

**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 family and group child care homes.

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.

**FEBRUARY 1, 2017
UPDATE**

Table of Contents

Revision date was updated on the items in this release.

Rules 400.1931

Technical assistance was updated so it is clear that if a bottle is fed to the wrong child, it would be considered a violation of R 400.1911(1) regarding appropriate care and supervision.

Rules 400.1942

The rationale section was updated to subrule (2).

**Maintenance
Instructions**

Table of Contents and rules 400.1931, 400.1942

Replace the entire section.

R400.1901	Definitions. [Revised 7/1/09]
R400.1902	Caregiver and child care home family. [Revised 3/1/11]
R400.1903	Caregiver responsibilities. [Revised 7/1/16]
R400.1904	Assistant caregivers. [Revised 10/1/11]
R400.1905	Training. [Revised 7/1/15]
R400.1906	Records of caregiving staff and child care home family; record maintenance. [Revised 2/1/13]
R400.1907	Children's records. [Revised 6/1/14]
R400.1908	Capacity. [Revised 7/1/09]
R400.1909	Concurrent licensing. [Revised 7/1/15]
R400.1910	Ratio of caregiving staff to children. [Revised 7/1/09]
R400.1911	Supervision. [Revised 10/1/11]
R400.1912	Infant supervision and sleeping. [Revised 7/1/09]
R400.1913	Discipline and child handling. [Revised 6/1/14]
R400.1914	Daily activity program. [Revised 4/1/14]
R400.1915	Indoor space; play equipment and materials. [Revised 4/1/14]
R400.1916	Bedding and sleeping equipment. [Revised 1/1/16]
R400.1917	Telephone. [Revised 7/1/09]
R400.1918	Medication; administrative procedures. [Revised 7/1/16]
R400.1919	Communicable disease. [Revised 6/4/10]
R400.1920	Outdoor play area and equipment. [Revised 11/1/10]
R400.1921	Water hazards and water activities. [Revised 3/1/11]
R400.1922	Nighttime care. [Revised 1/1/16]
R400.1923	Diapering and toilet learning. [Revised 1/1/16]
R400.1924	Hand washing. [Revised 11/1/10]
R400.1931	Food preparation and service. [Revised 2/1/17]
R400.1932	Home maintenance and safety. [Revised 1/1/16]

R400.1933	Water supply; sewage disposal; water temperature. [Revised 11/1/10]
R400.1934	Heating; ventilation; lighting. [Revised 11/1/10]
R400.1935	Firearms. [Revised 7/1/09]
R400.1936	Animals and pets. [Revised 7/1/09]
R400.1941	Heat-producing equipment. [Revised 9/1/14]
R400.1942	Electrical service; maintenance. [Revised 2/1/17]
R400.1943	Exit and escape requirements for each floor level used by children. [Revised 7/1/09]
R400.1944	Smoke detectors; fire extinguishers. [Revised 11/1/10]
R400.1945	Fire; tornado; serious accident and injury plans. [Revised 9/1/13]
R400.1951	Transportation. [Revised 12/1/12]
R400.1952	Parent permission and notification required; child information cards when off-premises. [Revised 7/1/09]
R400.1961	Parent notification of incidents, accidents, illness, or disease required; isolation; sanitation. [Revised 6/4/10]
R400.1962	Department notification of injury, accident, illness, death, or fire. [Revised 11/1/10]
R400.1963	Rule variance. [Revised 7/1/09]

R 400.1931 (1) Food preparation and service.

(1) Each child shall be provided with nutritional and sufficient food as required by the minimum meal requirements of the child care food program, as administered by the Michigan Department of Education, based on the national research council's recommended dietary allowances for appropriate age groups, unless parents provide the food.

Rationale

The child care food program regulations, policies and guidance materials on meal requirements provide the basic guidelines for good nutrition and sanitation practices.

The guidelines for meals and snack patterns ensure that the nutritional needs of infants and children are met based on current scientific knowledge.

Technical Assistance

The Child and Adult Care Food Program (CACFP) outlines the nutrition needs of children at www.michigan.gov/cacfp.

Child and Adult Care Food Program Meal Pattern Requirements Infants			
	Birth - 3 Months	4 - 7 Months	8 - 11 Months
BREAKFAST	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
LUNCH or SUPPER	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

Child and Adult Care Food Program Meal Pattern Requirements Infants			
	Birth - 3 Months	4 - 7 Months	8 - 11 Months
SNACK	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 1 Year of Age and Over			
BREAKFAST	Age 1-2 Years	Age 3-5 Years	Age 6-12 Years
Milk, fluid	1/2 cup	3/4 cup	1 cup
Vegetable, Fruit or full strength juice 2	1/4 cup	1/2 cup	1/2 cup
Grains/Bread ² (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

Child and Adult Care Food Program Meal Pattern Requirements 1 Year of Age and Over			
SNACK - Select 2 of the following 4 components:	Age 1-2 Years	Age 3-5 Years	Age 6-12 Years
Milk, fluid	1/2 cup	1/2 cup	1 cup
Vegetable, Fruit or full strength juice 2,7	1/2 cup	1/2 cup	3/4 cup
Grains/Bread ² (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
Meat or Meat Alternates ^{2,4}			
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 ⁵	1 tablespoon	1 tablespoon	2 tablespoons
or peanuts, soy nuts, tree nuts, or seeds ⁵	1/2 oz	1/2 oz	1 oz

Child and Adult Care Food Program Meal Pattern Requirements 1 Year of Age and Over			
LUNCH / SUPPER	Age 1-2 Years	Age 3-5 Years	Age 6-12 Years
Milk, fluid	1/2 cup	3/4 cup	1 cup
Vegetables and/or Fruit (2 or more kinds) ³	1/4 cup total	1/2 cup total	3/4 cup total
Grains/Bread ² (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
Meat or Meat Alternates ^{2,4}			
Lean meat, fish or poultry	1 oz	1 1/2 oz	2 oz
or alternate protein products ⁶	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 ⁵	2 tablespoons	3 tablespoons	4 tablespoons
or peanuts, soy nuts, tree nuts, or seeds ⁵	1/2 oz	3/4 oz	1 oz

² Or an equivalent quantity of any combination.

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

⁴ Cooked lean meat without bone or breading.

⁵ 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.

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

⁷ Juice may not be served when milk is served as the only other component.

The CACFP requires that children two years and older be served fat free (skim) or low-fat (1%) fluid milk.

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 your food program sponsor regarding whether you can claim reimbursement for that child's meals.

Consultation

The following best practices are recommended:

- Children 12 months to 24 months be served whole homogenized vitamin D-fortified cow's milk.
- Parents who supply the food should be encouraged to provide nutritious food for their children.
- Additional information about building good eating habits can be obtained from The Dairy Council of Michigan at 1-800-241-6455.
- 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.

See *Healthy Kids, Healthy Care: Meals and Snacks* at www.healthykids.us/chapters/meals_pf.htm and the AAP Caring for Our Children: National Health and Safety Performance Standards at <http://nrckids.org/CFOC/index.html>.

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

The USDA Food Pyramid can be found at www.usda.gov.

Family and group child care homes may participate in the CACFP if the provider is sponsored by a family child care home sponsor. See the CACFP Family Child Care Home Sponsors table below for a list of sponsors. Additional information regarding the CACFP can be found at www.michigan.gov/cacfp.

Child and Adult Care Food Program Family Child Care Home Sponsors

Association for Child Development PO Box 1491 East Lansing, MI 48826 517-332-7200 800-234-3287 www.acdkids.org	Counties: All
Kent Regional 4C 233 E. Fulton, Suite 107 Grand Rapids, MI 49503-3262 616-451-8281 800-448-6995 www.4Cchildcare.org	Counties: Allegan, Barry, Calhoun, Clinton, Eaton, Gratiot, Ingham, Ionia, Isabella, Jackson, Kalamazoo, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, Shiawassee, VanBuren, and Wexford
Mid-Michigan Child Care Centers, Inc. 280 S. Main, PO Box 610 Freeland, MI 48623 989-695-2683 800-742-3663 www.midmichigancc.com	Counties: All

R 400.1931 (2)
Food preparation and service.

(2) Children shall be offered food at intervals as individually appropriate, but not to exceed more than 4 hours unless the child is asleep.

Rationale

Young children need to be fed often.

Small feedings of nourishing food should be scheduled over the course of the day to ensure that the child's daily nutritional needs are met.

Consultation

The following best practices are recommended by the American Academy of Pediatrics for meal time intervals:

- Children in care for 8 hours or less should be offered at least one meal and two snacks or two meals and one snack.
- Children in care for more than 8 hours should be offered at least two meals and two snacks or three snacks and one meal.

See *Healthy Kids, Healthy Care: Meals and Snacks* at www.healthykids.us/chapters/meals_pf.htm and the AAP Caring for Our Children: National Health and Safety Performance Standards at <http://nrckids.org/CFOC/index.html>.

R 400.1931 (3) Food preparation and service.**(3) Drinking water shall be available at all times.**

Rationale: Drinking water is good for hydration and reduces the acid in the mouth, which contributes to early childhood tooth decay.

Drinking water during the day will reduce the intake of extra calories (from fruit juices, etc.) that are associated with obesity and tooth decay.

Consultation

Children under 12 months of age:

- Can be given too much water and suffer from water intoxication or over-hydration.
- Have different body compositions than adults so they are more vulnerable to water imbalance, especially in hot weather.

Some symptoms of water intoxication include:

- Pale-colored urine.
- More than six to eight wet diapers per day.
- Seizures that may include facial movement, lip smacking and arrhythmic jerking of a body part.

Ways to prevent water intoxication include the following:

- Do not dilute formula unless directed to do so by the child's physician. Diluting reduces the amount of nutrients the child receives.
- Infants under 6 months should not receive more than six to eight ounces of water, juice, Jell-O water or electrolyte replacement solutions in addition to their daily formula/breast milk intake a day.
- Infants ages 6 months to one year should not receive more than eight to twelve ounces of fluids, in addition to their daily formula/breast milk intake a day, unless ordered by the child's physician.
- Be aware of special circumstances when the child needs more fluids than usual (such as, in extremely hot weather or if the child has diarrhea or is vomiting).
- Know that other foods and fluids contain a lot of water, such as infant formula and baby food, which contains 85-90% water.

Children over a year old need to have water readily available to prevent dehydration as:

- Dehydration is the loss of water and salts from the body.
- Severe dehydration can cause death.

Some signs of early or mild dehydration include:

- Flushed face.
- Extreme thirst or unable to drink.
- Dry, warm skin.
- Unable to pass urine or reduced amounts that are dark yellow.

- Dizziness made worse when standing.
- Weak, sleepy or irritable.
- Cramping in the arms and legs.
- Crying with few or no tears.
- Headaches.
- Dry mouth, dry tongue and thick saliva.

R 400.1931 (4)(a-b) Food preparation and service.

(4) Food shall be prepared, served, and stored in a safe and sanitary manner. All of the following shall apply:

- (a) Food served to children individually or family style shall be discarded at the end of the meal if not eaten.**
- (b) Prepared food that has not been served to individuals or placed in family-style containers shall be promptly covered after preparation and stored appropriately.**

Rationale	Assures that food is not contaminated prior to, during or after meals are prepared and served.
Technical Assistance	<p>The caregiving staff are responsible and accountable for assuring that:</p> <ul style="list-style-type: none"> • Food is prepared and served on clean, sanitized surfaces. • Food items that require refrigeration are properly refrigerated or kept in thermal containers capable of keeping the food cold. • Commercially packaged baby food that has been served from the jar is discarded after the feeding. • Food other than canned goods are stored off the floor. • All foods, including sack lunches, are protected from potential contamination at all times. Foods must not be stored near toxic or poisonous materials, or under exposed or unprotected sewer lines. <p>Note: Due to mineral deposits and other contaminants that may be present in hot water heaters and the potential of leaching of heavy metals from water pipes, begin with cold water when cooking and for food/bottle preparation. This will minimize the potential for contamination.</p>
Consultation	Health departments recommend that the temperature inside a refrigerator be kept at 42-45 degrees F.

R 400.1931 (4)(c) Food preparation and service.

(4) Food shall be prepared, served, and stored in a safe and sanitary manner. All of the following shall apply:

(c) Children under 3 years of age shall not be served or allowed to eat foods that may easily cause choking including, but not limited to, popcorn and uncut round foods such as grapes, seeds, nuts, hard candy, 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.
- Uncooked carrots - whole or sliced into rounds.
- Uncut round foods such as grapes.
- Uncooked peas.
- Hard pretzels.
- Seeds.
- Chips.
- Nuts.
- Marshmallows.
- Spoonfuls of peanut butter.
- Large chunks of meat.
- Cheese cubes.
- Hard candy.

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

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

For infants (birth to 11 months), foods need to progress from pureed to ground to finely mashed to finely chopped, as the infant develops. Chopped food should be cut into small pieces no larger than 1/4-inch cubes or thin slices.

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

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

R 400.1931 (5)**Food preparation and service.**

(5) If a parent has agreed to provide the food, then the caregiver shall have a written agreement from the parent and shall be responsible for providing adequate food if the parent does not.

Rationale

The caregiver has a responsibility to follow feeding practices that promote optimum nutrition which supports the growth and development of all children.

Technical Assistance

The caregiver must have food available if the parent agreed to provide the food but does not do so.

The Child in Care Statement/Receipt (BCAL-3900) must be used to document this written agreement.

Consultation

Best practice is for the caregiver to discuss proper nutrition with parents when necessary.

R 400.1931 (6)**Food preparation and service.**

(6) Food brought by parents shall be labeled with the child's name and, if perishable, shall be refrigerated.

Rationale

Assures children receive the food that was intended for them.

R 400.1931 (7)**Food preparation and service.**

(7) If home canned foods are served, then parents shall be informed.

Rationale

Parents have a right to know and make a decision about the food their children eat.

Consultation

Home canned foods should be canned in accordance with the guidelines from the United States Department of Agriculture (USDA). The USDA Complete Guide to Home Canning at www.uga.edu/nchfp/publications/publications_usda.html. Additional information on home canning can also be found on the website for the National Center for Home Food Preservation at www.uga.edu/nchfp/index.html.

R 400.1931 (8)**Food preparation and service.****(8) Unpasteurized products shall not be used.**

Rationale

A small dose of infectious or toxic material can lead to serious illness.

Technical Assistance

Pasteurization means the partial or complete sterilization of liquids to destroy disease producing micro-organisms limiting fermentation.

Examples of unpasteurized products include raw unpasteurized milk products, unpasteurized apple cider, unpasteurized fruit juices and raw or under cooked eggs.

Freshly squeezed fruit or vegetable juices prepared in the child care facility just prior to serving are permissible.

R 400.1931 (9)**Food preparation and service.****(9) Children shall be encouraged to taste new foods, but shall not be required to eat anything they do not want.**

Rationale

To broaden children's experiences with food.

Technical Assistance

“Encouraged” means offered to the child but not forced to taste or eat.

Consultation

Best practice is to sit with the children during meal time to promote positive interactions and model proper table manners.

R 400.1931 (10)**Food preparation and service.****(10) Bottles used for feeding shall be labeled with the child's name and date, and refrigerated.**

Rationale

The identification of bottles assures children receive bottles that were intended for them and prevents the chance of cross-infection and contamination.

The dating of bottles allows for the monitoring of spoilage.

Technical Assistance

Bottles prepared and brought from home and/or prepared at the child care home must be labeled and dated regardless of the number of children using bottles.

Note: If a bottle is fed to the wrong child, this would be considered a violation of R 400.1911(1) regarding appropriate care and supervision.

- Consultation
- The following best practices are recommended:
- Already mixed bottles of formula from powder and concentrate or opened ready-to-feed formula should be discarded after 48 hours if not used, according to the American Academy of Pediatrics.
 - Never excessively shake formula. Excessive shaking may cause foaming that increases the likelihood of feeding air to the infant.
 - Unused breast milk should be discarded:
 - After 48 hours if it was never frozen and is refrigerated.
 - After 24 hours if thawed in the refrigerator or under cold running water.
 - By three months if frozen.

See *Healthy Kids, Healthy Care: Meals and Snacks* at www.healthykids.us/chapters/meals_pf.htm and the AAP Caring for Our Children: National Health and Safety Performance Standards at <http://nrckids.org/CFOC/index.html>.

Bottles of milk or formula may be fed cold. If warmed, the following methods are recommended:

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

Due to hot spots, microwaves should not be used to warm bottles.

R 400.1931 (11)

Food preparation and service.

(11) The contents of a bottle that has been used for feeding for a period that exceeds 1 hour from the beginning of the feeding, or has been unrefrigerated for 1 hour or more shall be discarded.

- Rationale
- Bottles 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 an hour unsuitable and unsafe for consumption.
- Technical Assistance
- Refer to subrule (10) of this rule for requirements on the handling and storing of formula and breast milk.
- Consultation
- Caregivers may consider filling bottles with smaller amounts of formula or using smaller bottles if infants regularly do not consume an entire bottle during a feeding period.

R 400.1931 (12)

Food preparation and service.

(12) Children shall not have beverage containers while they are in bed or while they are walking around or playing. The propping of bottles is prohibited.

Rationale

Promotes safety and good oral health for children as:

- Children who walk around with beverage containers have an increased risk for injury.
- A glass container is a safety hazard if the container is dropped and breaks.
- Bottle propping can:
 - Cause choking and aspiration.
 - Contribute to long-term health issues, including ear infections, orthodontic problems and speech disorders.

Technical Assistance

A beverage container is any container that holds liquid including, but not limited to, bottles, sippy cups, juice boxes, and glasses.

Note: Consultants will cite a violation with R 400.1911(1), appropriate care and supervision, if they observe a child sipping from another child's beverage container.

Consultation

Best practice is to hold infants for bottle feeding except when infants resist being held and are able to hold their own bottles.

R 400.1942 (1)**Electrical service; maintenance.**

(1) The electrical service of a child care home shall be maintained in a safe condition. When warranted, an electrical inspection by an electrical inspecting authority may be required.

Rationale

Unsafe or broken electrical fixtures and outlets can expose children to serious electrical shock or electrocution.

Technical Assistance

Possible indicators of an electrical problem may include, but are not limited to:

- Exposed, loose, frayed or stripped wires.
- Burned wiring.
- Buzzing sound at the electrical box.
- Inappropriate/misuse of extension cords, especially when used in lieu of permanent wiring.
- Flickering or dimming of the lights.

R 400.1942 (2)**Electrical service; maintenance.**

(2) All electrical outlets, including outlets on multiple outlet devices, accessible to children shall have safety covers.

Rationale

Placing fingers or sticking objects into exposed electrical outlets will cause electrical shock, electrical burns and potential fires.

Technical Assistance

Electrical outlets, power strips and extension cords with multiple plugs must have each individual socket covered if not in use.

Electrical outlets that close automatically or rotate to prevent the use of the plug are acceptable.

R 400.1942 (3)**Electrical service; maintenance.**

(3) Electrical cords shall be arranged so they are not hazards to children.

Rationale

Electrical cords can cause injuries when:

- Children pull on the cord of an appliance causing it to fall down on them.
- Children chew on an appliance cord down to the wires causing a shock and potentially disfiguring mouth injuries.
- Someone trips over them.

A slight shock may be fatal to a child.

Technical
Assistance

Electrical cords must not be:

- Placed under rugs or carpet, through doorways or across water-source areas.
- Frayed or overloaded.