

**PURPOSE OF THE  
TECHNICAL  
ASSISTANCE AND  
CONSULTATION  
MANUAL**

The Child Care Licensing Division provides a Technical Assistance and Consultation Manual on the Licensing Rules for Child Care Centers and the Licensing Rules for Family and Group Child Care Homes. This manual is on the rules for child care centers.

For each rule, you will typically find a rationale section, a technical assistance section and a consultation section. The rationale section describes the reason the rule was enacted. The technical assistance section outlines how to comply with the rule. The consultation section contains recommendations and best practices for going beyond rule requirements to improve the quality of care provided.

**JANUARY 1, 2016  
UPDATE**

**Table of Contents**

Revision date was updated on the items in this release.

**Rules 400.8107, 400.8113**

The Livescan Fingerprint Background Check Request form must be submitted with the Licensing Record Clearance Request (BCAL-1326-CC).

**Rule 400.8122**

Technical assistance was updated so it is clear when a lead caregiver leaves employment with a center, the center is in violation of R 400.8122(6) until a qualified replacement is found, even though a substitute is appointed under 400.8122(10).

**Rule 400.8137**

Updated technical assistance to allow providers to wipe the diapering surface dry after two minutes with a single service towel.

**Rule 400.8158**

Technical assistance was revised so it is clear what illnesses need to be reported.

**Rule 400.8305**

Information was added info about nontransient noncommunity water supplies.

**Rule 400.8330**

The list of items that may cause choking was updated. Information about proper supervision while children are eating was added.

**Rule 400.8335**

Technical assistance was revised so it is clear that the center must use ready-to-feed formula if bottles are prepared **and** served on-site.

**Rule 400.8345**

Technical assistance was revised so it is clear that the private water supply is checked during the environmental health inspection at renewal [per R 400.8305(2)(b)].

**Maintenance  
Instructions**

**Table of Contents and rules 400.8107, 400.8113, 400.8122,  
400.8137, 400.8158, 400.8305, 400.8330, 400.8335, 400.8345**

Replace the entire section.

**PART 1. GENERAL PROVISIONS FOR ALL CHILDREN**

<b>400.8101</b>	Definitions. [Revised 11/01/2014.]	
<b>400.8104</b>	Rule variances. [Revised 01/02/2014.]	
<b>400.8107</b>	Center license applicant. [Revised 01/01/2016.]	
<b>400.8110</b>	Licensee. [Revised 04/01/2014.]	
<b>400.8113</b>	Program director qualifications; responsibilities. [Revised 01/01/2016.]	
<b>400.8116</b>	Multi-site school-age program director. [Revised 01/02/2014.]	
<b>400.8119</b>	Site supervisor qualifications; responsibilities. [Revised 01/02/2014.]	
<b>400.8122</b>	Lead caregiver qualifications; responsibilities. [Revised 01/01/2016.]	
<b>400.8125</b>	Staff and volunteers. [Revised 07/01/2015.]	
<b>400.8128</b>	Health of staff and volunteers. [Revised 01/02/2014.]	
<b>400.8131</b>	Professional development requirements. [Revised 07/01/2015.]	
<b>400.8134</b>	Hand washing. [Revised 01/02/2014.]	
<b>400.8137</b>	Diapering; toileting. [Revised 01/01/2016.]	
<b>400.8140</b>	Discipline. [Revised 04/01/2014.]	
<b>400.8143</b>	Children's records. [Revised 07/01/2015.]	
<b>400.8146</b>	Information provided to parents. [Revised 04/01/2014.]	
<b>400.8149</b>	Parent permission for transportation. [Revised 07/01/2015.]	
<b>400.8152</b>	Medication; administrative procedures. [Revised 07/01/2015.]	
<b>400.8155</b>	Child accidents and incidents; child and staff illness. [Revised 07/01/2015.]	
<b>400.8158</b>	Incident, accident, injury, illness, death, fire reporting. [Revised 01/01/2016.]	
<b>400.8161</b>	Emergency procedures. [Revised 07/01/2015.]	
<b>400.8164</b>	Telephone service. [Revised 01/02/2014.]	
<b>400.8167</b>	Indoor space. [Revised 01/02/2014.]	
<b>400.8170</b>	Outdoor play area. [Revised 07/01/2015.]	
<b>400.8173</b>	Equipment. [Revised 04/01/2014.]	

- 400.8176 Sleeping equipment. [Revised 04/01/2015.]
- 400.8179 Program. [Revised 04/01/2014.]
- 400.8182 Ratio and group size requirements. [Revised 11/01/2014.]
- 400.8185 Primary care. [Revised 01/02/2014.]
- 400.8188 Sleeping, resting, and supervision. [Revised 01/02/2014.]
- 400.8191 Nighttime care. [Revised 07/01/2015.]

## **PART 2. ENVIRONMENTAL HEALTH PROVISIONS**

- 400.8301 Definitions. [Revised 01/02/2014.]
- 400.8305 Plan review; approval; inspections. [Revised 01/01/2016.] |
- 400.8310 Food preparation areas. [Revised 01/02/2014.]
- 400.8315 Food and equipment storage. [Revised 01/02/2014.]
- 400.8320 Food preparation. [Revised 01/02/2014.]
- 400.8325 Sanitization. [Revised 01/02/2014.]
- 400.8330 Food services and nutrition generally. [Revised 01/01/2016.] |
- 400.8335 Food services and nutrition; provided by center. [Revised 01/01/2016.] |
- 400.8340 Food services and nutrition; provided by parents. [Revised 01/02/2014.]
- 400.8345 Water supply; plumbing. [Revised 01/02/2014.]
- 400.8350 Toilets; hand washing sinks. [Revised 04/01/2014.]
- 400.8355 Sewage disposal. [Revised 01/02/2014.]
- 400.8360 Garbage and refuse. [Revised 01/02/2014.]
- 400.8365 Heating; temperature. [Revised 01/02/2014.]
- 400.8370 Light, ventilation, and screening. [Revised 01/02/2014.]
- 400.8375 Premises. [Revised 01/02/2014.]
- 400.8380 Maintenance of premises. [Revised 04/01/2015.]
- 400.8385 Poisonous or toxic materials. [Revised 01/02/2014.]

**PART 3. FIRE SAFETY PROVISIONS**

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- 400.8505** Definitions. [Revised 01/02/2014.]
- 400.8510** Plans and specifications; submission; approval; inspections. [Revised 01/02/2014.]
- 400.8515** Construction. [Revised 01/02/2014.]
- 400.8520** Interior finishes. [Revised 01/02/2014.]
- 400.8525** Exits. [Revised 06/01/2014.]
- 400.8530** Hazard areas. [Revised 01/02/2014.]
- 400.8535** Fire alarm. [Revised 01/02/2014.]
- 400.8540** Smoke detectors; carbon monoxide detectors. [Revised 01/02/2014.]
- 400.8545** Fire extinguishers. [Revised 01/02/2014.]
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**PART 4. TRANSPORTATION PROVISIONS**

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- 400.8710** Transportation. [Revised 01/02/2014.]
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- 400.8760** Staff/volunteer-to-child ratio and supervision in transit. [Revised 01/02/2014.]
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<b>400.8810</b>	Swimming caregiver-to-child ratio. [Revised 01/02/2014.]
<b>400.8820</b>	Swimming activity supervision. [Revised 01/02/2014.]
<b>400.8830</b>	Instructional swim. [Revised 01/02/2014.]
<b>400.8840</b>	Swimming activity area. [Revised 01/02/2014.]
<b>Appendix A</b>	Statutes. [Revised 01/02/2014.]

**R 400.8107(1)***Center license applicant.*

(1) *A center license applicant shall meet all of the following qualifications:*

- (a) *Be of good moral character as defined in 1974 PA 381, MCL 338.41 to 338.47.*
- (b) *Be suitable to meet the needs of children.*
- (c) *Be able to assure that the proposed services and facilities are conducive to the welfare of children.*
- (d) *Demonstrate a willingness and ability to comply with 1973 PA 116, MCL 722.111 to 722.128, and the rules promulgated under the act.*

## Rationale

Assures:

- The safety and welfare of children.
- That the applicant exhibits mature, responsible behavior and has the ability to respond appropriately to children's needs.

## Technical Assistance

Good Moral character is assessed on the applicant based on the Good Moral Character Statute (1974 PA 381).

Suitable means the applicant:

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

To assess an applicant's good moral character and suitability, the applicant must submit a completed Licensing Record Clearance Request (BCAL-1326-CC) and the Livescan Fingerprint Background Check Request form to the department. The applicant must be fingerprinted. Review the BCAL-1326-CC and the Livescan Fingerprint Background Check Request form instructions for fingerprinting. The BCAL-1326-CC and the Livescan Fingerprint Background Check Request forms are used for the following:

- Criminal history clearance in the state of Michigan. This screens for convictions in the state of Michigan.
- Criminal records clearance through the Federal Bureau of Investigation using a fingerprint scan. This screens for convictions nationwide.

- Central registry clearance for the State of Michigan. This determine if the individual is listed on central registry as a perpetrator of child abuse or neglect.

### **Results of the Criminal History Clearance**

The department must not issue an original license if a criminal history clearance reveals a conviction for the following offenses:

- A listed offense - defined by the Sex Offenders Registration Act (1994 PA 295). See Appendix A for the listed offenses.
- Child abuse under section 136b of the Michigan penal code (1931 PA 328, MCL 750.136b).
- Child neglect under section 145 of the Michigan penal code (1931 PA 328, MCL 750.145).
- A felony involving harm or threatened harm to an individual within the 10 years immediately preceding the date of application.

**Note:** Convictions of crimes in the Good Moral Character Statute that are not “listed offenses” will be assessed for good moral character and suitability.

### **Results of the Central Registry Clearance**

If the applicant is listed on central registry, the department must not issue an original license.

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

## **R 400.8107 (2)**

*Center license applicant.*

*(2) Before issuance of the original provisional license, a center license applicant shall comply with applicable child care center administrative rules.*

Rationale

Assures for the safety and welfare of children.



**R 400.8113 (1) Program director qualifications; responsibilities.****(1) As used in this rule:**

- (a) **“Child-related field” for an early childhood program director means elementary education, child guidance/counseling, child psychology, family studies, and social work.**
- (b) **“Child-related field” for a school-age program director means early childhood education, elementary education, secondary education, physical education and recreation, child development, child guidance/counseling, child psychology, family studies, social work, human services, and youth development.**
- (c) **“Child care administration” means child care administration, education administration, or business administration.**
- (d) **“Child development associate credential (CDA)” means a credential awarded by the council for professional recognition or similar credential approved by the department.**
- (e) *“Early childhood program director” means the program director of a center serving children of all ages.*
- (f) *“Hours of experience” means experience serving the ages and developmental abilities of children for which the center is licensed.*
- (g) **“Montessori credential” means a credential issued by the association Montessori internationale (AMI), American Montessori society (AMS), or any Montessori teaching training institution recognized by the Montessori accreditation council for teacher education (MACTE) that meets or exceeds 270 hours of academic training.**
- (h) **“Michigan school-age/youth development credential” means a credential issued by the Michigan afterschool association or similar credential approved by the department.**
- (i) *“School-age program director” means the program director of a center serving only school-age children.*

Technical  
Assistance

The Child Development Associate Credential (CDA) is a nationally recognized credential that requires 480 hours of experience working with children and 120 clock hours of training. The clock hours can be obtained at the community college or higher level or through other organizations.

The Michigan School-Age/Youth Development credential is issued by the Michigan AfterSchool Association.

Consultation	<p>For more information about the CDA, contact the Council for Professional Recognition at (800) 424-4310 or go to their website at <a href="http://www.cdacouncil.org">www.cdacouncil.org</a>.</p> <p>For more information about the Michigan School-Age/Youth Development credential, contact the Michigan AfterSchool Association at (517) 241-4290 or go to their website at <a href="http://www.miafterschool.com">www.miafterschool.com</a>.</p>
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**R 400.8113 (2)****Program director qualifications; responsibilities.**

*(2) Before hiring a new program director, a center shall submit the credentials of the proposed program director to the department for review and approval.*

Rationale	A trained and qualified program director is essential to assure optimal program functioning.
Technical Assistance	<p>Before hiring a new program director, the center must submit the credentials of the proposed program director to the department. The department must review the proposed program director's credentials and give approval prior to the center hiring the individual as the program director.</p> <p>To have a program director approved, the following documents must be submitted to your licensing consultant:</p> <ul style="list-style-type: none"> <li>• A completed Licensing Clearance Request (BCAL-1326-CC) and the Livescan Fingerprint Background Check Request form for the proposed program director. The proposed program director must be fingerprinted. Review the BCAL-1326-CC and the Livescan Fingerprint Background Check Request form instructions for fingerprinting. These forms allows the department to complete criminal history, central registry and Public Sex Offender Registry clearances as required by licensing rules, the Child Care Organizations Act (1973 PA 116) and licensing policy. See Rule 400.8125 for more information on background checks on staff.</li> </ul> <p><b>Note:</b> If the proposed program director has not been a resident of Michigan for the past 10 years as an adult, the following must be provided:</p> <ul style="list-style-type: none"> <li>• A copy of the request for a child abuse and neglect registry clearance and any results from the other states of residence.</li> <li>• If the proposed program director has not received the results of the child abuse and neglect registry clearance from the other states of residence, the proposed program director must complete the Self-Certification Statement (BCAL-4346) form.</li> </ul>

- The proposed program director must submit the results of the child abuse and neglect registry clearance from other states of residence to licensing when he/she receives them.
  - A copy of the proposed program director's transcripts.
  - If the proposed program director will qualify under 400.8113(9)(b, d, e, f) or 400.8113(10)(c-g) indicate which courses the center believes qualify. The course must be specifically labeled in the title as child development or early childhood education course for programs serving children of all ages or a child-related field for school-age only programs. If it does not, the course catalog description or course syllabus must be provided and must demonstrate that the course content specifically addresses child development or early childhood education or for school-only programs, a child-related field. Refer to subrule (9) and (10) of this rule for more information on courses that may qualify.
  - A copy of any applicable credentials: Montessori credential, CDA, School-Age/Youth Development credential.
  - Documentation of how the proposed program director meets the child care administration course requirement - at least 2 semester hours or a minimum of 3.0 CEUs in child care administration or an administrative credential approved by the department. Documentation includes the following:
    - A copy of the proposed program director's transcripts.
    - Written documentation of completed CEUs.
    - Copy of the administrative credential.
- Note:** If there is a central administrator, see R 400.8113(16).
- Documentation of applicable hours of experience. Documentation must be proof of previous or current license or registration as a family or group child care home or written verification from previous employer(s), internships, volunteer experiences, etc.

When submitting transcripts, official transcripts, copies of transcripts and those stamped "Issued to Student" are acceptable. Those downloaded from a school's website are not acceptable.

**Note:** If the center is unsure if the proposed program director meets the education requirements of subrules (9) or (10) of this rule, the proposed program director can wait to be fingerprinted until after the licensing consultant reviews the proposed program director's credentials.

## R 400.8113 (3)

**Program director qualifications; responsibilities.**

**(3) A program director shall be present *in the center* in the following manner:**

**(a) Full time for programs operating less than 6 continuous hours.**

**(b) At least 50% of the time children are in care but not less than a total of 6 hours per day for programs operating 6 or more continuous hours.**

## Rationale

The director of a center plays a pivotal role in ensuring smooth day-to-day functioning of the facility within the framework of appropriate child development principles and knowledge of family relationships. The well-being of children, the confidence of the parents and the high morale and consistent professional growth of staff depend largely on the knowledge, skills and dependable presence of a director who is able to respond to long-range and immediate needs and able to engage staff in decision-making that affects their day-to-day practice.

## Technical Assistance

- The program director may be on duty but away from the center engaged in activities with children such as field trips or transporting children.
- The program director may occasionally be on duty but away from the center for meetings or administrative duties.
- Compliance can be determined by observation, staff interviews or a review of the staffing plan or staff timekeeping records.
- The total hours present do not have to be 6 consecutive hours per day.

**Example 1:** If children are in care 10 hours per day, a program director must be present six hours per day.

**Example 2:** If children are in care 24 hours per day, a program director must be present 12 hours per day.

**Example 3:** If children are in care five hours per day, a program director must be present full time (five hours per day).

**Example 4:** If children are in care 18 hours per day, a program director must be present nine hours per day.

**Note:** The center may have more than one program director on staff to meet this requirement.

A program director may be absent from time to time due to illness, attendance at training or for vacations. A violation may not be cited in these cases, depending on the circumstances such as length of absence or frequency of absences.

**R 400.8113 (4)****Program director qualifications; responsibilities.**

*(4) All program directors are responsible for the general management of the center, including the following minimum responsibilities:*

- (a) Developing, implementing, and evaluating center policies and program.**
- (b) Administering day-to-day operations including being available to address parent, child, and staff issues.**
- (c) Monitoring staff, including an annual evaluation of each staff member.**

## Rationale

Assures that the facility, staff and program are properly administered and managed.

## Technical Assistance

Subrule (c) of this rule does not require a written annual evaluation. Ways to document that an annual evaluation was completed, include, but are not limited to, any of the following:

- A written evaluation document.
- A signed statement that it was completed.
- A checklist documenting the date of the evaluation was completed.
- Interviews with the program director and staff.

At the time of renewal, if the evaluations have been updated in the past year, the center will be in compliance with this rule.

## Consultation

The annual evaluation may be documented on the Staffing Plan (BCAL-5001) form. This form is available on the department's website at [www.michigan.gov/michildcare-forms](http://www.michigan.gov/michildcare-forms).

**R 400.8113 (5)****Program director qualifications; responsibilities.**

*(5) A program director may also serve as a caregiver, provided that role does not interfere with management and supervisory responsibilities.*

## Rationale

The director of a center plays a pivotal role in ensuring smooth day-to-day functioning of the facility. Assures that the facility, staff and program are properly administered and managed.

## Technical Assistance

Because program directors of multi-room facilities need time to deal with parents, child and staff issues and with paperwork, it may limit their ability to be a full-time caregiver.

**R 400.8113 (6)****Program director qualifications; responsibilities.**

*(6) If absent from the center, the program director shall designate a staff member to be in charge who at least meets the qualifications of caregiver.*

## Rationale

The director of a center plays a pivotal role in ensuring smooth day-to-day functioning of the facility. Assures that the facility, staff and program are properly administered and managed.

## Technical Assistance

This rule applies to anytime the program director is not on-site at the center.

**R 400.8113 (6)-(7)****Program director qualifications; responsibilities.**

*(7) A substitute program director shall be appointed for a program director who has left employment or has a temporary absence that exceeds 30 consecutive workdays until return or replacement. A substitute program director shall at least meet the qualifications of lead caregiver. The department shall be notified when a substitute program director is appointed.*

## Rationale

The director of a center plays a pivotal role in ensuring smooth day-to-day functioning of the facility. Assures that the facility, staff and program are properly administered and managed.

## Technical Assistance

A substitute program director must be appointed for any program director who has left employment with the center. **Note:** When a program director leaves employment with a center, the center is in violation of R 400.8113(9) or (10) until a qualified replacement is found, even though a substitute is appointed under this subrule of this rule.

Per R 400.8110(8), the licensee must notify licensing of the separation of a program director from the center and the plan for replacement of the program director within five business days. The plan must include the name of the substitute program director.

A substitute program director must be appointed when the program director has a temporary absence that exceeds 30 consecutive workdays. A temporary absence is one where the program director is scheduled return to work. This includes, but is not limited to:

- Any leave of absence as defined under the Family and Medical Leave Act.
- Parental leave.
- Military leave.
- Extended vacation.

- Leave of absence.
- Extended jury duty.

**Note:** This subrule of this rule does not allow a program director to be regularly absent from the center for less than 30 consecutive workdays. A program director must be present at the center as outlined in subrule (3) of this rule.

Consultation

It is recommended that a substitute program director be appointed when the program director will have any temporary absence that exceeds more than five consecutive workdays.

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**R 400.8113 (8)**

**Program director qualifications; responsibilities.**

**(8) All program directors shall have all of the following qualifications:**

**(a) Be at least 21 years of age.**

**(b) Have earned a high school diploma or GED.**

Rationale

A trained and qualified program director is essential to assure optimal program functioning.

Technical  
Assistance

The following are examples of acceptable verification of age:

- A copy of a driver's license.
- A copy of the program director's birth certificate.
- A self-certifying statement.

The following would be acceptable verification of compliance with subrule (b) of this rule:

- A copy of a high school diploma, GED or equivalent.
- A self-certifying statement.

R 400.8113 (9) -  
(10)

Program director qualifications; responsibilities.

(9) *Early childhood* program directors shall meet 1 of the following qualifications:

	Education	Coursework in Early Childhood Education or Child Development	Hours of Experience
(a)	Bachelor's degree or higher in early childhood education or child development		
(b)	Bachelor's degree or higher in a child-related field including →	18 semester hours and →	480 hours
(c)	Associate's degree in early childhood education or child development including →	18 semester hours and →	480 hours
(d)	Montessori credential with →	18 semester hours and →	960 hours
(e)	Valid child development associate credential with →	18 semester hours and →	960 hours
(f)	60 semester hours with →	18 semester hours and →	1,920 hours

(10) *School-age* program directors shall meet 1 of the following qualifications:

	Education	Coursework in a Child-Related Field	Hours of Experience
(a)	Bachelor's degree or higher in a child-related field		
(b)	Associate's degree in a child-related field and →		480 hours
(c)	Montessori credential with →	12 semester hours and →	480 hours
(d)	Valid Michigan school-age/youth development credential with →	12 semester hours and →	480 hours
(e)	Valid child development credential with →	12 semester hours and →	480 hours



	Education	Coursework in a Child-Related Field	Hours of Experience
(f)	60 semester hours with →	12 semester hours and →	720 hours
(g)	High school diploma / GED with →	6 semester hours and →	2,880 hours

**Rationale**

The program director of a child care center is the team leader. Both administrative and child development skills are essential for this individual to manage the facility. Research shows that when early childhood professionals are well prepared, children are likely to experience warm, safe and stimulating environments that lead to healthy development and constructive learning. College-level coursework has been shown to have a measurable, positive effect on quality child care.

**Technical Assistance**

**Exception:** Per court order, the following five churches are specifically exempt from the program director qualification rules 400.8113(9)-(10) “by reason of the First Amendment of the United States Constitution”:

- Bethany Bible Church (Belleville, MI).
- Dixie Baptist Church (Springfield, MI).
- Faithway Baptist Church (Ypsilanti, MI).
- Lewis Avenue Baptist Church (Temperance, MI).
- Sturgis Church of the Nazarene (Sturgis, MI).

**Equivalencies**

- A semester hour is the unit by which a college or university measures its course work. The number of semester hours assigned to a course quantitatively reflects the outcomes expected, the mode of instruction, the amount of time spent in class, and the amount of outside preparatory work expected for the class.
- Term/quarter hours may be converted into semester hours by multiplying the term or quarter hours by 0.66.
- The Preschool Curriculum Course credential (formerly known as the Lead Teacher Training Program credential) offered by High/Scope, the Michigan School Age/Youth Development Credential and the ChildCare Education Institute Early Childhood Credential are considered equivalent to the CDA credential.

**Accreditation**

The US Department of Education website (<http://ope.ed.gov/accreditation/>) provides a listing of schools that are accredited.

- If a college or university is not accredited, the center must determine whether any accredited colleges or universities will accept

credits from the college/university in question on a transfer basis. Written verification is required from the accepting college.

- Online and correspondence courses can be accepted only if from an accredited college or university or if an accredited college or university will recognize them. The center must provide documentation from an accredited college or university showing which credits would be accepted and the semester hour equivalency.
- Transcripts from other countries may be accepted. The center must provide written verification from a university or a private agency that determines equivalency to American credits. The following organizations evaluate international transcripts:
  - World Education Services, [www.wes.org](http://www.wes.org).
  - Educational Credential Evaluators, [www.ece.org](http://www.ece.org).
- Transcripts from the following colleges are acceptable:
  - Bob Jones University.
  - Tennessee Temple College.
  - Marantha Bible College.
  - Hyles-Anderson College.

### Hours of Experience

Approved hours of experience must be verifiable. Examples of acceptable experience include but are not limited to:

- Currently or previously being licensed or registered family or group child care home.
- Employment as a caregiver in a licensed or registered child care facility.
- Internships, field placements or student teaching working directly with children.
- Employment or supervised volunteer work working directly with children.

Unapproved hours of experience include but are not limited to:

- Babysitting.
- Being a nanny.
- Being a foster parent.
- Raising one's own children or the children of a relative.

### Hours of Experience Equivalents

- 480 hours of experience = 3 months of full-time work experience.
- 960 hours of experience = 6 months of full-time work experience.
- 1920 hours of experience = 12 months of full-time work experience.

### Education Requirements for Early Childhood Program Directors

Transcripts indicating that one of the following has been earned will be accepted as meeting the rule without a course-by-course review:

- Bachelor's degree or higher in early childhood education or child development.
- Any bachelor's degree or higher and a ZA or ZS endorsement (endorsements issued by the Department of Education in conjunction with a teaching certificate).

Transcripts indicating that one of the following has been earned will be accepted as meeting the 18 semester hour requirement without a course-by-course review:

- Associate of Arts in early childhood education, child development or child care and preschool (generally given by a community or junior college).
- Bachelor's degree with a minor (20 semester hours) in child development or early childhood education.

Courses are given full credit if they meet one of the following criteria:

- The course is specifically labeled in the title as child development or early childhood education.
- The course catalog description or course syllabus reflects that the course content specifically addresses child development or early childhood education.
- Student teaching for grades kindergarten through third grade.

**Note:** Early childhood education usually refers to children up to age 8 or through the third grade.

Courses may be given partial credit if it can be demonstrated that part of the course includes child development or early childhood education. Partial credit granted will be half the total credit hours for that class. The following courses are some examples of courses that may be given partial credit:

- Reading, science and math methods courses.
- Art, music and physical education for classroom teachers.
- Student teaching that includes grades above third grade if it also includes kindergarten, first, second or third grade.
- Children's literature.
- Human ecology.
- Child psychology.

**Note:** Semester hours from CPR and first aid courses are not counted.

Examples of Credit		
Course	Credits Earned	Credits Toward 18
Early Childhood Education	4	4
Child Development	3	3
Math Methods Gr. 1 - 6	3	1.5
Life Cycle 1 (Human Ecology)	3	1.5
Children's Literature	4	2
Art for Elementary Teachers	4	2
Student Teaching Grades K-3	6	6
Student Teaching Grades 4 and above	6	0

### Education Requirements for School-Age Program Directors

School-age program directors must have specific education and/or experience in child care settings as identified in R 400.8113(10). The program director's education must be in a child-related field as defined by R 400.8113(1)(b):

- Early childhood education.
- Elementary education.
- Secondary education.
- Physical education and recreation.
- Child development.
- Child guidance/counseling.
- Child psychology.
- Family studies.
- Social work.
- Human services.
- Youth development.

Transcripts indicating that one of the following has been earned will be accepted as meeting the education requirement of the rule without a course-by-course review:

- Bachelor's degree or higher in a child-related field.
- Associate's degree in a child-related field. **Note:** Documentation of hours of experience is required if the program director has an associate's degree in a child-related field.

Transcripts indicating that a bachelor's degree with a minor (20 semester hours) in a child-related field has been earned will be accepted as

meeting the 12 hour semester requirement without a course by course review.

Courses are given full credit if they meet one of the following criteria:

- The course is specifically labeled in the title as a child-related field.
- The course catalog description or course syllabus reflects that the course content specially addresses one of the child-related fields.
- Any student teaching.

Courses may be given partial credit if it can be demonstrated that part of the course includes a child-related field. Partial credit granted will be half the total credit hours for that class.

**Note:** Semester hours from CPR and first aid courses are not counted.

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**R 400.8113 (11)-  
(12)**

**Program director qualifications; responsibilities.**

*(11) Program directors qualified under subrule (9)(e) or (10)(e) of this rule with an expired child development associate credential have one year from the effective date of these rules to obtain a valid child development associate credential.*

*(12) Program directors qualified under subrule (10)(d) of this rule with an expired Michigan school-age/youth development credential have one year from the effective date of these rules to obtain a valid Michigan school-age/youth development credential.*

Rationale

Allows centers time to come into compliance with rule requirements.

Technical Assistance

R 400.8113(9)(e) and (10)(e) requires that the CDA be valid and R 400.8113(10)(d) requires that the Michigan School-Age/Youth Development credential be valid. Valid means that it has not expired.

Program directors with an expired CDA or Michigan School-Age/Youth Development credential have until January 2, 2015 to obtain a valid credential.

Consultation

For more information about the CDA, contact the Council for Professional Recognition at (800) 424-4310 or go to their website at [www.cdacouncil.org](http://www.cdacouncil.org).

For more information about the Michigan School-Age/Youth Development credential, contact the Michigan AfterSchool Association at (517) 241-4290 or go to their website at [www.miafterschool.com](http://www.miafterschool.com).

## R 400.8113 (13)

**Program director qualifications; responsibilities.**

**(13) All program directors shall have at least 2 semester hours or 3.0 CEUs in child care administration or have an administrative credential approved by the department. These semester hours may satisfy a portion of the requirements of subrules (9) and (10) of this rule.**

## Rationale

The program director of a child care center is the team leader of a small business. Both administrative and child development skills are essential for this individual to manage the facility. Research shows that when early childhood professionals are well prepared, children are likely to experience warm, safe and stimulating environments that lead to healthy development and constructive learning. College level coursework has been shown to have a measurable, positive effect on quality child care.

A 2010 study by McCormick Center for Early Childhood Leadership found that when program directors had advanced degrees and more management coursework, they are better able to implement sound administrative and hiring practices that support staff in providing higher quality learning environments.

## Technical Assistance

The child care administration course may be counted toward the 18 semester hours required in early childhood education or child development for early childhood program directors and the 12 semester hours in a child-related field required for school-age program directors.

A “semester hour” is the unit by which a college or university measures its course work. The number of semester hours assigned to a course quantitatively reflects the outcomes expected, the mode of instruction, the amount of time spent in class, and the amount of outside preparatory work expected for the class. **Note:** Term/quarter hours may be converted into semester hours by multiplying the term or quarter hours by 0.66.

To obtain 3 CEUs, an individual must take 30 clock hours of training eligible for CEUs.

**Note:** As of May 18, 2012, State Board CEUs (SB-CEUs) became State Continuing Education Clock Hours (SCECHs).

- SB-CEUs were calculated by dividing the total number of contact/instructional hours by the number 10. An eight-hour session was eligible to receive 0.8 SB-CEU.
- SCECHs are the total number of contact/instructional hours in a program. An eight-hour session is now eligible to receive 8 SCECHs.

If an individual obtains SCECHs in child care administration, he/she needs 30 SCECHs.

CEUs from the International Association of Continuing Education and Training (IACET) are directly transferable as approved CEUs per a collaborative agreement between the state of Michigan and IACET.

Courses are given full credit if they meet one of the following criteria:

- The course is specifically labeled in the title as child care administration, education administration or business administration.
- The course catalog description or course syllabus reflects that the course content specifically addresses child care administration, education administration or business administration.

Courses may be given partial credit if it can be demonstrated that part of the course includes child care administration, education administration or business administration. Partial credit granted will be half the total credit hours for that class.

The department has approved the following administrative credentials:

- National Administrator Credential issued by the National Early Childhood Program Accreditation Commission (formerly issued through the National Child Care Association).
- ChildCare Education Institute Director's Certificate.

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**R 400.8113 (14) -  
(15)**

**Program director qualifications; responsibilities.**

- (14) An *early childhood* program director employed as a program director since December 7, 2004 without a break in service is exempt from the requirements in subrules (9) and (13) of this rule.**
- (15) A *school-age* program director meeting the qualifications of subrule (10)(a) or (10)(b) of this rule or having 5 years of experience as a program director before December 7, 2006 is exempt from the requirements of subrule (13) of this rule.**

Rationale

After two or more years of experience, program directors are likely to have developed the administrative skills and expertise needed to effectively manage a child care center.

**R 400.8113 (16)****Program director qualifications; responsibilities.**

*(16) A program director is exempt from the requirements of subrule (13) of this rule with verification that all duties required by subrule (4)(a) and (c) of this rule are handled by a central administrator and the central administrator meets the requirements of subrule (13) of this rule. Verification of the duties and education of the central administrator shall be made available to the department upon request.*

## Rationale

Some organizations are set up in a manner in which program directors do not handle the administrative responsibilities.

## Technical Assistance

If there is a central administrator, the center must submit the following:

- Documentation of how the proposed central administrator meets the child care administration course requirement - at least 2 semester hours or a minimum of 3.0 CEUs in child care administration or an administrative credential approved by the department. Documentation includes the following:
  - A copy of the proposed central administrator's transcripts.
  - Written documentation of completed CEUs.
  - Copy of the administrative credential.
- Verification that the central administrator does the following duties:
  - Developing, implementing, and evaluating center policies and program.
  - Monitoring staff, including an annual evaluation of each staff member.

**R 400.8113 (17)****Program director qualifications; responsibilities.**

**(17) Verification of the education, credentials, and experience of the program director shall be kept on file at the center.**

## Rationale

Documents that the program director meets the rule requirements.

## Technical Assistance

The center must keep on file written documentation verifying college credits or degrees, credentials and hours of work experience, if applicable.



**R 400.8122 (1) Lead caregiver qualifications; responsibilities.****(1) As used in this rule:**

- (a) “Child-related field” means elementary education, child guidance/counseling, child psychology, family studies, and social work.
- (b) “Child Development Associate Credential (CDA)” means a credential awarded by the council for professional recognition or similar credential approved by the department.
- (c) “Montessori credential” means a credential issued by the association Montessori internationale (AMI), American Montessori society (AMS), or any Montessori teaching training institution recognized by the Montessori accreditation council for teacher education (MACTE) that meets or exceeds 270 hours of academic training.
- (d) “Hours of experience” means that the experience serving the ages and developmental abilities of the children *for whom the caregiver will provide care*.

**R 400.8122 (2) - (3) Lead caregiver qualifications; responsibilities.**

(2) **Lead caregivers** *are required only for groups of children who are preschool age and younger.*

(3) **At least 1 lead caregiver shall be assigned to each group of children in self-contained or well-defined space and shall be present and providing care in the assigned group in the following manner:**

- (a) **Full time for programs operating less than 6 continuous hours.**
- (b) **At least 6 hours per day for programs operating 6 or more continuous hours.**

## Rationale

Child care that promotes healthy child development is based on the developmental needs of the children. Lead caregivers have greater knowledge of, and ability to respond appropriately to, the needs of children for which they are responsible.

The more the lead caregiver is on-site on a consistent basis, the better understanding she/he has about individual children's needs, individual strengths and weaknesses of the staff and an overall view of the functioning of the group or classroom.

## Technical Assistance

A lead caregiver must be assigned to each group of children who are preschool age and younger.

A program director may also be a lead caregiver provided he/she can fulfill the requirements of both positions. (Refer to R 400.8113(5).)

“Well-defined space” means space designed and used exclusively for a specific group of children. Well-defined space:

- Can be created by the placement of moveable room dividers, equipment, shelves, floor coverings, etc. Permanent walls and dividers are not required.
- Must meet the square footage requirements for the number of children in the group.

Space defining barriers may not be necessary in a large room, gym or cafeteria for maintaining groups on opposite sides of the room.

**Note:** An individual learning center, itself, may or may not be a well-defined space.

Compliance with this rule can be determined by reviewing the center's staffing plan, staff timekeeping records, observation, and staff interviews.

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**R 400.8122 (4)**

**Lead caregiver qualifications; responsibilities.**

**(4) The lead caregiver shall be responsible for both of the following:**

- (a) Overseeing the planning, implementation, and evaluation of the classroom program and child assessment.**
- (b) Overseeing caregiving staff for a specific group of children and overall care and supervision of children.**

Rationale

Child care that promotes healthy child development is based on the developmental needs of the children. Lead caregivers have greater knowledge of, and ability to respond appropriately to, the needs of children for which they are responsible.

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**R 400.8122 (5)**

**Lead caregiver qualifications; responsibilities.**

**(5) The lead caregiver shall have both of the following qualifications:**

- (a) Be at least 19 years of age.**
- (b) Have a high school diploma or GED.**

Technical Assistance

The center must have on file documentation of the lead caregiver's age and education.

The following would be acceptable verification of age:

- A copy of a driver's license.
- A copy of the lead caregiver's birth certificate.
- A self-certifying statement.

The following would be acceptable verification of compliance with sub-rule (b) of this rule:

- A copy of a high school diploma, GED or equivalent.
- A self-certifying statement.

**R 400.8122 (6)****Lead caregiver qualifications; responsibilities.**

**(6) Lead caregivers shall meet 1 of the following qualifications:**

	<b>Education</b>	<i>Coursework in Early Childhood Education, Child Development or a Child-Related Field</i>	<b>Hours of Experience</b>
(a)	Bachelor's degree or higher in early childhood education, child development, or a child-related field		
(b)	Associate's degree or higher in early childhood education or child development		
(c)	Montessori credential with →		480 hours
(d)	Valid child development associate credential with →		480 hours
(e)	High school diploma/GED with →	12 semester hours with →	960 hours
(f)	High school diploma/GED with →	A combination of: 12 semester hours and/or 18 CEUs to equal 180 clock hours with →	1,920 hours
(g)	High school diploma/GED with →	A combination of: 6 semester hours and/or 9 CEUs to equal 90 clock hours with →	3,840 hours

**Rationale**

Research shows that when early childhood professionals are well prepared, children are likely to experience warm, safe and stimulating environments that lead to healthy development and constructive learning.

Technical  
Assistance

College-level coursework has been shown to have a measurable, positive effect on quality child care.

The lead caregiver's education must be in early childhood education, child development or a child-related field as defined by R 400.8122(1)(a):

- Elementary education.
- Child guidance/counseling.
- Child psychology.
- Family studies.
- Social work.

**Exception:** Per court order, the following five churches are specifically exempt from the lead caregiver qualification rule 400.8122(6) "by reason of the First Amendment of the United States Constitution":

- Bethany Bible Church (Belleville, MI).
- Dixie Baptist Church (Springfield, MI).
- Faithway Baptist Church (Ypsilanti, MI).
- Lewis Avenue Baptist Church (Temperance, MI).
- Sturgis Church of the Nazarene (Sturgis, MI).

Transcripts indicating that one of the following has been earned will be accepted as meeting the education requirement of the rule without a course-by-course review:

- Bachelor's degree or higher in early childhood education, child development or a child-related field.
- Associate's degree in early childhood education, child development or a child-related field.
- Bachelor's degree with a minor (20 semester hours) in early childhood education, child development or a child-related field.
- Any bachelor's degree or higher and a ZA or ZS endorsement (endorsements issued by the Department of Education in conjunction with a teaching certificate).

Courses are given full credit if they meet one of the following criteria:

- The course is specifically labeled in the title as early childhood education, child development or one of the child-related fields.
- The course catalog description or course syllabus reflects that the course content specifically addresses early childhood education, child development or one of the child-related fields.
- Student teaching for grades kindergarten through fifth grade.

**Note:** Elementary education usually refers to children up to age 10 or through the fifth grade.

Courses may be given partial credit if it can be demonstrated that part of the course includes child development, early childhood education or

a child-related field. Partial credit granted will be half the total credit hours for that class.

### Equivalencies

- A semester hour is the unit by which a college or university measures its course work. The number of semester hours assigned to a course quantitatively reflects the outcomes expected, the mode of instruction, the amount of time spent in class, and the amount of outside preparatory work expected for the class.
- Term/quarter hours may be converted into semester hours by multiplying the term or quarter hours by 0.66.
- One semester hour of college credit is equivalent to 15 hours of training.
- One term hour is equivalent to 10 hours of training.
- One CEU or State Board CEU (SB-CEU) is equivalent to 10 hours of training.
- One State Continuing Education Clock Hour (SCECHs) is equivalent to 1 hour of training.
- CEUs from the International Association of Continuing Education and Training (IACET) are directly transferable as approved CEUs per a collaborative agreement between the state of Michigan and IACET.
- The Preschool Curriculum Course credential (formerly known as the Lead Teacher Training Program credential) offered by High/Scope, the Michigan School-Age/Youth Development Credential and the ChildCare Education Institute Early Childhood Credential are considered equivalent to the CDA credential.

**Example 1:** The lead caregiver has a high school diploma, 1,920 hours of experience, 6 semester hours and 8 SB-CEUs in child development. To determine if the lead caregiver has a total of 180 clock hours:

- 6 semester hours X 15 hours = 90 clock hours.
  - 8 CEUs X 10 hours = 80 clock hours.
- Total = 170 clock hours.

**Example 2:** The lead caregiver has a high school diploma, 1,920 hours of experience, 4 semester hours and 120 SCECHs in child development. To determine if the lead caregiver has a total of 180 clock hours:

- 4 semester hours X 15 hours = 60 clock hours.
  - 120 SCECHs X 1 hour = 120 clock hours.
- Total = 180 clock hours.

## Accreditation

The US Department of Education website (<http://ope.ed.gov/accreditation/>) provides a listing of schools that are accredited.

- If a college or university is not accredited, the center must determine whether any accredited colleges or universities will accept credits from the college in question on a transfer basis. Written verification is required from the accepting college.
- Online and correspondence courses can be accepted only if an accredited college or university will recognize them. The center must provide documentation from an accredited college or university showing which credits would be accepted and the semester hour equivalency.
- Transcripts from other countries are accepted. The center must provide written verification from a university or a private agency that determines equivalency to American credits. The following organizations evaluate international transcripts:
  - World Education Services, [www.wes.org](http://www.wes.org).
  - Educational Credential Evaluators, [www.ece.org](http://www.ece.org).
- Transcripts from the following colleges are acceptable:
  - Bob Jones University.
  - Tennessee Temple College.
  - Marantha Bible College.
  - Hyles-Anderson College.

## Hours of Experience

Approved hours of experience must be verifiable. Examples of acceptable experience include:

- Licensed or registered family or group child care home.
- Employment as a caregiver in a licensed or registered child care facility serving the ages and developmental abilities of the children for which the caregiver will care.
- Internships, field placements or student teaching serving the ages and developmental abilities of the children for which the caregiver will care.
- Supervised volunteer work, working directly with children serving the ages and developmental abilities of the children for which the caregiver will care.

Unapproved hours of experience includes, but is not limited to:

- Babysitting.
- Being a nanny.

- Being a foster parent.
- Raising one's own children or the children of a relative.

### Hours of Experience Equivalent

- 480 hours = 3 months of full time work experience.
- 960 hours = 6 months of full time work experience.
- 1920 hours = 12 months of full time work experience.
- 3840 hours = 24 months of full time work experience.

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#### R 400.8122 (7)

#### Lead caregiver qualifications; responsibilities.

*(7) Lead caregivers hired after the effective date of these rules shall meet 1 of the qualifications of subrule (6)(a) to (f) of this rule.*

Technical  
Assistance

Lead caregivers hired prior to January 2, 2014 can remain qualified under subrule (6)(g) as long as they remain employed with the same licensee.

Caregivers promoted to lead caregiver after January 1, 2014 must qualify under subrules (6)(a) to (f) of this rule.

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#### R 400.8122 (8)

#### Lead caregiver qualifications; responsibilities.

*(8) Lead caregivers qualified under subrule (6)(d) of this rule with an expired child development associate credential have one year from the effective date of these rules to obtain a valid child development associate credential.*

Rationale

Allows centers time to come into compliance with rule requirements.

R 400.8122(6)(d) requires that the Child Development Associate credential (CDA) be valid. Valid means that it has not expired.

Lead caregivers with an expired CDA have until January 2, 2015 to obtain a valid CDA.

Consultation

For more information about the CDA, contact the Council for Professional Recognition at (800) 424-4310 or go to their website at [www.cdacouncil.org](http://www.cdacouncil.org).

## R 400.8122 (9)

**Lead caregiver qualifications; responsibilities.**

**(9) Lead caregivers for infants and toddlers shall have 3 semester hours or 4.5 CEUs in infant/toddler development and care practices *within 6 months of hire*. These semester hours or CEUs may satisfy a portion of the requirements of subrule (6) of this rule.**

## Rationale

The brain development of infants is particularly sensitive to the quality and consistency of interpersonal relationships. Much of the stimulation for brain development comes from the responsive interactions of caregivers and children during daily routines. An appropriately trained caregiver will allow infants and toddlers to pursue their interests and encourage them to develop new skills.

## Technical Assistance

Lead caregivers for infants and toddlers must have 3 semester hours or 4.5 CEUs in infant/toddler development and care practices within 6 months of hire as an infant/toddler lead caregiver.

A “semester hour” is the unit by which a college or university measures its course work. The number of semester hours assigned to a course quantitatively reflects the outcomes expected, the mode of instruction, the amount of time spent in class, and the amount of outside preparatory work expected for the class. **Note:** Term/quarter hours may be converted into semester hours by multiplying the term or quarter hours by 0.66.

To obtain 4.5 CEUs, an individual must take 45 clock hours of training eligible for CEUs.

**Note:** As of May 18, 2012, State Board CEUs (SB-CEUs) became State Continuing Education Clock Hours (SCECHs).

- SB-CEUs were calculated by dividing the total number of contact/instructional hours by the number 10. An eight-hour session was eligible to receive 0.8 SB-CEU.
- SCECHs are the total number of contact/instructional hours in a program. An eight-hour session is now eligible to receive 8 SCECHs.

If an individual obtains SCECHs in infant/toddler development and care practices, he/she needs 45 SCECHs.

CEUs from the International Association of Continuing Education and Training (IACET) are directly transferable as approved CEUs per a collaborative agreement between the state of Michigan and IACET.



Courses are given full credit if they meet one of the following criteria:

- The course is specifically labeled in the title as infant/toddler development and care practices.
- The course catalog description or course syllabus reflects that the course content specifically addresses infant/toddler development and care practices.

Courses may be given partial credit if it can be demonstrated that part of the course includes infant/toddler development and care practices. Partial credit granted will be half the total credit hours for that class.

A CDA with an infant/toddler endorsement, an Infant/Toddler Montessori credential and the ChildCare Education Institute Early Childhood Credential will meet the requirements of this rule.

**Exception:** Per court order, the following five churches are specifically exempt from the lead caregiver qualification rule R 400.8122(9) “by reason of the First Amendment of the United States Constitution”:

- Bethany Bible Church (Belleville, MI).
- Dixie Baptist Church (Springfield, MI).
- Faithway Baptist Church (Ypsilanti, MI).
- Lewis Avenue Baptist Church (Temperance, MI).
- Sturgis Church of the Nazarene (Sturgis, MI).

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## R 400.8122 (10)

### Lead caregiver qualifications; responsibilities.

**(10) A substitute for a lead caregiver shall be appointed for a lead caregiver who has left employment or has a temporary absence that exceeds 30 consecutive workdays until return or replacement. A substitute lead caregiver shall meet at least the qualifications of lead caregiver or be currently enrolled in relevant training.**

#### Rationale

Child care that promotes healthy child development is based on the developmental needs of the children. Lead caregivers have greater knowledge of, and ability to respond appropriately to, the needs of children for which they are responsible. A qualified substitute assures for continuity of care and consistent programming.

#### Technical Assistance

When a lead caregiver leaves employment with a center, the center is in violation of R 400.8122(6) until a qualified replacement is found, even though a substitute is appointed under this subrule of this rule.

A temporary absence is one where the lead caregiver is scheduled to return to work. This includes, but is not limited to:

- Any leave of absence as defined under the Family and Medical Leave Act.
- Parental leave.

- Military leave.
- Extended vacation.
- Leave of absence.
- Extended jury duty.

The center must keep on file documentation of the substitute lead caregiver's qualifications and/or verification of current participation in relevant training.

**Note:** This subrule of this rule does not allow a lead caregiver to be regularly absent from the center for less than 30 consecutive workdays. A lead caregiver must be present at the center as outlined in subrule (3) of this rule.

Consultation

Substitutes are difficult to find. Planning for a competent substitute pool is essential for a child care operation. Continual staff training facilitates having qualified substitutes.

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## R 400.8122 (11)

### Lead caregiver qualifications; responsibilities.

#### (11) Verification of the education, credentials, and experience of each lead caregiver shall be kept on file *at the center*.

Rationale

Documents that lead caregivers meet the rule requirements.

Technical Assistance

It is the program director's responsibility to ensure that lead caregivers meet the requirements of this rule. The center must keep on file written documentation verifying college credits or degrees, credentials, and hours of work experience, if applicable. Documentation includes the following:

- A copy of the lead caregiver's transcripts.
- A copy of any applicable credentials: Montessori credential or CDA.
- Documentation of completed CEUs.
- Documentation of applicable hours of experience. Documentation must be proof of previous or current license or registration as a family or group child care home or written verification from previous employer(s), internships, volunteer experiences, etc.

**Note:** Official transcripts, copies of transcripts and those stamped "Issued to Student" are acceptable. Transcripts downloaded from a school's website are not acceptable.

**R 400.8137 (1)(a)-  
(b)****Diapering; toileting.**

**(1) Diapering shall occur in a designated diapering area that complies with all of the following:**

**(a) Is physically separated from food preparation and food service.**

**(b) Is within close proximity to a sink that is used exclusively for hand washing.**

## Rationale

A separate area for diaper changing reduces the contamination of other parts of the child care environment.

Technical  
Assistance

Sinks used in the preparation, serving and clean-up of food and bottles must not be used for hand washing after diapering or toileting.

Centers may need to rearrange the layout of their infant/toddler rooms to ensure the hand-washing sink is close enough to the diapering area to prevent contamination of surfaces and to ensure caregivers are able to provide appropriate supervision to the children in care.

Portable sinks with warm running water placed in close proximity to the diapering area would meet the intent of this rule.

## Consultation

The hand-washing sink should be immediately adjacent to the diaper changing area.

**R 400.8137 (1)(c)-  
(e)****Diapering; toileting.**

**(1) Diapering shall occur in a designated diapering area that complies with all of the following:**

**(c) Has non-absorbent, smooth, easily *cleanable* surfaces in good repair.**

**(d) Is of sturdy construction with railings or barriers to prevent falls.**

**(e) Is at an adult work surface height.**

## Rationale

Reduces contamination and assures the health and safety of children in care.

Technical  
Assistance

Changing pads and surfaces of the changing table must be checked regularly for tears and cracks and replaced when needed. Taping of cracks and tears is not acceptable.

Diapering must not occur on the floor, except as allowed in subrule (2) of this rule.

## Consultation

Best practice recommends a changing table height of 28 to 32 inches (standard table height) plus a 6-inch barrier to reduce back strain on caregivers and to provide a safe barrier to prevent children from falling

off the changing table. Straps are not recommended, as they are hard to clean and may present a strangulation hazard.

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**R 400.8137 (1)(f)**
**Diapering; toileting.**

**(1) Diapering shall occur in a designated diapering area that complies with all of the following:**

**(f) Is washed, rinsed, and sanitized after each use.**

**Rationale**

Reduces the contamination of other parts of the child care environment and assures the health and safety of children.

**Technical Assistance**

Washing, rinsing and sanitizing of the diaper changing surface is required even when disposable paper liners are used.

The following steps are to be followed for washing, rinsing and sanitizing:

- Wash the surface vigorously with soap and water.
- Rinse the surface with clean water.
- Wipe or spray the surface with a sanitizing solution.
- Let the surface air dry or wipe dry after two minutes with a single service towel.

Examples of sanitizing solutions include but are not limited to:

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

**Consultation**

It is recommended that the diapering surface and the diaper disposal container be disinfected. A disinfecting solution can be made using water and non-scented chlorine bleach with a concentration of 1/3 cup bleach per gallon of water. The bleach solution should be left on the surface for 10 to 20 minutes and then rinsed with clean water.

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

Bleach is recommended as a sanitizing product as it is safe, effective and inexpensive.

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

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**R 400.8137 (2)****Diapering; toileting.**

**(2) Children 1 year of age and older may be changed in a bathroom standing up or on a nonabsorbent, easily sanitized surface with a changing pad between the child and the surface. Subrule (1)(e) does not apply.**

## Rationale

Changing children 1 year of age or older in the bathroom encourages toilet learning, independence and self-help skills.

Some children may be difficult to lift onto a changing table.

## Technical Assistance

If children are changed in the bathroom and they are not changed standing up, they must be changed on a changing pad placed on the floor. Both the changing pad and the floor must be non-absorbent and easily cleaned and sanitized.

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**R 400.8137 (3)****Diapering; toileting.**

**(3) Diapering supplies shall be within easy reach of the designated diapering area.**

## Rationale

Reduces the contamination of other parts of the child care environment and assures the health and safety of children.

## Technical Assistance

Diapering supplies must be placed within easy reach of the caregiver during the diapering procedure, yet be inaccessible to children.

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**R 400.8137 (4)****Diapering; toileting.**

**(4) A plastic-lined, tightly covered container shall be used exclusively for disposable diapers and training pants and diapering supplies that shall be emptied and sanitized at the end of each day.**

## Rationale

Reduces the contamination of other parts of the child care environment and assures the health and safety of children.

## Technical Assistance

Diaper Genies or other such products meet the intent of this rule.

## Consultation

Diaper disposal containers should be of a design that does not require manually lifting the lid.

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**R 400.8137 (5)****Diapering; toileting.**

**(5) Only single-use disposable wipes or other single-use cleaning cloths shall be used to clean a child during the diapering or toileting process.**

Rationale Reduces urine and fecal contamination and the spread of disease.

Consultation The following best practices are recommended:

- After removing the diaper, lift the child's legs as needed to clean the skin on the child's genitalia and buttocks.
- Remove stool and urine from front to back.
- Use a fresh wipe each time.
- Put the soiled wipes into the soiled diaper or directly into a plastic-lined covered container.

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**R 400.8137 (6)****Diapering; toileting.**

**(6) Diapers and training pants shall be checked frequently and changed when wet or soiled.**

Rationale Frequency and severity of diaper dermatitis or rash are lower when diapers are changed more often.

Consultation Diapers should be checked at least every two hours.

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**R 400.8137 (7)****Diapering; toileting.**

**(7) Guidelines for diapering shall be posted in diapering areas.**

Rationale Educates and reminds caregivers of the proper techniques for diapering and hand washing to reduce urine and fecal contamination and the spread of disease.

Consultation The following are suggested guidelines for the posted diapering procedures:

- Be Prepared: Gather all needed supplies and place a clean section of paper on changing table before placing the child on the table.
- Remove soiled diaper and set aside on papered surface. Always keep one hand on the child while he/she is on the table. The child should always be seated or lying down during diaper changes.

- Use a wipe to clean genital area front to back. Do not reuse wipes. Place wipe with the soiled diaper. This is the time to notice any rash or reddened areas.
- Diaper ointment provided by the parent may be applied as directed with written permission.
- Remove gloves, if wearing them, and set them aside on the paper.
- Place a clean diaper on the child.
- Wash the child's hands.
- Fold the soiled diaper, wipes and gloves together and discard in the diaper disposal container. Be careful not to touch soiled areas.
- Clean the changing surface with detergent and water and rinse with water.
- Wet the changing surface with a sanitizing solution and let air dry or wipe dry after two minutes with a single service towel.
- Wash your hands vigorously and thoroughly with soap and warm water.
- Record the diaper change in the child's daily log.

### Resources

The American Academy of Pediatrics Caring for Our Children: National Health and Safety Performance Standards can be found at <http://nrckids.org/CFOC/index.html>.

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## R 400.8137 (8)

### Diapering; toileting.

**(8) Disposable gloves, if used for diapering, shall only be used once for a specific child and be removed and disposed of in a safe and sanitary manner immediately after each diaper change.**

Rationale Reduces urine and fecal contamination and the spread of infection.

Technical Assistance The use of gloves is not required during diapering. If gloves are used, caregivers must still wash their hands after each diaper change to prevent the spread of disease-causing agents.

Consultation **Examples of how to remove gloves:**

#### Example 1

- Partially remove the first glove by pinching glove at the wrist, being careful to only touch the glove's outside surface.
- Pull glove toward the fingertips without completely removing it until the glove is inside out.
- Remove the second glove by pinching the exterior at the wrist with the partially gloved hand.
- Pull the second glove toward the fingertips until it is inside out, then remove it completely.

- Finish removing both gloves with your free hand, touching only the clean interior surfaces of the glove.
- Discard the gloves with the diaper and wipes in a covered diaper disposal container.

**Example 2**

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

**Note:** Sensitivity to latex is a growing problem. If caregivers or children who are sensitive to latex are present in the center, gloves should be made from vinyl or some other substance that does not contain or cross-react with latex.

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**R 400.8137 (9)****Diapering; toileting.****(9) The following shall apply when cloth diapers or training pants are used:**

- Each cloth diaper shall be covered with an outer waterproof covering. Outer coverings shall be removed as a singular unit with wet or soiled diapers and with wet or soiled training pants, if used.*
- Diapers, training pants, and outer coverings shall not be reused until washed and sanitized.**
- No rinsing of the contents shall occur at the center.**
- Soiled diapers shall be placed in a plastic-lined, covered container and used only for that child's soiled diapers.*
- Soiled diapers or training pants shall be stored and handled in a manner that will not contaminate any other items and shall not be accessible to children.*
- Soiled diapers or training pants shall be removed from the center every day by the child's parent.*
- A child's supply of clean diapers or training pants shall only be used for that child.*

Rationale

Reduces urine and fecal contamination and the spread of infection.

Technical Assistance

Caregivers may dump the fecal contents of a cloth diaper or training pants into the toilet to be flushed, but they must not be rinsed.



Cloth diapers must be placed in a plastic-lined, covered container or a plastic-lined, closable bag made for cloth diapers to return to the parents.

This rule does not apply to children who have an occasional accident and need to have soiled items sent home.

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**R 400.8137 (10)**
**Diapering; toileting.**

**(10) Toilet learning/training shall be planned cooperatively between the child's *regular* caregivers and the parent so that the toilet routine established is consistent between the center and the child's home.**

**Rationale** Toilet learning is more likely to be consistent and successful when coordinated between center caregivers and the child's parents.

**Technical Assistance** Toilet learning/training, when initiated, must follow a prescribed, sequential plan that is developed and coordinated with the parent's plan for implementation in the home environment and must be based on the child's developmental level rather than chronological age.

**Consultation** To help children achieve bowel and bladder control, caregivers should enable children to take an active role in using the toilet when they are physically able to do so and when parents support their children's learning to use the toilet. Caregivers should take into account the preferences, customs and cultural expectations of the family.

For children who have not yet learned to use the toilet, the center should defer training until the child's family is ready to support this learning and the child demonstrates the following:

- An understanding of the concept of cause and effect.
- An ability to communicate.
- The physical ability to remain dry for up to two hours.

Toilet Learning and the Toddler (BCAL-Pub 686) is available on the department's website ([www.michigan.gov/michildcare](http://www.michigan.gov/michildcare)).

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**R 400.8137 (11)(a)-  
(b)****Diapering; toileting.****(11) Equipment used for toilet learning/training shall be provided.**

*All of the following equipment is acceptable for toilet learning/training:*

**(a) Adult-sized toilets with safe and easily cleanable modified toilet seats and step aids.**

**(b) Child-sized toilets.**

## Rationale

Flushable child-sized toilets, step aids and modified toilet seats for adult-sized toilets provide for easier maintenance and reduce the possibility of urine and fecal contamination better than non-flushing toilets (potty chairs). Flushing toilets are superior to any type of device that exposes staff to contact with feces or urine.

Technical  
Assistance

Modified toilet seats must be:

- Impervious to moisture.
- In good repair with no cracks.

Non-flushing toilets (potty chairs) are allowed if they meet the requirements subrule (11) of this rule.

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**R 400.8137 (11)(c)****Diapering; toileting.****(11) Equipment used for toilet learning/training shall be provided.**

*All of the following equipment is acceptable for toilet learning/training:*

**(c) Non-flushing toilets (potty chairs) if they are all of the following:**

**(i) Made of a material that is easily cleanable.**

**(ii) Used only in a bathroom area.**

**(iii) Used over a surface that is impervious to moisture.**

**(iv) Washed, rinsed, and sanitized after each use.**

## Rationale

Prevents the spread of disease.

The use of potty chairs at home and in the center facilitates consistency in a child's toilet training routine.

Technical  
Assistance

If potty chairs are used, they must be constructed of plastic or similar nonporous synthetic products. Wooden potty chairs must not be used even if the surface is coated with a finish. The finished surface of wooden potty chairs is not durable and, therefore, may become difficult to wash and sanitize effectively.

Potty chairs must be emptied into a toilet and stored in the bathroom.

The following steps must be followed for cleaning and sanitizing:

- Wash the surface vigorously with soap and water.
- Rinse the surface with clean water.
- Wipe or spray the surface with a sanitizing solution.
- Let the surface air dry.

Examples of sanitizing solutions include but are not limited to:

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

#### Consultation

Best practice is not to wash potty chairs in a sink used for washing hands.

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

It is recommended that centers wash potty chairs:

- In a utility sink.
- In a sink designated only for cleaning potty chairs.
- With a spray bottle containing soap and water.

For cleaning up feces, it is recommended that the potty chair be disinfected. A disinfecting solution can be made using water and non-scented chlorine bleach with a concentration of 1/3 cup bleach per gallon of water. The bleach solution should be left on the surface for 10 to 20 minutes and then rinsed with clean water.

Bleach is recommended as a sanitizing product as it is safe, effective and inexpensive.

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

**R 400.8158 (1)-(2)** *Incident, accident, injury, illness, death, fire reporting.*

**(1) A center shall make a verbal report to the department within 24 hours of the occurrence of any of the following:**

*(a) A child is lost or left unsupervised.*

*(b) An incident involving an allegation of inappropriate contact.*

**(c) The death of a child in care.**

**(d) A fire on the premises of the center that requires the use of fire suppression equipment or results in loss of life or property.**

*(e) The center is evacuated for any reason.*

**(2) A center shall make a verbal report to the department within 24 hours of notification by a parent that a child received medical treatment or was hospitalized for an injury, accident, or medical condition that occurred while the child was in care.**

## Rationale

Informs the department and allows the department to determine if an investigation is warranted based on the circumstances of the incident.

## Technical Assistance

Leaving a voice message meets the intent of this rule if the details of the incident are specified in the message. **Exception:** In the event of a child's death, the center must speak to a representative of the department.

Examples of when a child is considered lost or unsupervised, include but are not limited to:

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

Examples of an incident involving an allegation of inappropriate contact, includes, but is not limited to:

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

A medical condition that occurs while the child is in care does **not** include common illnesses, such as strep throat, ear infections, colds, or the flu. Examples of medical conditions that occur while the child is in care and for which the child later receives medical treatment or is hospitalized include, but are not limited to:

- Seizures.
- A serious allergic reaction.

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

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

Refer to subrule (3) of this rule regarding the mandatory written requirement.

Consultation

It is recommended that the center also notify the local fire authority of all details of the fire.

It is recommended that the center also notify their licensing consultant when a lock down occurs.

**R 400.8158 (3)-(4)**

*Incident, accident, injury, illness, death, fire reporting.*

**(3) A center shall submit a written report to the department of the occurrences outlined in subrule (1) and (2) of this rule in a format provided by the department within 72 hours of the verbal report to the department.**

**(4) A center shall keep a copy of the report on file at the center.**

Rationale

Documents the circumstances of the incident, including the center's actions.

Technical Assistance

The Incident Report (BCAL-4605) must be used to report the incident. This form is available on the department's website ([www.michigan.gov/michildcare](http://www.michigan.gov/michildcare)).

**R 400.8305 (1) Plan review; approval; inspections.**

**(1) All local health department requirements regarding plan reviews and specifications shall be followed. Written confirmation to the department that this has occurred shall be submitted.**

**Rationale** Assures the safety and welfare of children and adults by ensuring that new construction or renovations will meet licensing rules and environmental health requirements for child care centers.

**Technical Assistance** A child care center applicant/licensee considering new construction, renovation or structural modification to the kitchen, bathroom, food preparation, or food storage area must contact the local environmental authority using the Environmental Health Inspection Request (BCAL-1787) form to assure compliance with local regulations.

Not all local health authorities are willing or able to do plan reviews for child care centers. If the local health authority will not do a plan review, the center must provide documentation to that effect to the department. A written statement from the health authority to this effect would be acceptable.

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**R 400.8305 (2) Plan review; approval; inspections.**

*(2) An inspection shall be conducted by the local health department and an approval granted indicating compliance with all of the rules in this part except R 400.8330, 400.8335, and 400.8340 at all of the following:*

- (a) Before issuance of an original provisional license.*
- (b) Every 2 years, at the time of renewal, if the center has a private well and/or septic.*
- (c) Every 2 years, at the time of renewal, if the center provides food service where the food is prepared and served on-site.*
- (d) Prior to adding a food service program.*
- (e) Prior to adding an infant/toddler program.*
- (f) When requested by the department.*

**Rationale** Assures new and existing centers meet the licensing rules for environmental health.

**Technical Assistance** Per department policy, environmental health inspections must be dated within one year of issuance of the original center license.

An "A" rating on an environmental health inspection report denoting substantial compliance - with all of the environmental health rules in this part except R 400.8330, 400.8335, and 400.8340 - is required prior to issuance of an original provisional license, renewal of a license [when

required by subrules (b) and (c)], or adding a food service or infant/toddler program.

Applicants and licensees are responsible for contracting with and paying for any environmental health inspections. The inspection is requested by submitting the Environmental Health Inspection Request (BCAL-1787-CC) form to the local health department.

A center provides food service when food is **prepared and served on-site**.

**Example 1:** Children are in care from 7 am to 6 PM daily. Parents are not required to provide their children's meals and snacks. The center provides breakfast, lunch and snack daily. Most of the meals require some sort of preparation and/or cooking. This is considered food service.

**Example 2:** Children are in care from 6:30 am to 6:30 PM daily. Parents provide meals and snacks for their children. The center provides milk and water. Center staff feed and assist children with the food items parents provide and may occasionally re-heat or warm an item in the microwave. This is not considered food service.

**Example 3:** Children are in care from 8:30 am to 11:30 am daily. Parents are not required to provide their children's snacks. The center provides a variety of ready-to-eat foods for snack such as pretzels, crackers and fruit cups. This is not considered food service.

**Example 4:** Children are in care from 7:30 am to 5:30 PM daily. Parents are not required to provide their children's meals and snacks. The center caters food service from an approved source (e.g., a licensed restaurant, kitchen, or catering service) for breakfast and lunch and provides a variety of ready-to-eat foods for snacks. This is not considered food service.

**Example 5:** Children are in care from 7 am to 7 PM daily. Parents are not required to provide their children's meals and snacks. The center provides breakfast, lunch and snack daily. Most of the food items provided are ready-to-eat. The center does not cook any food, but many of the food items require some preparation such as putting together sandwiches or heating frozen food items such as chicken nuggets. This is considered food service.

**Example 6:** Children are in care from 8:30 am to 11:30 am daily. Parents provide snacks that are shared among all the children. The snacks parents provide are ready-to-eat. This is not considered food service.

**Note:** As indicated above, if a center caters food service from an approved source (e.g., a licensed restaurant, kitchen, or catering ser-

vice), this is not considered food service. If a center is catering food from a licensed kitchen in the same building and that licensed kitchen is not under the control of the center, this is also not considered food service. In addition, if a center is catering food from a licensed kitchen in the same building and the licensed kitchen is run by a private contractor, this is not considered food service.

**Example 1:** Suzie Smith, licensee, operates Suzie's Child Care out of Forest View Elementary School. Suzie Smith leases the space for the child care center from the school. Forest View Elementary has a licensed kitchen. As part of her lease agreement, Suzie Smith obtains food from that kitchen for the children attending the child care center. This is not considered food service.

**Example 2:** Forest View Elementary School is the licensee and operates a preschool program in the building. Forest View Elementary School also has a licensed kitchen which provides food for the elementary school students and the preschool children who attend the child care center. This is considered food service.

**Example 3:** Washington Elementary School is the licensee and operates a preschool program in the building. Washington Elementary School has a licensed kitchen which is run by Good Food, a private food service contractor. Good Food provides food for the elementary school students and the preschool children who attend the child care center. This is not considered food service.

#### Consultation

If the center caters food service from an approved source (e.g., a licensed restaurant or catering service), it is recommended that the center verify the food service license of the approved source.

Centers with private water are required by law to have their private water supply tested on a regular basis. When the full environmental health inspection is due, the regular water test should be done at the same time as the environmental health inspection so multiple water tests for the same time period do not have to be completed.

#### **Centers with Nontransient Noncommunity Water Supply**

Any center with private water that has 25 or more children and staff on-site is considered a nontransient noncommunity water supply (NTNCWS) under the Safe Drinking Water Act (1976 PA 399). The Safe Drinking Water Act and related rules (Part 19) require certified drinking water operators for all nontransient noncommunity water supplies.

The Safe Drinking Water Act also requires K-12 schools and child care centers with nontransient, noncommunity water supplies to provide annual water quality reports to parents of children in care and employees by October 1 of each year. The reports summarize water sampling and violation data for the previous calendar year, as well as any health



effects information connected to a maximum contaminant level violation that occurred during that time frame.

In addition, there are fees (MCL 325.1011a) for noncommunity nontransient water supplies. The Department of Environmental Quality (DEQ) is responsible for collecting the annual drinking water fees.

For any questions regarding these requirements, contact the local health department. For more information regarding fees, contact DEQ noncommunity program staff assigned to their district. More information is available at [www.michigan.gov/deqnoncommunitywatersupply](http://www.michigan.gov/deqnoncommunitywatersupply).

**R 400.8330 (1)****Food services and nutrition *generally*.**

**(1) Snacks and meals shall be provided by the center, except when 1 of the following circumstances occurs:**

**(a) A majority of the children are in attendance less than 2.5 hours.**

**(b) Food is provided by a parent.**

## Rationale

The center has a responsibility to follow feeding practices that promote optimum nutrition, which will support growth and development in all children.

## Technical Assistance

The center must have food available in the event a parent who has agreed to provide food to his/her children does not do so.

## Consultation

- The center should discuss proper nutrition with parents when necessary.
- A written agreement is recommended if parents are routinely providing food.

**R 400.8330 (2)****Food services and nutrition *generally*.**

**(2) A written agreement shall be kept on file at the center if the parent has agreed to provide formula, milk, or food. The center shall provide an adequate amount of formula, milk, or food if the parent does not.**

## Rationale

The center has a responsibility to ensure that children are adequately fed.

## Technical Assistance

The center must have formula, milk and food available in the event that the parent agreed to provide the food but does not do so.

## Consultation

It is recommended that the center discuss proper nutrition with parents when necessary.

If a parent does not provide an adequate amount of formula, milk or food, options for the center might include:

- Contact the parent and request they bring additional food, etc. for that day.
- Request that parents leave a backup supply of food, formula, etc. at the center.

## R 400.8330 (3)

**Food services and nutrition** *generally*.

**(3) Beverages and food shall be appropriate for the child's individual nutritional requirements, developmental stages, and special dietary needs, including cultural preferences.**

## Rationale

Nutritious food is the cornerstone for health, growth, development, and learning. Because children grow and develop more rapidly during the first few years of life than at any other time, the center and parents together must provide food that is adequate in amount and type to meet each child's metabolic growth and energy needs.

## Technical Assistance

Snacks and meals provided by the center must meet the meal pattern guidelines set forth by the Child and Adult Care Food Program (CACFP) operated by the Michigan Department of Education. The meal pattern guidelines can be found at [www.michigan.gov/cacfp](http://www.michigan.gov/cacfp). See R 400.8335(1) for a copy of the meal pattern requirements chart.

## Consultation

The following best practices are recommended:

- Check with parents regarding food allergies children may have.
- Meals and snacks should be provided to children based on:
  - Individual needs of children.
  - Ages of the children.
  - American Academy of Pediatrics (AAP) recommended length of time between meals and snacks.
- Centers should work cooperatively with parents who provide food to ensure that the foods meet CACFP meal pattern guidelines.

See the AAP Caring for Our Children: National Health and Safety Performance Standards at <http://cfoc.nrckids.org/index.cfm>.

Additional information about building good eating habits can be obtained from The Dairy Council of Michigan at 1-800-241-6455.

## R 400.8330 (4)

**Food services and nutrition** *generally*.

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

## Rationale

Children with special needs may have individual requirements relating to diet, swallowing and other feeding needs that require the development of an individual plan prior to entry into the facility. Food, eating style, utensils, equipment, including furniture, may have to be adapted to meet the developmental needs of individual children.

Technical Assistance	<p>Staff must know ahead of time what procedures to follow and if there are children in care that have any food restrictions.</p> <p>Centers must have explicit, written procedures for dietary modifications or substitutions. These written instructions must identify:</p> <ul style="list-style-type: none"> <li>• The child's special needs.</li> <li>• Dietary restrictions based on the dietary needs.</li> <li>• Foods to be omitted from the diet and foods to be substituted.</li> <li>• Pertinent special needs information.</li> </ul>
Consultation	<p>Close collaboration between the home and facility is necessary for children on special diets. Parents may have to provide food if the facility, after exploring all community resources, is unable to provide the special diet.</p> <p><b>Food Allergies/Anaphylaxis</b></p> <p>Food allergies are common. Food allergic symptoms can range from mild skin or gastrointestinal symptoms to severe life-threatening reactions with respiratory and/or cardiovascular compromise.</p> <p>Anaphylaxis is a severe, rapid immune response in an allergic individual. The response manifests itself in a collection of symptoms affecting multiple organ systems in the body. The most dangerous symptoms include difficulty breathing and shock. Anaphylaxis is life-threatening and should be considered a medical emergency requiring immediate recognition and treatment.</p> <p>Among children, foods that are the most common cause of anaphylaxis include nuts, eggs, milk and seafood.</p>

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**R 400.8330 (5)**
**Food services and nutrition *generally*.**
**(5) A center shall provide adequate staff so that food service activities do not detract from direct care and supervision of children.**

Rationale	<p>An adequate number of food service personnel is needed to ensure that children are fed according to the facility's daily schedule. Assures for the appropriate care of children while meals are being prepared, served and during clean up.</p>
Technical Assistance	<p>Compliance with this rule can be determined by observation and a review of the center's staffing plan.</p> <p>Centers are not required to hire food service staff to meet the intent of this rule.</p>

**R 400.8330 (6)****Food services and nutrition** *generally.*

(6) *A center shall make water available to drink throughout the day to children 1 year of age and older.*

## Rationale

When children are thirsty between meals and snacks, water is the best choice. Encouraging children to learn to drink water in place of juice and other sweetened drinks builds a beneficial habit. Drinking water during the day can reduce the extra caloric intake which is associated with children becoming overweight and obese.

## Technical Assistance

If a child is thirsty or asks for a drink of water, it must be provided.

**R 400.8330 (7)****Food services and nutrition** *generally.***(7) Infants and toddlers shall be fed on demand.**

## Rationale

Demand feeding meets infants' and toddlers' nutritional and emotional needs. It provides an immediate response which helps infants and toddlers develop trust and feelings of security.

## Consultation

Cues for hunger may vary widely in different infants/toddlers.

When the same caregiver regularly cares for a particular infant/toddler, the caregiver is more likely to understand the infant's/toddler's cues and respond appropriately.

When developmentally appropriate, a light snack may be given to alleviate hunger until the next designated meal time.

**R 400.8330 (8)****Food services and nutrition** *generally.***(8) A child shall be served meals and snacks in accordance with the following schedule:**

(a) *Two and a half hours to 4 hours of operation: a minimum of 1 snack.*

(b) **Four hours to 6 hours of operation: a minimum of 1 meal and 1 snack.**

(c) **Seven hours to 10 hours of operation: a minimum of 1 meal and 2 snacks or 2 meals and 1 snack.**

(d) **Eleven hours or more of operation: a minimum of 2 meals and 2 snacks.**

## Rationale

Young children need to be fed often. Appetite and interest in food varies from one meal or snack to the next. To assure that a child's daily nutri-

tional needs are met, small feedings of nourishing food should be scheduled over the course of the day. Snacks should be nutritious as they often are a significant part of a child's daily intake.

Technical Assistance

Subrule (b) of this rule applies up until 7 hours of operation. Subrule (c) of this rule applies up until 11 hours of operation.

Snacks and meals must meet the meal pattern guidelines set forth by CACFP. The meal pattern guidelines can be found at [www.michigan.gov/cacfp](http://www.michigan.gov/cacfp). See R 400.8335(1) for a copy of the meal pattern requirements chart.

Consultation

See the AAP Caring for Our Children: National Health and Safety Performance Standards at <http://cfoc.nrckids.org/index.cfm>.

**R 400.8330 (9)**

**Food services and nutrition *generally*.**

**(9) A center shall not deprive a child of a snack or meal if the child is in attendance at the time when the snack or meal is served.**

Rationale

Children should not be excluded from a snack or meal based on the length of time in attendance.

Technical Assistance

When meals and snacks are served, all children must be offered the meal or snack.

**R 400.8330 (10)**

**Food services and nutrition *generally*.**

**(10) Menus shall be planned in advance, shall be dated, and shall be posted in a place visible to parents. Food substitutions shall be noted on the menus *the day the substitution occurs*.**

Rationale

Planning menus in advance helps to ensure that food will be on hand. Parents need to be informed about food served in the center to know how to coordinate it with the food they serve at home. If a child has any difficulty with any food served at the center, parents can address this issue with appropriate center staff.

Technical Assistance

Centers must develop dated written menus showing all foods to be served. The center must amend menus to reflect any changes in food actually served the day the substitution occurs. Any substitutions must be of equal nutrient value.

**Note:** If parents provide a daily snack that is shared with the entire group, the center can post a list of approved snacks that parents can provide in lieu of a menu.

Consultation Making menus available to parents by posting them in a prominent area helps inform parents about proper nutrition.

Sample menus and menu planning templates are available from most state health departments, the state extension service, and the Child and Adult Food Program.

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**R 400.8330 (11)**

**Food services and nutrition *generally*.**

**(11) A center shall not serve infants and toddlers or allow them to eat foods that may easily cause choking including, but not limited to, popcorn, seeds, nuts, hard candy and uncut round foods such as whole grapes and hot dogs.**

Rationale Infants and toddlers often swallow pieces of food without chewing them. Ninety percent of fatal chokings occur in children younger than four years of age.

Technical Assistance Examples of food choking hazards include, but are not limited to:

- Hot dogs - whole or sliced into rounds.
- Uncut round foods such as grapes.
- Uncooked carrots - whole or sliced into rounds.
- Uncooked peas.
- Hard pretzels.
- Chips.
- Popcorn.
- Seeds.
- Nuts.
- Hard candy.
- Marshmallows.
- Spoonfuls of peanut butter.
- Large chunks of meat.
- Cheese cubes.

Children must be supervised while eating to monitor the size of the food and that they are eating appropriately (for example, not stuffing their mouths full).

Consultation It is recommended that the center apply this rule until children are 3 years of age.

The presence of molars is a good indication of a child's ability to chew hard foods that are likely to cause choking.

As infants develop, foods need to progress from pureed to ground to finely mashed to finely chopped. Chopped food should be cut into small pieces no larger than 1/4-inch cubes or thin slices.

For toddlers, foods should be cut up in small pieces no larger than 1/2-inch cubes.

All children should be seated while eating to avoid choking on food.

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**R 400.8330 (12)**

**Food services and nutrition** *generally*.

**(12) Cereal shall not be added to a bottle or beverage container without written parental permission.**

Rationale

Solid food fed from a bottle or beverage container may cause choking and teaches infants to eat solid foods incorrectly.

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**R 400.8330 (13)-  
(15)**

**Food services and nutrition** *generally*.

**(13) If food, bottles, or beverage containers are warmed, then the warming shall be done in a safe, appropriate manner.**

**(14) Warming bottles and beverage containers in a microwave oven is prohibited.**

**(15) Warmed food, bottles, and beverage containers shall be shaken or stirred to distribute the heat, and the temperature shall be tested before feeding.**

Rationale

Warming bottles and beverage containers at room temperature or in warm water for an extended period of time is conducive for bacteria growth. Warming bottles and beverage containers in the microwave may cause hot spots in the beverage that can scald the throat or mouth.

Technical Assistance

Bottles and beverage containers of milk or formula may be fed cold. If warmed, the bottle or beverage container must be warmed using one of the following methods:

- Under running warm tap water.
- By placing the bottle or beverage container in a container of water, such as a slow cooker, crock-pot or pan on the stove that is no warmer than 120 degrees.
- In a bottle warmer made specifically for this purpose.

If a crock-pot, slow cooker or bottle warmer is used, it must be inaccessible to children.

Consultation

Gently swirl breast milk to mix before checking temperature and offering it to the child. Breast milk should not be shaken.



Excessive shaking of formula may cause foaming that increases the likelihood of feeding air to the child.

If a crock-pot or similar device is used, it should be secured to prevent tipping and care should be taken so infants are not injured by the dangling cord or by hot water dripping off the bottle or beverage container onto the infant. It is recommended that slack from cords be removed by tying it off with a twist or zip tie. A crock-pot device should be emptied, sanitized and filled with fresh water daily.

Caregivers should not hold an infant while removing a bottle from a container of warm water.

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R 400.8330 (16)-  
(17)

**Food services and nutrition *generally*.**

**(16) The contents of a bottle *or beverage container* shall be discarded if any of the following apply:**

**(a) The contents appear to be unsanitary.**

**(b) The bottle *or beverage container* has been used for feeding for a period that exceeds 1 hour from the beginning of the feeding.**

**(17) Formula and milk, including breast milk, left in a bottle *or beverage container* after a feeding shall not be reused.**

Rationale

Bottles and beverage containers of formula or milk that have been unrefrigerated for one hour or more provide an ideal medium for bacteria to grow. Bacteria from saliva make formula or milk consumed over a period of more than one hour unsuitable and unsafe for consumption.

Consultation

Use smaller amounts of formula or milk or smaller bottles if infants regularly do not consume all of the formula or milk during a feeding period.

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R 400.8330 (18)-  
(20)

**Food services and nutrition *generally*.**

**(18) Bottle propping is prohibited.**

**(19) When feeding, caregivers shall hold infants except when infants resist being held and are able to hold their bottle.**

**(20) Infants or toddlers shall not have bottles, *beverage containers*, or *food* in sleeping equipment.**

Rationale

Assures for the safety and well-being of children.

Bottle propping can cause choking and aspiration and may contribute to long-term health issues, including ear infections, orthodontic problems, speech disorders, and psychological problems.

Technical Assistance

Bottles must not be allowed in the crib or bed, whether propped or held by the child.

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**R 400.8330 (21)**

**Food services and nutrition *generally*.**

*(21) Children shall not have beverage containers or food while they are walking around or playing.*

Rationale

Assures for the safety and well-being of children.

Technical Assistance

This doesn't prohibit the center from taking water bottles outside during outdoor play as long as children are standing still or sitting when they drink.

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**R 400.8330 (22)**

**Food services and nutrition *generally*.**

**(22) Staff shall foster and facilitate toddlers' independence, language, and social interactions by doing *all of the following*:**  
**(a) Encouraging self-feeding.**  
**(b) Serving appropriate portion sizes.**  
**(c) Sitting and eating with toddlers during meal times.**

Rationale

As children enter the second year of life, they are interested in doing things for themselves. Self-feeding appropriately separates the responsibilities of adults and children. The adult is responsible for providing nutritious food and the child decides how much of it to eat. Self-feeding promotes the proper development of motor skills and eating habits.

A child does not eat the same amount each day because appetites vary. Serving small-sized portions and permitting toddlers to have one or more additional servings meets the needs of individual children.

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**R 400.8330 (23)-  
(24)**

**Food services and nutrition *generally*.**

**(23) Breastfeeding shall be supported and accommodated.**

**(24) A designated place shall be set aside for mothers who are breastfeeding to use.**

Rationale

The AAP, the American Academy of Family Physicians, the World Health Organization, and many other groups recommend that women breastfeed exclusively for about the first six months of the infant's life,

adding age-appropriate solid foods and continuing breastfeeding for at least the first year, if not longer.

Human milk, containing all the nutrients to promote optimal growth, is the most developmentally appropriate food for infants. It changes during the course of each feeding and over time to meet the growing child's changing nutritional needs.

In addition to nutrition, breastfeeding supports optimal health and development. Breastfeeding protects infants from many acute and chronic diseases. Research shows that exclusive breastfeeding for six months, and continued breastfeeding for at least a year, dramatically improves health outcomes for children and their mothers. Breastfeeding also reduces some of the risks that are greater for infants in group care. Evidence suggests that breastfeeding is associated with enhanced cognitive development and may reduce the risk of childhood obesity.

Breastfeeding mothers are often daunted by the prospect of continuing to breastfeed as they return to work. Centers can reduce a breastfeeding mother's anxiety by welcoming breastfeeding families and training staff in the proper handling of breast milk and feeding of breast-fed infants.

#### Consultation

Some ways to help a mother breastfeed successfully at the center are:

- If she wishes to breastfeed her infant at the center, offer or provide her a:
  - Quiet, comfortable, and private place to breastfeed (this helps with her milk letdown).
  - Place to wash her hands.
  - Pillow to support her infant on her lap while breastfeeding, if requested.
  - Nursing stool or step stool for her feet, if requested (this reduces back strain).
  - Glass of water or other liquid (this helps her stay hydrated).
- If she wishes to pump her breast milk at the center, provide a:
  - Private area with an outlet. This area should not be in the bathroom.
  - Place to wash her hands.

**R 400.8335 (1) Food services and nutrition; provided by center.**

**(1) Food and beverages provided by the center shall be of sufficient quantity and nutritional quality to provide for the dietary needs of each child according to the minimum meal requirements of the child and adult care food program as administered by the Michigan department of education based on 7 C.F.R. Part 226, 1-1-11 edition, of the United States department of agriculture, food and nutrition services, child and adult care food program and is hereby adopted by reference. A copy can be obtained from CACFP at [www.michigan.gov/cacfp](http://www.michigan.gov/cacfp).**

## Rationale

Nutritious and appealing food is the cornerstone for health, growth and development and developmentally appropriate learning experiences. Because children grow and develop more rapidly during the first few years of life than at any other time, the center and parents together must provide food that is adequate in amount and type to meet each child's metabolic growth and energy needs.

## Technical Assistance

Snacks and meals must meet the meal pattern guidelines set forth by the Child and Adult Care Food Program (CACFP). The Healthy, Hunger-Free Kids Act of 2010 (Public Law 111-296) requires that fluid milk served under the CACFP be consistent with the most recent version of the Dietary Guidelines for Americans. The 2010 Dietary Guidelines recommend that persons over two years of age consume fat-free (skim) or low-fat (1%) fluid milk. Therefore, to be in compliance with the CACFP guidelines, milk served to children two years of age and older must be: fat-free or low-fat milk, fat-free or low-fat lactose reduced milk, fat-free or low-fat lactose free milk, fat-free or low-fat buttermilk, or fat-free or low-fat acidified milk. Whole milk and reduced-fat (2%) milk must not be served to children over two years of age.

**Exception:** You are exempt from the milk requirements of this rule if the child's parent provides their child's milk. **Note:** If you participate in the CACFP and a child's parent provides their child's milk, you should check with the food program regarding whether you can claim reimbursement for that child's meals.

The meal pattern guidelines can be found at [www.michigan.gov/cacfp](http://www.michigan.gov/cacfp).

<b>Child and Adult Care Food Program Meal Pattern Requirements Infants</b>			
	<b>Birth - 3 Months</b>	<b>4 - 7 Months</b>	<b>8 - 11 Months</b>
<b>BREAKFAST</b>	4 - 6 fluid ounces of infant formula or breast milk	4 - 8 fluid ounces of infant formula or breast milk  Optional: 0 - 3 Tbsp. infant cereal	6 - 8 fluid ounces of infant formula or breast milk and 2- 4 Tbsp. infant cereal and 1 - 4 Tbsp. of fruit and/or vegetable
<b>LUNCH or SUPPER</b>	4 - 6 fluid ounces of infant formula or breast milk	4 - 8 fluid ounces of infant formula or breast milk  Optional: 0 - 3 Tbsp. infant cereal 0 - 3 Tbsp. of fruit and/or vegetable	6 - 8 fluid ounces of infant formula or breast milk and 2 - 4 Tbsp. infant cereal or 1 - 4 Tbsp. of meat, fish, poultry, egg yolk, or cooked dry beans or peas or 1/2 - 2 ounces (weight) of cheese or 1 - 4 ounces (weight or volume) of cottage cheese or cheese food or cheese spread and 1 - 4 Tbsp. of fruit and/or vegetable
<b>SNACK</b>	4 - 6 fluid ounces of infant formula or breast milk	4 - 6 fluid ounces of infant formula or breast milk	2 - 4 fluid ounces of infant formula or breast milk or full-strength fruit juice  Optional: 0 - 1/2 slice of crusty bread or 0 - 2 crackers

Infant formula and dry infant cereal must be iron-fortified.

Foods must be of texture and consistency appropriate for the particular age served.

Foods must be served during a span of time consistent with the child's eating habits.

Additional foods may be served to infants 4 months of age and older with the intent of improving their overall nutrition.

Breast milk must be provided by the infant's own mother.

Bread or crackers must be made from whole grain or enriched meal or flour and suitable for an infant to use as finger food.

Do not serve peanut butter, egg whites, commercially prepared fish products (such as fish sticks) and honey (including graham crackers made with honey) to infants.

**Child and Adult Care Food Program  
Meal Pattern Requirements  
Age 1 and Over**

<b>BREAKFAST</b>	<b>Age 1-2</b>	<b>Age 3-5</b>	<b>Age 6-12</b>
<b>Milk, fluid</b> <sup>1</sup>	1/2 cup	3/4 cup	1 cup
<b>Vegetable, Fruit or full strength juice</b> <sup>2</sup>	1/4 cup	1/2 cup	1/2 cup
<b>Grains/Bread</b> <sup>2</sup> (whole grain or enriched):			
Bread	1/2 slice	1/2 slice	1 slice
or cornbread, rolls, muffins or biscuits	1/2 serving	1/2 serving	1 serving
or cold dry cereal (volume or weight, whichever is less)	1/4 cup or 1/3 oz	1/3 cup or 1/2 oz	3/4 cup or 1 oz
or cooked cereal, pasta, noodle products, or grains	1/4 cup	1/4 cup	1/2 cup
<b>SNACK - Select 2 of the following 4 components:</b>			
<b>Milk, fluid</b> <sup>1</sup>	1/2 cup	1/2 cup	1 cup
<b>Vegetable, Fruit or full strength juice</b> <sup>2,7</sup>	1/2 cup	1/2 cup	3/4 cup
<b>Grains/Bread</b> <sup>2</sup> (whole grain or enriched):			
Bread	1/2 slice	1/2 slice	1 slice
or cornbread, rolls, muffins or biscuits	1/2 serving	1/2 serving	1 serving
or cold dry cereal (volume or weight, whichever is less)	1/4 cup or 1/3 oz	1/3 cup or 1/2 oz	3/4 cup or 1 oz
or cooked cereal grains, pasta or noodle products	1/4 cup	1/4 cup	1/2 cup
<b>Meat or Meat Alternates</b> <sup>2,4</sup>			
Lean meat, fish or poultry	1/2 oz	1/2 oz	1 oz
or cheese	1/2 oz	1/2 oz	1 oz
or cottage cheese, cheese food or cheese spread	1 oz (or 1/8 cup)	1 oz (or 1/8 cup)	2 oz (or 1/4 cup)
or yogurt	2 oz (or 1/4 cup)	2 oz (or 1/4 cup)	4 oz (or 1/2 cup)
or egg	1/2 egg	1/2 egg	1/2 egg
or cooked dry beans or dry peas	1/8 cup	1/8 cup	1/4 cup
or peanut butter, soy nut butter, or other nut or seed butters <sup>5</sup>	1 tablespoon	1 tablespoon	2 tablespoons
or peanuts, soy nuts, tree nuts, or seeds <sup>5</sup>	1/2 oz	1/2 oz	1 oz

**Child and Adult Care Food Program  
Meal Pattern Requirements  
Age 1 and Over**

LUNCH / SUPPER			
<b>Milk, fluid</b> <sup>1</sup>	1/2 cup	3/4 cup	1 cup
<b>Vegetables and/or Fruit (2 or more kinds)</b> <sup>3</sup>	1/4 cup total	1/2 cup total	3/4 cup total
<b>Grains/Bread</b> <sup>2</sup> (whole grain or enriched):			
Bread	1/2 slice	1/2 slice	1 slice
or cornbread, rolls, muffins or biscuits	1/2 serving	1/2 serving	1 serving
or cooked cereal grains, pasta or noodle products	1/4 cup	1/4 cup	1/2 cup
<b>Meat or Meat Alternates</b> <sup>2,4</sup>			
Lean meat, fish or poultry	1 oz	1 1/2 oz	2 oz
or alternate protein products <sup>6</sup>	1 oz	1 1/2 oz	2 oz
or cheese	1 oz	1 1/2 oz	2 oz
or cottage cheese, cheese food or cheese spread	2 oz (or 1/4 cup)	3 oz (or 3/8 cup)	4 oz (or 1/2 cup)
or yogurt	1/2 cup (or 4 oz.)	3/4 cup (or 6 oz.)	1 cup (or 8 oz.)
or egg	1/2 egg	3/4 egg	1 egg
or cooked dry beans or dry peas	1/4 cup	3/8 cup	1/2 cup
or peanut butter, soy nut butter or other nut or seed butters <sup>5</sup>	2 tablespoons	3 tablespoons	4 tablespoons
or peanuts, soy nuts, tree nuts, or seeds <sup>5</sup>	1/2 oz	3/4 oz	1 oz

<sup>1</sup> See rules R 400.8330 and 400.8240 regarding additional milk requirements.

<sup>2</sup> Or an equivalent quantity of any combination.

<sup>3</sup> Full-strength vegetable or fruit juice may contribute to no more than one-half of this requirement.

<sup>4</sup> Cooked lean meat without bone or breading.

<sup>5</sup> No more than 50% of the meat/meat alternate requirement can be met with nuts or seeds. Nuts or seeds must be combined with another meat/meat alternate to meet the requirement.

<sup>6</sup> The alternate protein product must contain at least 18% protein by weight when fully hydrated or formulated.

<sup>7</sup> Juice may not be served when milk is served as the only other component.

#### Consultation

The following best practices are recommended:

- Parents who supply the food should be encouraged to provide nutritious food for their children.
- Check with parents regarding food allergies children may have.
- Meals and snacks should be provided to children based on:
  - Individual needs of children.
  - Ages of the children.

- American Academy of Pediatrics (AAP) recommended length of time between meals and snacks.

Additional information about building good eating habits can be obtained from The Dairy Council of Michigan at 1-800-241-6455.

See the AAP Caring for Our Children: National Health and Safety Performance Standards at <http://cfoc.nrckids.org/index.cfm>.

Snacks That Count (BCAL-Pub 242) is available on the department's website ([www.michigan.gov/michildcare](http://www.michigan.gov/michildcare)).

The USDA Food Pyramid can be found at [www.usda.gov](http://www.usda.gov).

**R 400.8335 (2)****Food services and nutrition; provided by center.****(2) Solid foods shall be introduced to an infant according to the parent's or licensed health care provider's instructions.**

## Rationale

Variations in readiness for solid foods are common. While the standard states that the introduction of solids should start no sooner than six months of age for most infants, caregivers should be prepared to respond to health care provider's or parent's recommendation for introduction of solids as early as four months for some infants.

## Consultation

Early introduction (prior to six months of age) of solid foods interferes with the intake of breast milk or iron-fortified formula. Solid food given before an infant is developmentally ready may be associated with allergies and digestive problems.

The transitional phase of feeding, which occurs around six months of age, is a critical time of development of fine, gross and oral motor skills. When an infant is able to open her/his mouth, lean forward in anticipation of food offered, close the lips around a spoon, and transfer food from front of the tongue to the back of the tongue and swallow, she/he is ready to eat semi-solid foods.

**R 400.8335 (3)****Food services and nutrition; provided by center.****(3) Infants shall only be served formula to drink unless written authorization is provided by the child's licensed health care provider.**

## Rationale

Assures proper nutrition for growing infants.

## Technical Assistance

Written authorization must be kept on file at the center and made available to the licensing consultant upon request.



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**R 400.8335 (4) Food services and nutrition; provided by center.**

**(4) Children 12 months of age until 2 years of age shall be served whole homogenized Vitamin D-fortified cow's milk, except as provided in R 400.8330(4).**

Rationale

Assures proper nutrition while meeting each child's individual needs. Whole milk provides the fat children ages 12 to 24 months need for brain tissue development, which skim, 1% and 2% milk do not provide.

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**R 400.8335 (5) Food services and nutrition; provided by center.**

**(5) Formula shall be commercially prepared and ready-to-feed.**

Rationale

Commercially prepared, ready-to-feed formula reduces the risk of:

- Inaccurately preparing formula.
- Feeding infants unsanitary formula or milk.

Technical Assistance

This rule applies when bottles of formula are prepared and served on-site.

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**R 400.8335 (6) Food services and nutrition; provided by center.**

**(6) All fluid milk and fluid milk products shall be pasteurized and meet the grade "A" quality standards.**

Rationale

Raw or unpasteurized milk products have been implicated in outbreaks of food borne illness such as salmonellosis, listeriosis, toxoplasmosis, and campylobacteriosis.

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**R 400.8335 (7)-(9) Food services and nutrition; provided by center.**

**(7) Milk shall be served from any of the following:**

- (a) A commercially filled container stored in a mechanically refrigerated bulk milk dispenser.**
- (b) A commercially filled container not to exceed 1 gallon.**
- (c) A sanitized container only if poured directly from the original container.**

**(8) All of the following shall apply to milk:**

- (a) Containers shall be labeled with the date opened.**
- (b) Milk shall be served within 7 days of opening.**
- (c) Milk shall not be served if the contents appear to be unsanitary or have been unrefrigerated for a period exceeding 1 hour.**

**(d) Milk shall not be combined with the contents of other partially filled containers.**

**(9) Contents remaining in single-service containers of milk shall be discarded at the end of the snack or meal time.**

Rationale

Prevents contamination and food-borne illness.

Technical Assistance

These rules apply to all types of milk, including, but not limited to, cow's, goat's, almond, soy, and rice milk.

**R 400.8335 (10)-(15)**

**Food services and nutrition; provided by center.**

**(10) All containers of ready-to-feed formula, once opened, shall be labeled with the date and time of opening, refrigerated, and used within 48 hours or discarded.**

**(11) Prepared bottles and beverage containers of milk and formula shall be refrigerated and labeled with the child's name, date, and time of preparation.**

**(12) Contents of unused bottles of formula shall be discarded, along with any bottle liners, after 48 hours.**

**(13) All liners, nipples, formula, milk, and other materials used in bottle preparation shall be prepared, handled, and stored in a sanitary manner.**

**(14) Reusable nipples and bottles shall be washed, rinsed, and sanitized before reuse.**

**(15) Bottle liners and disposable nipples shall be for single use only, by an individual child, and discarded with any remaining formula or milk after use.**

Rationale

Prevents contamination and food-borne illness. The identification on bottles prevents the chance of cross-contamination.

The dating of bottles and containers allows for the monitoring of spoilage.

**R 400.8335 (16)**

**Food services and nutrition; provided by center.**

**(16) Commercially packaged baby food shall be served from a dish, not directly from a factory-sealed container, unless the entire container will be served to only 1 child and will be discarded at the end of the feeding period.**

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Rationale	Uneaten food may contain potentially harmful bacteria from the child's saliva.
Consultation	Centers are encouraged to wash off all baby food jars with soap and water before opening and to examine the food carefully before removing it from the jar to make sure there are no glass pieces or foreign objects in the food.

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**R 400.8335 (17)-  
(18)****Food services and nutrition; provided by center.**

**(17) Uneaten food that remains on a dish from which a child has been fed shall be discarded.**

**(18) Food, already served and handled by the consumer of the food, may not be served again, unless it is in the original, unopened wrapper.**

Rationale	Served foods have a high probability of contamination during serving. Bacterial multiplication proceeds rapidly in perishable foods out of refrigeration, as much as doubling the numbers of bacteria every 15 to 20 minutes.  Uneaten food may contain potentially harmful bacteria from the child's saliva.
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**R 400.8335 (19)****Food services and nutrition; provided by center.**

**(19) Home canned products are prohibited.**

Rationale	There is no guarantee that home canned foods were processed in a safe and hygienic manner. Home canned food has an increased risk of containing microorganisms or toxins which can cause food borne illness.
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**R 400.8345 (1)****Water supply; plumbing.**

**(1) The water system shall comply with the requirements of the local health department.**

## Rationale

To assure the water supply is safe and does not contain dangerous substances or spread disease.

## Technical Assistance

Findings and recommendations from an environmental health inspection are considered when determining compliance.

R 400.8305(2)(b) requires an environmental health inspection at renewal if the center has private water. The environmental health inspection will include testing of the water supply.

In the event of contamination of drinking water, centers must use commercially bottled water.

**R 400.8345 (2)-(3)****Water supply; plumbing.**

**(2) Plumbing shall be designed, constructed, installed, and maintained to prevent cross-connection with the water system.**

**(3) Sinks, lavatories, drinking fountains, and other water outlets shall be supplied with safe water, sufficient in quantity, and pressure, to meet conditions of peak demand.**

## Rationale

Assures for the safety and well-being of children and adults.

**R 400.8345 (4)****Water supply; plumbing.**

**(4) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition.**

## Rationale

Ensures the availability of hot water to facilitate cleaning and sanitation.

**R 400.8345 (5)****Water supply; plumbing.**

**(5) Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.**

## Rationale

Prevents accidents and unsanitary conditions.