi-use tableware and utensils must be washed, rinsed, and sanitized using 1 of the following methods:

(a) A commercial dishwasher.

(b) A residential dishwasher with sanitizing capability.

(c) A 3-compartment sink and adequate drain boards.

(d) A 2-compartment sink for washing and rinsing, a third container suitable for complete submersion for sanitizing, and adequate drain boards.

(5) If the manual washing method is used, as referenced in subrule (4)(c) and (d) of this rule, all of the following must be done:

(a) Rinse and scrape all utensils and tableware before washing.

(b) Thoroughly wash in detergent and water.

(c) Rinse in clear water.

(d) Sanitize using 1 of the following methods:

(i) Immersion for at least 30 seconds in clean, hot water of at least 170 degrees Fahrenheit.

(ii) Immersion for at least 1 minute in a solution containing between 50 and 100 parts per million of chlorine or comparable sanitizing agent at a temperature of at least 75 degrees Fahrenheit. A test kit or other device that measures parts per million concentration of the solution must be used when a chemical is used for sanitizing.

(e) Air dry.

(6) Sponges must not be used in a food service operation.

PART 5. FIRE SAFETY FOR SMALL, LARGE, AND SECURE INSTITUTION FACILITIES

R 400.4501 Definitions.

Rule 501. As used in this part:

(a) "Ambulatory" means a youth who is physically and mentally capable of traversing a path to safety without the aid of another person. A path to safety includes the ascent and descent of any stairs or approved means of egress.

(b) "Approved" means acceptable to the department and fire inspecting authority and in accordance with these rules. The department makes the final approval based on recommendations from the fire inspecting authority.

(c) "Basement" means a story of a building or structure having $\frac{1}{2}$ or more of its clear height below average grade for at least 50% of the perimeter of the story.

(d) "Combustible" means those materials that can ignite and burn.

(e) "Conversion" or "converted" means a change, after the effective date of these rules, in the use of a facility or portion thereof from some previous use to that of a licensed or approved institution, or an increase in capacity from a residential group home to a small facility, or an increase in capacity from a small facility to a large facility, or a change to a secure facility. A converted facility must comply with these rules for fire safety for converted facilities.

(f) "Electric lock" means an electric door lock system operated from a remote-control unit. The system is fail-safe in that all locks are automatically unlocked in the event of electrical failure. The system is approved by a nationally recognized independent testing laboratory.

(g) "Escape window" in new construction, remodeled, or converted facilities means an approved side-hinged window with a minimum net clear opening of 5.7 square feet with a net clear opening height of 24 inches and width of 20 inches. Grade floor openings must have a minimum net clear opening of 5.7 square feet. The window must be operable from the inside with a single motion and be equipped with non-locking-against- egress hardware. The window must be operable without the use of special tools. The sill height must not be greater than 36 inches from the floor, unless an approved substantial permanent ledge or similar device not less than 12 inches wide is provided under the window, in which case the sill height may be increased to 44 inches from the floor. In an existing facility, "escape window" means a window acceptable to the fire inspecting authority.

(h) "Existing facility" means a building, accessory buildings, and surrounding grounds that is licensed or approved by the department as an institution at the time these rules take effect, and that is not unoccupied for more than 1 year. Where an increase in capacity or change in use affects fire safety requirements, the facility must comply with all applicable requirements prior to the increase or change in use.

(i) "Facility" means a building, and surrounding grounds including recreational areas owned, leased, or primarily rented by a child care organization for use as a small, large, or secure facility to house and sleep youth. It includes new, remodeled, converted, and small, large, secure, and existing facilities. Any portion of a facility not used by youth and not used as a required means of egress and that is separated youth from the rest of the facility by an approved fire barrier, and buildings used by the youth strictly for up and awake activities do not need to meet these rules for fire safety. However, the right of the fire inspecting authority to inspect a nonuse area for hazardous use, or any building on the grounds that is used by youth strictly for up and awake activities, is retained and directives relative to fire safety of such area or building may be issued to ensure the fire safety of ~~the~~ those use areas.

(j) "Fire alarm device" means an approved device capable of sounding an alarm. A fire alarm must be specifically designated as such and may not be used for any purpose other than sounding an alarm of fire or other emergency or for fire drills. The device must be loud enough to be heard throughout the facility under normal conditions. A device may be a bell, a horn, a whistle, or any other device acceptable to the fire inspecting authority.

(k) "Fire alarm system" means an approved electrical closed circuit, self-supervised local system for sounding an alarm. The system is comprised of a panel, pull stations, and audible electric signal devices.

(l) "Fire-rated glazing" means glazing with either a fire protection rating or a fire-resistance rating. Fire-rated glazing ratings are as follows:

Table 1

MARKING FIRE-RATED GLAZING ASSEMBLIES		
FIRE TEST STANDARD	MARKING	DEFINITION OF MARKING
ASTM E119 or UL 263	W	Meets wall assembly criteria.
NFPA 257 or UL 9	OH	Meets fire window assembly criteria including the hose stream test.
NFPA 252 or UL 10B or UL 10C	D	Meets fire door assembly criteria.
	H	Meets fire door assembly hose stream test.
	T	Meets 450°F temperature rise criteria for 30 minutes
	XXX	The time in minutes of the fire resistance or fire protection rating of the glazing assembly.

(m) "Fire resistance rating" means the time in hours or fractions thereof that materials or their assemblies will resist fire exposure as determined by fire tests established and conducted by approved testing laboratories.

(n) "Fire Watch" means the assignment of a person or persons to an area for the express purpose of notifying the fire department, the building occupants, or both, of an emergency, preventing a fire from occurring, extinguishing small fires, or protecting the public from fire or life safety dangers.

(o) "Hazardous area" means those parts of a facility housing a flame-producing heating plant, incinerators, water heater, and kitchens and areas where combustible materials, flammable liquids, or gases are used or stored.

(p) "Large facility" means a building used to house more than 15 youth.

(q) "Means of egress and exit" means an unobstructed way of departure from any point in a building to safe open air outside at grade as follows:

(i) Common path of travel. Max length 75'.

(ii) Dead end corridor, not to exceed 10'.

(iii) Exit discharge into courtyard. See R 400.4538 (11).

(r) "Newly constructed," "new construction," or "new facility" means a new structure or new addition to a facility after the effective date of these rules.

(s) "Non-ambulatory" means a resident, including a resident confined to a wheelchair, who is physically or mentally incapable of traversing a path to safety without the aid of another person. A path to safety includes the ascent and descent of any stairs or other approved means of egress from the building.

(t) "Qualified Fire Inspector" or "QFI" means an authorized fire safety inspector who is approved to conduct a fire safety inspection of the facility in compliance with the fire safety rules. The department maintains a list of approved QFIs on the web page.

(u) "Remodeled" means changes in a facility that modify existing conditions and includes

renovation and changes in the fire alarms, sprinkler systems, and hood suppression systems. Remodeled and affected areas of a child caring institution must comply with these rules for fire safety for remodeled and converted facilities. Unaffected areas of a facility are not required to conform to the required provisions for remodeled and converted facilities.

(v) "Residential group home facility" means a building used to house not more than 6 youth and is not a secure facility.

(w) "Second story" means the story of a building above the highest story that has a means of egress that is not more than 4 feet to grade.

(x) "Secure facility" means a building used as a detention facility or a secure child caring institution. The building or portions of the building are used to keep youth in custody. Outside doors or individual sleeping rooms usually have locks that are secure from the inside. The locks are used in the usual course of operation. A secure facility must meet the requirements for a large facility, regardless of the number of youth. A facility with an approved seclusion room is not a secure facility solely by virtue of having a seclusion room.

(y) "Small facility" means a building which that houses at least 7, but no ~~or~~ more than 15 youth, and that is not a secure facility.

(z) "Street floor" means the lowest story of a facility that is not a basement.

(aa) "Story" means that part of a building between a floor and the floor or roof next above.

(bb) "Substantially remodeled" means changes in a facility that result in the exposure or addition of structural joists or studs.

(cc) "Wire glass" means glass that is not less than 1/4 inch thick; that is reinforced with wire mesh, No. 24 gauge or heavier with spacing not greater than 1 square inch; and that is installed in steel frames or, when approved, installed in wood frames or stops of hardwood material not less than 3/4 inch actual dimension and not more than 1,296 square inches per frame with no single dimension more than 54 inches in length.

R 400.4504 Adoption by reference.

Rule 504. The department adopts by reference the following fire safety codes and standards. These codes and standards are available for inspection at no cost through the department and at the National Fire Protection Association website, <https://www.nfpa.org>. The codes and standards are available at cost through the Michigan Department of Health and Human Services, 333 S Grand Avenue, P.O. Box 30195, Lansing, Michigan 48909 or from the appropriate agency, organization, or association at the prices listed below.

(a) National Fire Protection Association (NFPA) 4, "Standard for Integrated Fire Protection and Life Safety System Testing," 2018 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$54.50 each.

(b) NFPA 10, "Standard for Portable Fire Extinguishers," 2017 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$61.00 each.

(c) NFPA 13, "Standard for the Installation of Sprinkler Systems," 2016 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$84.48 each.

(d) NFPA 13D, "Standard for the Installation of Sprinkler Systems in One-and Two-Family Dwellings and Manufactured Homes," 2016 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$60.00 each.

(e) NFPA 13R, "Standard for the Installation of Sprinkler Systems in Low-Rise Residential Occupancies," 2016 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$51.00 each.

(f) NFPA 14, “Standard for the Installation of Standpipe and Hose Systems,” 2016 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$89.50 each.

(g) NFPA 17A, “Standard for Wet Chemical Extinguishing Systems,” 2017 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$47.50 each.

(h) NFPA 20, “Standard for the Installation of Stationary Pumps for Fire Protection,” 2016 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$71.00 each.

(i) NFPA 25, “Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems,” 2017 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$71.00 each.

(j) NFPA 70, “National Electrical Code,” 2017 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$115.00 each.

(k) NFPA 72, “National Fire Alarm and Signaling Code,” 2016 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$74.89 each.

(l) NFPA 80, “Standard for Fire Doors and Other Opening Protectives,” 2016 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$61.00 each.

(m) NFPA 82, “Standard on Incinerators and Waste and Linen Handling Systems and Equipment,” 2014 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$54.50 each.

(n) NFPA 90A, “Standard for the Installation of Air-Conditioning and Ventilating Systems,” 2018 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$54.50 each.

(o) NFPA 96, “Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations,” 2017 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$61.00 each.

(p) NFPA 101, “Life Safety Code,” 2018 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$118.00:

(i) Chapter 1, Administration.

(ii) Chapter 3, Definitions.

(iii) Chapter 4, General.

(iv) Chapter 6, Classification of Occupancy and Hazard of Contents.

(v) Chapter 7, Means of Egress.

(vi) Chapter 8, Features of Fire Protection.

(vii) Chapter 9, Building Service and Fire Protection Equipment.

(viii) Chapter 10, Interior Finish, Contents, and Furnishing.

(ix) Chapter 11, Special Structures and High-Rise Building.

(q) NFPA 110, “Standard for Emergency and Standby Power Systems,” 2016 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$54.50 each.

(r) NFPA 111, “Standard on Stored Electrical Energy Emergency and Standby Power Systems,” 2016 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$54.50 each.

(s) NFPA 220, “Standard on Types of Building Construction,” 2018 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$47.50 each.

(t) NFPA 252, “Standard Methods of Fire Tests of Door Assemblies,” 2017 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of **\$47.50 each**.

(u) NFPA 257, “Standard on Fire Test for Window and Glass Block Assemblies,” 2017 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$47.50 each.

(v) NFPA 260, “Standard Methods of Tests and Classification System for Cigarette Ignition Resistance of Components of Upholstered Furniture,” 2013 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$50.50 each.

(w) NFPA 261, “Standard Method of Test for Determining Resistance of Mock-Up Upholstered Furniture Material Assemblies to Ignition by Smoldering Cigarettes,” 2013 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$50.50 each.

(x) NFPA 265, “Standard Methods of Fire Tests for Evaluating Room Fire Growth Contribution of Textile or Expanded Vinyl Wall Coverings on Full Height Panels and Walls,” 2015 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$54.50 each.

(y) NFPA 286, “Standard Methods of Fire Tests for Evaluating Contribution of Wall and Ceiling Interior Finish to Room Fire Growth,” 2015 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$54.50 each.

(z) NFPA 701, “Standard Methods of Fire Tests for Flame Propagation of Textiles and Films,” 2015 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$47.50 each.

(aa) NFPA 703, “Standard for Fire Retardant–Treated Wood and Fire-Retardant Coatings for Building Materials,” 2018 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$47.50 each.

(bb) NFPA 720, “Standard for the Installation of Carbon Monoxide (CO) Detection and Warning Equipment,” 2015 edition, 1 Batterymarch Park, PO Box 9101, Quincy, Massachusetts 02269-9101, at a cost of \$61.00 each.

(cc) ASTM E84, “Standard Test Method for Surface Burning Characteristics of Building Materials,” 2015b, 100 Barr Harbor Drive P.O. Box C700, West Conshohocken, Pennsylvania 19428-2959, at a cost of \$75.00 each.

R 400.4505 Plans and specifications.

Rule 505. (1) Plans and specifications must be submitted to the bureau of community and health systems fire services unit for review and approval prior to any remodeling in an institution, or the construction or conversion of a structure for use as an institution.

(2) The plans must comply with all the following provisions:

(a) Show layout, room arrangements, construction materials to be used, and the location, size, and type of fixed equipment.

(b) For additions, show those portions, including existing exits, types of construction, and room occupancies, which may be affected by the addition.

(c) Be approved in writing by the bureau of community and health systems fire services unit before construction begins.

(d) Bear the seal of a registered architect or engineer when the cost of the project, including labor and materials, exceeds \$15,000.

(3) Plans for residential facilities for not more than 6 youth do not require the seal of a

registered architect or engineer.

(4) Fire alarm, sprinkler plans, hood suppression system, and other fire protection systems complete shop plans must be submitted to the bureau of community and health systems fire safety unit for review and approval prior to the installation of the systems.

(5) Once a construction project is completed, an inspection must be completed by the bureau of community and health systems fire safety unit.

(6) A fire safety inspection must be conducted by the bureau of community and health systems fire safety unit or a department- approved QFI and an approval granted before issuance of the original provisional license and every 2 years thereafter, at the time of renewal. The inspection must be current with 6 months of the date of original or renewal license.

R 400.4506 Fire drills and telephone.

Rule 506. (1) For small, large, and secured facilities, there must be quarterly emergency fire drills for each staff shift. Two of the drills shall include evacuations, unless approved by the department, in writing, as clinically contraindicated. Where a facility has a 24-hour staff shift, the emergency drills must be conducted at different times of the day and night. Written records must be maintained for each drill indicating the date and time of the drill and, where evacuation was a part of the drill, the approximate evacuation time.

(2) Staff in residential group homes must be trained in evacuation of the facility in the event of emergency. A record must be maintained of the training.

(3) A telephone or other suitable means of communicating an alarm of fire to the fire department must be provided. Pay stations are not a suitable means of communicating alarms. The telephone number of the fire department must be posted conspicuously by all phones designated for outside service.

R 400.4508 Facility location.

Rule 508. A new or converted facility may not be established within 300 feet of an aboveground storage tank containing flammable liquids used in connection with a bulk plant, marine terminal, aircraft refueling or bottling plant of a liquified petroleum gas installation, or other similar hazard.

R 400.4510 Sleeping rooms; sleeping rooms above second floor.

Rule 510. (1) In new construction, remodeled or converted facilities, single sleeping rooms may not be less than 70 square feet in size, exclusive of closet space. Multi-youth sleeping rooms shall not be less than 50 square feet per child, exclusive of closet space.

(2) In new construction, remodeled or converted facilities, locked youth sleeping rooms must be equipped with 2-way monitoring devices.

(3) All facilities with sleeping rooms above the second floor must comply with the requirements of a secure facility.

(4) A facility may not use a basement as a sleeping room.

R 400.4512 Combustible materials, decorations, furnishings, and bedding; facility and residential group home.

Rule 512. (1) A youth-occupied facility must be kept free of all accumulation of combustible materials unnecessary for the immediate operation of the institution unless materials are within an approved storage room.

(2) Easily ignited or rapidly burning combustible decorations are not permitted in a facility. Personal artwork and personal decorations made or owned by youth are permitted up to 20% of wall space in each room or use areas other than means of egress and hazardous areas if they have been treated with fire retardant materials approved by Underwriter's Laboratory.

(3) Personal artwork and personal decorations made or owned by youth in a residential group home are permitted up to 6 square feet of wall space in each room or area other than means of egress or hazardous areas.

R 400.4515 Electrical installation.

Rule 515. (1) In a newly constructed, converted, or remodeled facility, the electrical wiring and equipment must be installed in accordance with the provisions of NFPA 70. A final electrical certificate of approval for the electrical installation must be obtained from a qualified local electrical inspecting authority or state electrical inspecting authority.

(2) In an existing facility, electrical wiring and equipment acceptable at the time these rules take effect must continue to be approved until the facility or portion thereof is remodeled or converted. When an existing facility or portion thereof is remodeled or converted, only that portion remodeled or converted need comply with subrule (1) of this rule. Electrical services must be maintained in a safe condition. When conditions indicate a need for inspection, the electrical services must be inspected by a licensed electrical inspection service. A copy of the inspection report must be maintained at the facility for review. Any areas cited in the report will be corrected and a new electrical system inspection must be obtained verifying that corrections have been made.

R 400.4517 Facility construction.

Rule 517. (1) A new, substantially remodeled or converted large or secure facility must meet these minimum construction requirements. Large or secure facilities will be limited to the building construction types specified in NFPA 101, 2018 edition, Table 32.3.1.3 (see 8.2.1), based on the number of stories in height as defined in 4.6.3. as specified in NFPA 220, "Standard on Types of Building Construction, 2018".

▲ Table 32.3.1.3 Construction Type Limitations

Construction Type	Sprinklered ^a	Stories in Height ^b				
		1	2	3	4–12	>12
I (442) ^{c, d}	Yes	X	X	X	X	X
	No	NP	NP	NP	NP	NP
I (332) ^{c, d}	Yes	X	X	X	X	X
	No	NP	NP	NP	NP	NP
II (222) ^{c, d}	Yes	X	X	X	X	NP
	No	NP	NP	NP	NP	NP
II (111) ^{c, d}	Yes	X	X	X	NP	NP
	No	NP	NP	NP	NP	NP
II (000)	Yes	X	X	NP	NP	NP
	No	NP	NP	NP	NP	NP
III (211)	Yes	X	X	NP	NP	NP
	No	NP	NP	NP	NP	NP
III (200)	Yes	X	NP	NP	NP	NP
	No	NP	NP	NP	NP	NP
IV (2HH)	Yes	X	X	NP	NP	NP
	No	NP	NP	NP	NP	NP
V (111)	Yes	X	X	NP	NP	NP
	No	NP	NP	NP	NP	NP
V (000)	Yes	X	NP	NP	NP	NP
	No	NP	NP	NP	NP	NP

X: Permitted. NP: Not permitted.

^aBuilding protected throughout by an approved automatic sprinkler system installed in accordance with 9.7.1.1(1), and provided with quick-response or residential sprinklers throughout. (See 32.3.3.5.)

(2) New, converted, and substantially remodeled small facilities must be at least frame construction and be fire-stopped at all wall and floor junctures and all wall and ceiling junctures with not less than 2-inch nominal lumber.

(3) Construction in existing licensed facilities that was approved before these rules take effect and that meets the construction requirements of the fire safety guidelines these rules supersede must continue to be approved until the facility is substantially remodeled or converted. When an existing facility is substantially remodeled or added to, only the portion of the facility being substantially remodeled or added need comply with subrule (1) or (2) of this rule and R 400.4522, as appropriate.

(4)) A residential group home facility must be at least of ordinary construction, light platform frame, and not over 2 stories high above the highest grade.

R 400.4520 Interior wall and ceiling finish materials; tested in accordance with ASTM E84 or ANSI/UL 723.

Rule 520. (1) Interior wall and ceiling finish materials will be classified in accordance with ASTM E84, “Standard Test Method for Surface Burning Characteristics of Building Materials,” or ANSI/UL 723, “Standard Test Method for Surface Burning Characteristics of Building Materials,” except as indicated in 10.2.3.4 and 10.2.3.5, and must be grouped in the following classes in accordance with their flame spread and smoke developed indexes:

Class	Flame Spread	Smoke Developed
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A	0 - 25	0 – 450
B	26 –75	51 – 450
C	76 -200	126 – 450

(2) Interior finish must follow the requirements of NFPA 101, Chapter 10, Section 10.1 and 10.2

(3) In a new constructed, remodeled, or converted facility, an interior finish classification must be that of the basic material used, without regard to subsequently applied paint or other covering in an attempt to meet the classification.

(4) Interior finish materials in facilities must conform be as follows:

(a) In small and large open facilities without a sprinkler system, class A or B in exit ways and class A in seclusion rooms. In all other areas, at least class C.

(b) In open facilities with a sprinkler system, at least class C throughout, except in a seclusion room.

(c) In secure facilities, class A throughout regardless of automatic sprinkler protection.

(d) In residential group homes, class C throughout regardless of automatic sprinkler protection. Interior finishes and materials must be at least class C throughout.

R 400.4522 Fire protection.

Rule 522. Fire protection must be provided in all facilities as follows:

(a) In an existing licensed small facility, an attendant who is awake, fully dressed, and on duty 24 hours a day; complete sprinkler protection; or compliance with R 400.4523.

(b) In an existing licensed large facility, an attendant who is awake, fully dressed, and on duty 24 hours a day; complete sprinkler protection; or compliance with R 400.4524.

(c) In a secure facility, an attendant who is awake, fully dressed, and on duty 24 hours a day.

(d) Newly constructed facilities, conversions, and additions must have automatic sprinkler as follows:

(i) Residential group homes must have automatic sprinkler protection in accordance with the requirements of NFPA-13D.

(ii) Small facility must have automatic sprinkler protection in accordance with the requirements of NFPA 13D or NFPA 13R.

(iii) Large facility must have automatic sprinkler protection in accordance with the requirements of NFPA-13.

(iv) Secure facility must have automatic sprinkler protection in accordance with the requirements of NFPA-13.

R 400.4523 Smoke detection; residential group homes and small facilities.

Rule 523. (1) An existing licensed residential group home and licensed small facility electing to provide fire protection by fire detection will be protected throughout by approved fire detection provided by at least battery-operated ionization fire detection devices installed in every sleeping room, immediately outside of the sleeping areas, at the top of all interior stairways, on every level of the facility and all areas of the facility, except the kitchen and bathrooms. The fire detection devices must comply with all the following requirements:

(a) Be listed and labeled by an independent, nationally recognized testing laboratory.

(b) Be installed and maintained in accordance with the manufacturers and test specifications.

(c) Be cleaned and tested at least quarterly, with a written record maintained of the

cleaning and testing.

(d) Be of a type that provides a signal when batteries are not providing sufficient power and when batteries are missing.

(2) Any battery-operated device required by subrule (1) of this rule that signals power is low or a battery is missing must be immediately serviced and restored to full power. There may not be less than a 20% supply of extra batteries maintained at the facility at all times for the total number of battery-operated devices in the facility.

(3) In residential group homes and small facilities; licensed prior to November 30, 1983, previously approved fire detection systems must continue to be approved until the facility or portion thereof is remodeled or converted, then fire detection must be at least as required by this rule for newly constructed, remodeled, or converted facilities in that portion of the facility remodeled or converted.

(4) Fire detection systems in existing licensed facilities must be maintained in proper working order and be tested at least quarterly, with a written record maintained of the testing.

(5) All newly licensed residential group homes and small facilities must be protected with a minimum 110 volt interconnected smoke detectors with battery backup installed in accordance with NFPA 72 as follows:

(6) All newly licensed residential group homes and small facilities will follow the standards under NFPA 101:

(a) 32.2.3.4.5.1 Approved smoke alarms will be provided in accordance with 9.6.2.10.

(b) 32.2.3.4.5.2 Smoke alarms will be installed on all levels, including basements but excluding crawl spaces and unfinished attics.

(c) 32.2.3.4.5.3 Additional smoke alarms will be installed in all living areas, as defined in 3.3.22.5.

(d) 32.2.3.4.5.4 Each sleeping room will be provided with an approved smoke alarm in accordance with 9.6.2.10.

R 400.4524 Fire detection; large facilities.

Rule 524. (1) An existing licensed large facility electing to provide fire protection by fire detection must be equipped with a 100% coverage fire detection system that is tested and listed by a nationally recognized, independent testing laboratory and installed in compliance with NFPA 72 and these rules except that the installing of wiring and equipment must comply with NFPA 70.

(2) In an existing licensed large facility, the main power supply source for an automatic fire detection system must be from an electric utility company and be on a separate circuit with an identified and locked circuit breaker. A secondary power supply must be provided which, in the event of the main power supply failure, will maintain the system in an operative condition for 24 hours and, in the event of a fire, will sound the alarm signaling units for a 5-minute period.

(3) In an existing licensed large facility, where an automatic fire detection system is required, the detection devices must comply with both of the following provisions:

(a) Be installed in all areas; that is, all rooms, lofts, closets, stairways, corridors, basements, attics, and like areas. Spacing of detection devices must be used as recommended by the manufacturer to provide complete coverage. Small bathrooms containing a single lavatory, small closets that are not more than 20 square feet, and similar spaces are exempted from this requirement.

(b) Be smoke detectors, except that heat detectors may be installed in attics, kitchens,

bathrooms, attached garages, and heating plant rooms instead of smoke detectors. Heat detectors must be the fixed temperature rate of rise type.

(4) In a new, remodeled, or converted large facility, an automatic fire detection system must be an electrical, closed circuit, self-supervised system that gives a distinctive signal in a staff-occupied area when trouble occurs in the system, including loss of the main power supply and must comply with NFPA 72 and follow the requirements of R 400.4535.

(5) In a new, remodeled, or converted large facility, complete final plans and specifications of the automatic fire detection or alarm system, where such a system is to be installed, must be submitted to the department, and approved prior to installation. The plan must show facility floor plans and locations and types of detection devices, pull-stations, and sounding units. Newly required systems must have a panel or annunciator located in an area regularly occupied by staff.

(6) In large facilities, licensed prior to November 30, 1983, fire detection systems must continue to be approved until the facility is converted or a portion thereof is remodeled, then the portion of the facility remodeled or converted must meet the appropriate requirements of this rule. Where the required new system cannot be added to the existing systems maintaining a single signaling alarm system, the total system must be replaced and comply with this rule for remodeled and converted facilities.

(7) Automatic fire detection systems, fire alarm systems, and fire detection devices must be maintained in proper working condition. When problems occur, they must be immediately remedied. When the system is rendered inoperable, staff must be awake and on duty until the system is again operable.

(8) Fire alarm systems must be tested and maintained on an annual basis in accordance with NFPA 72. Smoke detector calibration must be done as recommended. The licensee shall keep a record of fire alarm maintenance.

R 400.4527 Sprinkler systems.

Rule 527. (1) A sprinkler system in a new or converted facility or an addition must comply with the 2019 national fire protection association pamphlet No. 13D, 13R, or 13 under R 400.4522(d). The sprinkler system is required to meet the following:

(a) Valves controlling the water supply for automatic sprinkler systems, pumps, tanks, water levels and temperatures, critical air pressures, and waterflow switches on all sprinkler systems must be electrically supervised by a listed fire alarm control unit.

(b) Alarm, supervisory, and trouble signals must be distinctly different and be automatically transmitted to an approved supervising station.

(2) All required sprinkler systems must be inspected and tested, and all other maintenance performed as specified in NFPA 25 at least once a year by a sprinkler contractor. The licensee must maintain documentation of the last inspection and test.

(3) A sprinkler system in an existing facility approved before these rules take effect will continue to be approved until the facility or portion thereof is remodeled, converted, or expanded. The system must be maintained in accordance with the standards applicable at the time it was originally approved.

(4) When an existing facility is remodeled, converted, expanded, or modified which results in the existing sprinkler system not providing adequate protection, fire protection will be provided by extension of the current system where it is possible to extend the system and maintain its integrity or a new sprinkler system is installed in the affected area.

(5) The sprinkler piping for any isolated hazardous area that can be adequately protected by not more than 2 sprinklers may be connected directly to the domestic water system at a

point where a minimum 1-inch supply is available. An approved automatic sprinkler control valve and check valve that is locked must be installed between the sprinklers and the connection to the domestic water supply.

R 400.4532 Fire extinguishers.

Rule 532. (1) All required fire extinguishers must be subjected to a maintenance check at least once a year. Each fire extinguisher must have a tag or label attached indicating the month and year maintenance was performed and identifying the person or company performing the service, as specified by NFPA 10.

(2) All required extinguishers must be recharged after use.

(3) A minimum of 1 approved fire extinguisher must be provided on each floor and in or immediately adjacent to kitchens, rooms housing combustion-type heating devices, and incinerators. Additional fire extinguishers may be required at the discretion of the fire safety inspector to ensure that it is not necessary to travel more than 75 feet to a fire extinguisher.

(4) All fire extinguishers must be located not less than 4 inches off the floor and the top of the extinguisher must not be higher than 5 feet off the floor in a special cabinet or on a wall rack that is easily accessible at all times, unless programmatically contraindicated. Where programmatically contraindicated, the required extinguishers may be kept behind locked doors if both of the following conditions are met:

(a) The locations are clearly labeled "Fire Extinguisher."

(b) All staff carry keys to the doors.

(5) In new, remodeled, or converted facilities, a fire extinguisher must be at least type 2-A-10BC.

(6) In existing small facilities, previously approved fire extinguishers other than type 2-A-10BC will continue to be approved if they are maintained in the area for which approved.

R 400.4535 Fire alarm.

Rule 535. (1) All new, remodeled, and converted large and secure facilities must be provided with a fire alarm system in accordance with NFPA 101, Section 9.6, except as modified by the following:

(a) Initiation of the required fire alarm system must be by manual means in accordance with 9.6.2, by means of any required detection devices or detection systems, and by means of waterflow alarm in the sprinkler system required by R 400.4527, unless otherwise permitted by the following:

(i) Manual fire alarm boxes will be permitted to be locked, provided that staff is present within the area when it is occupied, and staff has keys readily available to unlock the boxes.

(ii) Manual fire alarm boxes must be located in a staff location, provided that both of the following criteria are met:

(A) The staff location is attended when the building is occupied.

(B) The staff attendant has direct supervision of the sleeping area.

(b) An approved automatic smoke detection system must be in accordance with Section 9.6, throughout all youth sleeping areas and adjacent day rooms, activity rooms, or contiguous common spaces.

(c) Occupant notification will be accomplished automatically in accordance with NFPA 101, 9.6.3, and the following will also apply:

(i) A positive alarm sequence must be permitted in accordance with 9.6.3.4.

(ii) Any smoke detectors required by this chapter must be arranged to alarm at a constantly attended location only and may not be required to accomplish general occupant

notification.

(iii) Fire department notification must be accomplished in accordance with 9.6.4.

(2) Fire alarm systems must be installed and comply with NFPA-72. All fire alarms must be monitored by an approved supervising station in accordance with NFPA 72.

(3) All new and converted small facilities with ~~resident~~ youth sleeping on only 1 floor must have at least a fire alarm device. All new, converted, and remodeled small facilities with sleeping on more than 1 floor must have a fire alarm system with notification throughout the facility and pull stations as required by NFPA 72.

(4) Fire alarm systems and devices in existing facilities will be maintained in proper working order and shall continue to be approved until the facility is remodeled or converted.

(5) A residential group home facility must be equipped with a fire alarm device. The device must be used only to sound an alarm of fire, for practice fire drills, and other emergencies requiring evacuation of the facility.

R 400.4538 Means of egress.

Rule 538. (1) Means of egress must be considered the entire way and method of passage to free and safe ground outside a facility. All required means of egress must be maintained in an unobstructed, easily traveled condition at all times.

(2) In an existing facility, each youth-occupied room must have access to not less than 2 independent, properly separated, approved means of egress or have a doorway leading directly to the outside at grade.

(3) In existing licensed multistory secure and large facilities, at least 1 means of egress from each floor must be direct to the outside or through an enclosed stairway that is properly separated from exposure from floors below and that exits direct to the outside at grade or a previously approved escape window.

(4) In a small facility where ambulatory youth use a floor above the street level, 1 of the 2 required means of egress may be an approved escape window from each resident-occupied room that provides direct access to the ground and that has a sill height not more than 5 feet above the ground below or that provides access to an approved fire escape.

(5) In a newly constructed, remodeled, or converted facility, each youth-occupied story, including a youth-occupied basement, must have not less than 2 independent approved means of egress separated by not less than 50% of the longest dimension of the story. All youth-occupied rooms must be situated between 2 approved exits unless the youth-occupied room has an exit leading directly to the outside at grade. One adjacent intervening room must be permitted between a sleeping room and an approved exit access corridor that leads to 2 approved exits in opposite or perpendicular directions.

(6) In a newly constructed, remodeled, or converted large or secure facility, additional means of egress, in addition to the minimum of 2 required from each story, are required if the maximum possible occupancy exceeds 100 youth per story. There must be at least 1 additional means of egress for each 100 additional youth per story. Means of egress will be of such number and so arranged that it is not necessary to travel more than 100 feet from the door of a youth-occupied room to reach the nearest approved protected exit-way from that story.

(7) An elevator is not approved as a required means of egress.

(8) A means of egress must not be used for the housing of youth or storage of any kind and must not be obstructed or hidden from view by ornamentation, curtains, or other appurtenances.

(9) Each required means of egress from floors where non-ambulatory youth are permitted

must discharge at grade or be equipped with a ramp that terminates at grade level. Ramps must not exceed 1 foot of rise in 12 feet of run and must have sturdy handrails. Once at grade, there must be a surface sufficient to permit occupants to move a safe distance from the facility.

(10) In a small facility housing 1 or more non-ambulatory or wheelchair youth, required exit-ways forming part of a required means of egress from portions of the facility housing such youth must not be less than 48 inches wide in a new facility and not less than 44 inches wide in a converted facility, with doors a minimum of 36 inches wide.

(11) In secure facility, exits must be permitted to discharge into a fenced or walled courtyard if the following are met:

(a) Provided that not more than 2 walls of the courtyard are the building walls from which egress is being made.

(b) Enclosed yards or courts used for exit discharge must be of sufficient size to accommodate all occupants at a distance of not less than 50 ft (15 m) from the building while providing a net area of 15 ft² (1.4 m²) per person.

(c) All exits must be permitted to discharge through the level of exit discharge.

(d) The requirements of NFPA 101, Section 7.7.2 may be waived, provided that not more than 50% of the exits discharge into a single fire compartment separated from other compartments by construction having not less than a 1-hour fire resistance rating.

(12) Residential group homes must meet the following means of egress requirements:

(a) Means of egress must be considered the entire way and method of passage to free and safe ground outside a facility. All required means of egress must be maintained in unobstructed, easily traveled condition at all times.

(b) There may not be less than 2 means of egress from the street floor story. At least 1 of the 2 means of egress must be through a side-hinged door. The door must be a minimum of 30 inches wide, except as provided in R 400.4639. The second means of egress may be a sliding glass door.

(c) A second story must only be used by ambulatory youth and comply with 1 of the following requirements:

(i) Two open stairways separated by not less than 50% of the longest dimension of the story.

(ii) One open interior stairway and 1 exterior stairway or fire escape separated by not less than 50% of the longest dimension of the story. An exterior stairway or fire escape does not require protection from fire in the building. An exterior stairway or fire escape must be constructed of not less than 2-inch nominal lumber and be in good repair.

(iii) One interior stairway and all floors separated by materials that afford at least a 3/4-hour fire resistance rating. The doors separating floors must be at least 1 3/4-inch solid wood core and be equipped with positive latching hardware and approved self-closing devices. Each sleeping room on the second story must have a window of not less than 5 square feet with no dimension less than 22 inches to allow for emergency rescue.

(d) A basement used by youth requires 1 means of egress, which may be a stairway. The stairway may be an open stairway, except as required by subrule (3)(c) of this rule.

(13) A residential group home facility providing care to 1 or more non-ambulatory youth must comply with all the following provisions:

(a) House such youth only on the street floor.

(b) Have required exit ways that are not less than 48 inches wide in a new facility and not less than 44 inches wide in an existing or converted facility. Doors must be a minimum of 36 inches wide.

(c) Have required exits discharge at grade level or have required exits equipped with ramps. Ramps may not exceed 1 foot of rise in 12 feet of run and must have sturdy handrails. Once at grade, there must be a surface sufficient to permit occupants to move a safe distance from the facility.

R 400.4540 Stairways, halls, and corridors.

Rule 540. (1) In new or converted residential group home facilities, stairs must have treads of uniform width and risers of uniform heights. In converted facilities, treads may not be less than 9 -1/2 inches deep, exclusive of nosing, and risers may be not more than 7-3/4 inches in height. In newly constructed facilities, treads may not be less than 11 inches deep, exclusive of nosing, and risers may not be more than 7 inches in height.

(2) Stairs in an existing residential group home facility approved before these rules take effect must continue to be approved until the portion of the building encompassing the stairs is remodeled.

(3) In existing and small facilities, all stairways and other vertical openings must be enclosed with materials equal in fire resistance to the standard partition construction of the building, if such partition construction is at least standard lath and plaster. There must be at least 1-3/4 -inch solid core wood door with self-closing and latching hardware installed so that there is effective fire and smoke separation between floors or each sleeping room on the second floor must be equipped with at least 1 1-3/4- inch solid core wood door with latching hardware.

(4) In all new and converted large and/or secure facilities, stairways and floor- to- floor openings must be enclosed with materials having at least the fire-resistance rating specified by NFPA 220 for the type of construction. All other vertical openings through floors must be fire-stopped with like materials.

(5) Where a facility has 2 or fewer levels, where both levels exit at grade, and where elevations between levels do not exceed 4 feet, the building is considered to be 1 story and enclosures are not ~~be~~ required between levels.

(6) In all new and converted facilities, stairs must have treads and risers of uniform width and height, with treads not less than 11 inches deep, exclusive of nosing, and risers not more than 7 inches in height.

(7) Stairs in new, remodeled, and converted facilities must change direction by use of an intermediate landing and not by a variance in the width of treads. A sturdy and securely fastened handrail located between 34 and 38 inches, measured vertically, above the nose of the treads must be provided.

(8) Stairs in existing facilities approved before these rules take effect will continue to be approved until the portion of the building encompassing the stairs is remodeled.

(9) An outside stairway or fire escape used as part of an approved means of egress must be protected against fire in the building by blank or closed walls directly under such stairway and for a distance of 6 feet in all directions. Windows may be allowed within this area if they are fire-rated glazing windows.

(10) In newly constructed small facilities, halls, corridors, aisles, and stairs used as part of a means of egress may not be less than 44 inches wide and not less than 36 inches wide in converted small facilities, except as required by R 400.4538(10).

(11) In newly constructed and converted large and secure facilities, halls, corridors, and aisles used as part of an exit way may not be less than 5 feet wide and 90 inches high, and stairs may not be less than 4 feet wide.

R 400.4543 Doors.

Rule 543. (1) Doors to required means of egress must comply with all the following provisions:

- (a) Be side-hinged and installed at floor level.
- (b) Be not less than 36 inches wide in new and converted large and secure facilities and new small facilities, and not less than 30 inches wide in remodeled and converted small facilities, except as required by R 400.4538(10) for a small facility or R 400.4538(13) for a residential group home.
- (c) Be not less than 78 inches high in new, remodeled, and converted facilities.
- (d) In large and secure facilities, doors must be hung to swing in the direction of egress, except doors to single-occupant rooms and bathrooms.
- (e) Be equipped with at least knob-type, properly operating, approved, positive-latching, nonlocking-against-egress-type hardware that ensures the opening of the door with a single motion, such as turning a knob or applying pressure of normal strength on a latch, except as where otherwise provided by subrule (2) of this rule and R 400.4545.
- (2) In secure facilities, locking hardware is permitted if youth sleeping rooms are equipped with approved electric locks or if there are staff present and awake, fully dressed, on duty, and in possession of keys to release youth in an emergency.
- (3) Doors entering stairs and other vertical openings and doors to fire rated enclosures may not be held in an open position at any time by an underdoor wedge or hold-open device.
- (4) Interior doors to any enclosure ~~which~~ that is required to have not less than a 1-hour fire resistance rating must be $\frac{3}{4}$ -hour fire doors in labeled frames and be equipped with positive-latching hardware and self-closing devices.
- (5) No door in any means of escape, other than those meeting the requirement of subrule (7), (8), or (9) of this rule, will be locked against egress when the building is occupied.
- (6) Delayed-egress electrical locking systems complying with NFPA 101, 7.2.1.6.1, are permitted on exterior doors only.
- (7) Sensor-release of electrical locking systems complying with NFPA 101, 7.2.1.6.2, are permitted.
- (8) Door-locking arrangements are permitted where the clinical needs of youth require specialized security measures or where youth pose a security threat, provided all the following conditions are met:
 - (a) Staff can readily unlock doors at all times in accordance with subrule (10) of this rule.
 - (b) The building is protected by an approved automatic sprinkler system.
 - (9) Doors located in the means of egress and permitted to be locked must comply with all the following:
 - (a) Provisions must be made for the rapid removal of occupants by means of 1 of the following:
 - (i) Remote control of locks from within the locked building.
 - (ii) Keying of all locks to keys carried by staff at all times.
 - (iii) Other such reliable means available to staff at all times.
 - (b) Only 1 locking device is permitted on each door.
 - (10) Forces to open doors must comply with NFPA 101, 7.2.1.4.5.
 - (11) Door-latching devices must comply with NFPA 101, 7.2.1.5.10.
 - (12) Floor levels at doors must comply with NFPA 101, 7.2.1.3.

R 400.4545 Seclusion room.

Rule 545. (1) A seclusion room must be approved in writing for use as such by the fire inspecting authority and the licensing authority.

(2) A seclusion room must be constructed to allow for both visual and auditory supervision of a youth in the room.

(3) A seclusion room must have walls and ceiling made of noncombustible materials.

(4) A seclusion room may have 1 approved locking-against-egress device on the door if a staff person is immediately present and awake and is in possession of a key for the door locking device when the room is being used.

(5) The egress door in a seclusion room must open in the direction of egress.

(6) A locked seclusion room is not permitted in a residential group home facility.

R 400.4546 Partition construction.

Rule 546. In new, remodeled, or converted large and secure facilities, rooms must be separated from corridors used as means of egress with partition construction that extends to the floor or deck above and that affords at least a $\frac{3}{4}$ -hour fire resistance rating. Doors must be at least 1 $\frac{3}{4}$ -inch solid wood core. Any glass in these partitions, including doors, must be wired glass that is not more than 54 inches in any 1 lineal dimension and not more than a total of 1,296 square inches. Where glass breakage is a potential hazard, clear acrylic may be placed directly in contact with and between 2 layers of wired glass to give added strength. Glazing in compliance with NFPA pamphlet 257, 2007, and having the required fire-resistant rating, may also be used in walls and in doors when tested in accordance with NFPA 252. This rule does not apply where the type of construction requires more restrictive separation.

R 400.4548 Large and secure facilities; lighting in means of egress.

Rule 548. (1) In large and secure facilities, all halls, stairways, and means of egress must be constantly lighted. Approved exit signs must be installed over each required exit. Exit directional signs must be provided where exit signs are not readily visible in means of egress. In new and converted large and secure facilities, emergency light packs and exit lights must be provided along the means of egress. These devices must include an electric charging unit that will maintain the batteries fully charged.

(2) In new and converted multistory large or multistory secure facilities, there must be a system of emergency backup capable of maintaining required lighting for not less than 24 hours in the event of power failure.

R 400.4550 Elevators and dumbwaiters.

Rule 550. Elevator and dumbwaiter shafts must be completely enclosed by noncombustible materials with a fire-resistance rating of not less than 1 hour. An opening may not be permitted through the side wall enclosure for ventilation or for any other purpose. Doors and frames servicing elevators and dumbwaiters must be approved B-labeled fire door assemblies and labeled fire frame construction and must be hung to be reasonably smoketight when the doors are closed. Glass side lights, transoms, and panels above the doors must be wire glass and not exceed 100 square inches.

R 400.4552 Heating devices and flame-producing devices.

Rule 552. (1) In residential group homes; small, large, and secure facilities; and all newly

constructed and converted facilities, flame-producing-type heating devices, water heaters, and incinerators must be in an enclosure providing at least 1-hour resistance to fire. Adequate combustion air must be provided directly from the outside through a permanently open louver. Fire dampers are not required in ducts penetrating this enclosure.

(2) In residential group homes where flame-producing-type heating devices or incinerator devices are located on a story not used by youth, there must be a separation between the story or stories containing such devices and resident-used stories such that at least a 3/4-hour resistance to fire is provided. Any interior stairway to such a nonresident-used story must have at least a 1-3/4 inch solid wood core door that is equipped with latching hardware and a self-closing device separating the nonresident-used story from youth-used stories.

(3) In existing small facilities, flame-producing-type heating devices and incinerators approved under the standards these rules replace will continue to be approved with regard to enclosure or lack of enclosure until the portion of the facility containing the flame-producing device is remodeled or the facility is converted. This does not preclude requirements relative to maintaining doors and other safety factors in proper working order.

(4) Electric heating must be installed in accordance with the manufacturer's specifications and be approved by a nationally recognized, independent testing laboratory.

(5) Portable heaters and space heaters, including solid fuel heaters, are prohibited.

(6) A fireplace is permitted if it is masonry and has all the following components:

(a) An approved glass door shielding the opening. The door must be closed at all times except when a fire is being tended.

(b) A noncombustible hearth extending a minimum of 16 inches out from the front and 8 inches beyond each side of the fireplace opening.

(c) A noncombustible face extending not less than 12 inches above and 8 inches on each side of the fireplace opening.

(d) A masonry chimney constructed with approved flue liners.

(e) The chimney must be visually inspected every other month while in use and cleaned as needed, but not less than once every 12 months.

(7) A heating plant room may not be used for combustible storage or for a maintenance shop unless the room is provided with automatic sprinkler protection. Flammable liquids or gases must not be stored in a heating plant room.

(8) A furnace and other flame-producing unit must be installed according to manufacturer and test specifications and be vented by metal ducts to a chimney that is constructed of bricks, solid block masonry, or reinforced concrete, which has an approved flue lining, and is properly erected and maintained in a safe condition. A bracket chimney is not permitted. This rule does not prohibit the installation and use of any prefabricated chimney bearing the label of an approved, nationally recognized, independent testing laboratory if the chimney is installed and used in accordance with manufacturer and test specifications and is compatible with the heating unit or units connected to it. Only gas and oil-fired units may be connected to a prefabricated chimney.

(9) All furnaces must be inspected on an annual basis by a licensed inspector. A copy of the inspection must be made available to the qualified fire inspector or the department's licensing authority upon request.

(10) A carbon monoxide detector, bearing a safety certification mark of a recognized testing laboratory such as UL for Underwriters Laboratories or ETL for Electro Technical Laboratory, must be placed on all levels approved for youth care and in all furnace zones.

R 400.4554 Air-handling equipment.

Rule 554. (1) In newly constructed or converted large or secure facilities, air-conditioning, warm air heating, air cooling, and ventilating systems must comply with NFPA 90A.

(2) In newly constructed or converted large or secure facilities, fans and air handling equipment used for re-circulating air in more than 1 room or single area must have an approved automatic smoke detector located in the system at a suitable point in the return air duct ahead of the fresh air intake, the actuating of which opens the electrical circuit supplying the fan motor and when an approved fire alarm system is installed, is connected to the fire alarm system in accordance with NFPA 72.

(3) In existing facilities, fans and air-handling equipment and systems approved in accordance with the standards these rules replace will continue to be approved until the facility is converted. This does not preclude requirements relative to maintaining the equipment, including thermostatic or other detection devices, and systems, in proper and safe working order.

(4) Fan rooms may not be designed or used for any other use except housing other mechanical equipment.

R 400.4555 Smoke barriers.

Rule 555. (1) Smoke barriers with a 1-hour fire resistance rating must be provided on each floor used for sleeping rooms for more than 24 youth and be so located as to form an area of refuge on either side that is served with an approved means of egress. The barriers must be located as close as possible to the middle of the floor to be protected and extend from outside wall to outside wall and from the floor through any inter-stud spaces to the roof or floor structure above.

(2) Doors in the smoke barrier must be at least 20-minute fire-rated doors or 1- $\frac{3}{4}$ inch solid core flush door hung in labeled frames with self-closing devices. Where double doors without mullions are used, synchronizing hardware and astragals must be installed and maintained regularly. For new construction, additions, and conversions these doors must be arranged so that each door swings in a direction opposite from the other.

(3) Doors in smoke barrier partition may be held open only by electric hold-open devices designed so that interruption of the electric current or actuation of the fire alarm, sprinkler system, or the heat or smoke detector will cause the release of the doors. The doors must also be capable of being opened and closed manually.

R 400.4557 Storage rooms.

Rule 557. Storage rooms larger than 100 square feet used for the storage of combustible materials must be separated from the remainder of the facility by construction with at least a 1-hour fire resistance rated construction.

R 400.4559 Combustible storage.

Rule 559. (1) In a new, remodeled, or converted large facility, hazardous areas, and rooms for storage of combustible materials, including all janitor rooms and closets, linen rooms, shipping and receiving rooms, kitchens, kitchen storage rooms, and maintenance shops must be separated from the remainder of the building by construction having at least a 1-hour fire resistance rating with a $\frac{3}{4}$ -hour rated door with an approved hydraulic closer.

(2) In an existing facility, combustible materials storage rooms and hazardous areas, including janitor rooms and closets, shipping and receiving rooms, kitchen storage rooms,

and maintenance shops approved before these rules take effect, will continue to be approved until the facility or portion thereof is remodeled or converted. All features of fire protection, including fire detection, automatic sprinkler protection, and required fire separations, must be properly maintained.

R 400.4560 Cooking appliances.

Rule 560. (1) Cooking appliances must be installed in accordance with approved safety practices.

(2) Where metal hoods or canopies are provided over domestic cooking appliances, they must be equipped with filters that are maintained in an efficient and clean condition.

Residential group homes must use domestic type cooking appliances installed in accordance with approved safety practices.

(3) In a newly constructed, remodeled, or converted large and secure facility, metal hoods or canopies provided over commercial kitchen cooking appliances must be designed and equipped in compliance with NFPA 96 and comply with all the following requirements:

(a) Filters must be maintained in an efficient and clean condition.

(b) Only vapor proof electrical wiring and equipment are permitted in hoods or canopies.

(c) Exhaust ducts from hoods must be run to the outside by the shortest possible route.

When exhaust ducts are run through open spaces between a ceiling and a floor or roof or through any floors above, the ducts must be enclosed in horizontal or vertical shafts protected from the remainder of the building by construction that affords a 2- hour fire resistance rating.

(d) Fire extinguishment equipment for the hood and exhaust duct of a cooking appliance in a kitchen NFPA 96.

(4) In an existing facility, metal hoods and canopies approved before these rules take effect will continue to be approved until the facility or portion thereof that incorporates the kitchen is remodeled or converted. When the kitchen is remodeled or the facility is converted, hoods, canopies, and kitchen hood suppression systems for cooking appliances must comply with the requirements of this rule for new construction. Filters in any hood or canopy in an existing facility must be maintained in an efficient and clean condition.

R 400.4562 Rubbish handling and incinerators.

Rule 562. (1) In a newly constructed, remodeled, or converted large or secure facility, rubbish handling and incinerators must comply with NFPA 82. Rubbish chutes and refuse bins or rooms must comply with the provision of this pamphlet for industrial-type incinerators. Approved 2-bushel or less gas incinerators may be placed in an approved furnace room and must be equipped with approved automatic 100% shutoff controls, including a safety pilot. Feed doors must be located in an enclosed room that is provided with automatic sprinkler protection or compartment separated from other parts of the building by walls, floor, and a ceiling having a fire-resistance rating of not less than 1 hour with openings to such rooms or compartments protected by approved B-labeled fire door assembly and fire door frames.

(2) In a newly constructed, remodeled, or converted large or secure facility, or both, rubbish chutes may not extend less than 4 feet above the roof and must be covered by a metal skylight glazed with thin pane glass. A sprinkler head must be installed at the top of rubbish chutes and within the chutes at alternate floor levels in buildings more than 2 stories in height. A rubbish chute must empty into a separate room, closet, or bin constructed of

materials having at least a 1-hour resistance to fire and protected with an automatic sprinkler system.

(3) In new construction, incinerator rooms must have at least 1 wall on an outside wall not exposing a closed court.

(4) In an existing large or secure facility, rubbish handling and incinerators approved before these rules take effect will continue to be approved until the facility is converted or the portion of the facility that includes the rubbish handling facilities or incinerators is remodeled.

R 400.4563 Laundries.

Rule 563. (1) In a newly constructed, remodeled, or converted large or secure facility with a laundry, the laundry must comply with all the following requirements:

(a) Be located in a room constructed of materials that have a 1-hour fire resistance rating.
 (b) Have steam lines installed with a 1-inch clearance from combustibles.
 (c) Have dryer vents constructed of rigid metal vented directly to the exterior or through the roof. Lint traps must be cleaned each time the dryer is used.

(d) Have 100% automatic and manual shutoff controls for gas appliances other than domestic laundry equipment, which need only have manual shutoff controls.

(e) Have adequate outside air for combustion where combustion-type equipment is used.

(2) In a newly constructed, remodeled, or converted facility, laundry chutes must comply with all the following requirements:

(a) Be enclosed in shafts constructed of an assemblage of noncombustible materials having at least a 1-hour resistance to fire. If the shaft does not extend through the roof of the building, the top must be covered with noncombustible material affording at least a 1-hour resistance to fire. There may not be ~~no~~ openings into the shaft other than those necessary to the intended use of the laundry chute. Feed doors must be located in an enclosed room that is provided with automatic sprinkler protection or compartment separated from other parts of the building by walls, a floor, and a ceiling having a fire-resistance rating of not less than 1 hour with openings to such rooms or compartments protected by B-labeled fire doors and in labeled frames with self-closing, positive latching hardware.

(b) Have a sprinkler head installed at the top of the chutes and within the laundry chutes at alternate floor levels in buildings over 2 stories in heights.

(c) Empty into a separate room, closet, or bin constructed of materials having at least a 1-hour resistance to fire and protected by automatic sprinklers.

(d) Have an open vent at the top where the shaft extends through the roof of the building, a skylight that is glazed with ordinary glass and that is not less than 10% of the shaft area, or a window of ordinary glass that is not less than 10% of the shaft area and that is set into the side of the shaft with the sill of the window not less than 2 feet above the roof level and 10 feet from any property line or other exposure it faces.

(3) In an existing facility, laundry facilities and laundry chutes approved before these rules take effect will continue to be approved until the facility is converted or the portion of the facility that includes the laundry facility or chute is remodeled.

R 400.4564 Motor vehicle housing.

Rule 564. A motor vehicle or gasoline-powered equipment or devices that may cause or communicate fire and are not necessary for the personal care of youth may not be stored within a facility, unless the area housing such equipment is separated from the rest of the facility by materials having at least a 1-hour fire resistance rating.

R 400.4566 Garages.

Rule 566. (1) Garages located beneath, or attached to, a facility must have walls, partitions, floors, and ceilings separating the garage space from the rest of the facility by construction with not less than a 1-hour fire resistance rating, and $\frac{3}{4}$ hour fire rated doors with self-closing and positive latching hardware.

(2) In existing facilities, garages located beneath or attached to the facility approved before November 30, 1983, will continue to be approved until the facility is converted or the portion of the facility containing the garage is remodeled.

R 400.4568 Assemblage area.

Rule 568. A youth use assemblage area in a newly constructed, remodeled, or converted facility, such as a recreation room, dining hall, or chapel, with an occupancy of 51 or more persons, as computed by the public assemblage regulations, must be maintained, and arranged in accordance with NFPA101, governing places of public assemblage. Each door from an assemblage area occupied by youth must enter a corridor between exits or have direct egress to the outside from each room. In an existing facility, assemblage areas approved before these rules take effect will continue to be approved until the areas are remodeled or converted.

R 400.4605 Rescinded.

R 400.4606 Rescinded.

R 400.4608 Rescinded.

R 400.4612 Rescinded.

R 400.4613 Rescinded.

R 400.4615 Rescinded.

R 400.4617 Rescinded.

R 400.4618 Rescinded.

R 400.4620 Rescinded.

R 400.4621 Rescinded.

R 400.4623 Rescinded.

R 400.4632 Rescinded.

R 400.4635 Rescinded.

R 400.4638 Rescinded.

R 400.4639 Rescinded.

R 400.4640 Rescinded.

R 400.4643 Rescinded.

R 400.4652 Rescinded.

R 400.4657 Rescinded.

R 400.4660 Rescinded.

R 400.4666 Rescinded.

Maurice Spear Campus	4
MDHHS	27
MDHHS - Antrim/Charlevoix/Emmet	1
MDHHS - Arenac	1
MDHHS - Benzie/Manistee	1
MDHHS - Berrien	4
MDHHS - BSC 1	1
MDHHS - BSC 2	1
MDHHS - BSC 5	2
MDHHS - Cass/St. Joseph	1
MDHHS - Cheboygan/Presque Isle	1
MDHHS - Clare/Isabella	1
MDHHS - Clinton/Eaton	1
MDHHS - CSA Central Office	7
MDHHS - DCQI	1
MDHHS - DCWL	25
MDHHS - Genesee	2
MDHHS - Gogebic/Iron/Ontonagon	1
MDHHS - Huron, Lapeer, Tuscola	1
MDHHS - Ingham	1
MDHHS - Ionia/Montcalm	2
MDHHS - Iosco	1
MDHHS - Iosco/Alcona	1
MDHHS - JJ Programs Central Office	2
MDHHS - Kent County	1
MDHHS - Lake/Newaygo	1
MDHHS - Livingston	2
MDHHS - Macomb	1
MDHHS - Mecosta/Osceola	1
MDHHS - MIC	2
MDHHS - Midland/Gladwin	1
MDHHS - Ogemaw	1
MDHHS - Ottawa	1
MDHHS - Regional Placement Unit	1
MDHHS - Saginaw	1
MDHHS - St. Clair/Sanilac	1
MDHHS - Washtenaw	1
MDHHS - Wexford/Missaukee	1
Methodist Children's Home Society	5
Michigan Center for Youth Justice	1
Michigan Federation for Children and Families	2
Michigan's Children	1
Missaukee Wilderness Youth Home	2
Monroe County Juvenile Court	1
Monroe County Youth Center	1
New Directions	2
North Point Home	1

Paul Martin Home for Boys	3
Peckham Footprints	1
Penrickton Center for Blind Children	2
Rainbow Rehabilitation	1
Roscommon Juvenile Detention Center	2
Saginaw County Juvenile Detention Center	29
Shawono Center	11
Spectrum Child and Family Services	23
Spectrum Juvenile Justice Services	5
St. Louis Center	2
St. Mary's Home for Children	2
St. Vincent Catholic Charities	1
Student Advocacy Center of Michigan	1
Teaching Family Homes	5
Toledo Center for Eating Disorders	1
Vista Maria	10
Wayne County Juvenile Detention Facility	5
WCJFD	1
Wedgwood Christian Services	25
Wellspring Lutheran Services	6
West Michigan Partnership for Children	1
Whaley Children's Center	7
Wolverine Human Services	20
WSTC	1
WWCMO	1
Youth Opportunity	2
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