

**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.

**FEBRUARY 1, 2017
UPDATE**

Table of Contents

Revision date was updated on the items in this release.

Rule 400.8113

The School Administrator Certificate issued by the Michigan Department of Education was added to the list of approved administrative credentials.

Rule 400.8131

The contact information for the Michigan Occupational Safety and Health Administration, Consultation, Education & Training Division was updated.

Rules 400.8137, 400.8155, 400.8176, 400.8320, 400.8325

Technical assistance was updated to no longer require that bleach and water sanitizing solutions be made fresh daily. They just have to be tested daily to ensure the proper concentration. In addition, commercial disinfecting or sanitizing wipes may be used as long as they are tested daily to ensure the proper concentration.

Consultation was updated to recommend that prior to using corrosive substances, such as bleach, you contact MIOSHA to ensure you follow any safety requirements, such as installation of an eyewash station.

Rule 400.8173

Centers are not allowed to have children use shaving cream or any other materials labeled "keep out of reach of children." Shaving cream is labeled as toxic and is not safe for use by children.

Rule 400.8380

Technical assistance was updated so it is clear that centers licensed before December 7, 2006 have until January 2, 2017 to obtain and

keep on file at the center a lead hazard risk assessment and the lead hazard risk assessment must indicate that current child use space, including outdoor play areas, is safe.

Rule 400.8565

Technical assistance was updated to clarify when the superintendent waiver applies to portable buildings.

**Maintenance
Instructions**

**Table of Contents and rules 400.8113, 400.8131, 400.8137,
400.8155, 400.8173, 400.8176, 400.8320, 400.8325, 400.8380,
400.8565**

Replace the entire section.

PART 1. GENERAL PROVISIONS FOR ALL CHILDREN

| | | |
|-----------------|--|--|
| 400.8101 | Definitions. [Revised 11/01/2014.] | |
| 400.8104 | Rule variances. [Revised 01/02/2014.] | |
| 400.8107 | Center license applicant. [Revised 07/01/2016.] | |
| 400.8110 | Licensee. [Revised 04/01/2014.] | |
| 400.8113 | Program director qualifications; responsibilities. [Revised 02/01/2017.] | |
| 400.8116 | Multi-site school-age program director. [Revised 01/02/2014.] | |
| 400.8119 | Site supervisor qualifications; responsibilities. [Revised 01/02/2014.] | |
| 400.8122 | Lead caregiver qualifications; responsibilities. [Revised 01/01/2016.] | |
| 400.8125 | Staff and volunteers. [Revised 07/01/2015.] | |
| 400.8128 | Health of staff and volunteers. [Revised 01/02/2014.] | |
| 400.8131 | Professional development requirements. [Revised 02/01/2017.] | |
| 400.8134 | Hand washing. [Revised 01/02/2014.] | |
| 400.8137 | Diapering; toileting. [Revised 02/01/2017.] | |
| 400.8140 | Discipline. [Revised 04/01/2014.] | |
| 400.8143 | Children's records. [Revised 07/01/2015.] | |
| 400.8146 | Information provided to parents. [Revised 04/01/2014.] | |
| 400.8149 | Parent permission for transportation. [Revised 07/01/2015.] | |
| 400.8152 | Medication; administrative procedures. [Revised 07/01/2015.] | |
| 400.8155 | Child accidents and incidents; child and staff illness. [Revised 02/01/2017.] | |
| 400.8158 | Incident, accident, injury, illness, death, fire reporting. [Revised 01/01/2016.] | |
| 400.8161 | Emergency procedures. [Revised 07/01/2015.] | |
| 400.8164 | Telephone service. [Revised 01/02/2014.] | |
| 400.8167 | Indoor space. [Revised 01/02/2014.] | |
| 400.8170 | Outdoor play area. [Revised 07/01/2015.] | |
| 400.8173 | Equipment. [Revised 02/01/2017.] | |

- 400.8176 Sleeping equipment. [Revised 02/01/2017.] |
- 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 07/01/2016.]
- 400.8310 Food preparation areas. [Revised 01/02/2014.]
- 400.8315 Food and equipment storage. [Revised 01/02/2014.]
- 400.8320 Food preparation. [Revised 02/01/2017.] |
- 400.8325 Sanitization. [Revised 02/01/2017.] |
- 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 01/01/2016.]
- 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 02/01/2017.] |
- 400.8385 Poisonous or toxic materials. [Revised 01/02/2014.]

PART 3. FIRE SAFETY PROVISIONS

- 400.8501** Adoption by reference. [Revised 01/02/2014.]
- 400.8505** Definitions. [Revised 01/02/2014.]
- 400.8510** Plans and specifications; submission; approval; inspections. [Revised 07/01/2016.]
- 400.8515** Construction. [Revised 07/01/2016.]
- 400.8520** Interior finishes. [Revised 07/01/2016.]
- 400.8525** Exits. [Revised 07/01/2016.]
- 400.8530** Hazard areas. [Revised 07/01/2016.]
- 400.8535** Fire alarm. [Revised 07/01/2016.]
- 400.8540** Smoke detectors; carbon monoxide detectors. [Revised 07/01/2016.]
- 400.8545** Fire extinguishers. [Revised 07/01/2016.]
- 400.8550** Electrical service. [Revised 07/01/2016.]
- 400.8555** Open flame devices; candles. [Revised 07/01/2016.]
- 400.8560** Multiple occupancy. [Revised 07/01/2016.]
- 400.8565** Fire safety; exemptions for public and nonpublic school buildings. [Revised 04/01/2014.]

PART 4. TRANSPORTATION PROVISIONS

- 400.8701** Definitions. [Revised 01/02/2014.]
- 400.8710** Transportation. [Revised 01/02/2014.]
- 400.8720** All motor vehicles. [Revised 01/02/2014.]
- 400.8730** Safety equipment in motor vehicles. [Revised 01/02/2014.]
- 400.8740** Manufacturer's rated seating capacity; restraint devices; safety belts. [Revised 01/02/2014.]
- 400.8750** Motor vehicle operator. [Revised 01/02/2014.]
- 400.8760** Staff/volunteer-to-child ratio and supervision in transit. [Revised 01/02/2014.]
- 400.8770** Time limitation on child transit. [Revised 01/02/2014.]

PART 5. SWIMMING PROVISIONS

| | |
|-------------------|--|
| 400.8801 | Definitions. [Revised 01/02/2014.] |
| 400.8810 | Swimming caregiver-to-child ratio. [Revised 01/02/2014.] |
| 400.8820 | Swimming activity supervision. [Revised 01/02/2014.] |
| 400.8830 | Instructional swim. [Revised 01/02/2014.] |
| 400.8840 | Swimming activity area. [Revised 01/02/2014.] |
| Appendix A | Statutes. [Revised 01/02/2014.] |

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.

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| Consultation | <p>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.</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 www.miafterschool.com.</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.

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| Rationale | A trained and qualified program director is essential to assure optimal program functioning. |
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|----------------------|---|
| 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> |
|----------------------|---|

To have a program director approved, the following documents must be submitted to your licensing consultant:

- A completed Licensing Clearance Request (BCAL-1326-CC) and the Livescan Fingerprint Background Check Request form for the proposed program director. **Note:** The Livescan Fingerprint Background Check Request form is not required if School district Livescan fingerprint clearance results are being used for school sponsored centers.

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.

Note: 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:

- A copy of the request for a child abuse and neglect registry clearance and any results from the other states of residence.

- 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.
- 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.

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.

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 sub-rule (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 |
| (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.
- Educational Credential Evaluators, 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 |

| Examples of Credit | | |
|-------------------------------------|----------------|-------------------|
| Course | Credits Earned | Credits Toward 18 |
| 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.

**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.

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.

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.
- School Administrator Certificate issued by the Michigan Department of Education.

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 400.8131 (1)***Professional development requirements.***

(1) *The center shall provide an orientation of the center's policies and practices and the child care administrative rules to all staff hired after the effective date of these rules and prior to unsupervised contact with children.*

Rationale

Ensures that staff are familiar with the Child Care Center Licensing Rules and the center's policies and understand their job duties.

Technical Assistance

Orientation is required for any staff hired after January 1, 2014. Orientation counts toward the annual clock hours of professional development as required by subrule (4) of this rule. Verification of orientation must be kept as required by subrule (9) of this rule.

Consultation

It is recommended that the following topics be covered in orientation for new staff:

- Blood borne pathogen training, as required by subrule (3) of this rule.
- Health policies and procedures.
- Fire prevention.
- Emergency procedures.
- Child abuse and neglect reporting policies and procedures.
- Planned daily activities and routines.
- Child guidance and discipline policy.
- Communicable disease recognition and prevention.
- Developmentally appropriate practices and expectations for the age group with which the staff will work.

R 400.8131 (2)***Professional development requirements.***

(2) Caregivers shall have training that includes information about infant safe sleep and shaken baby syndrome before caring for infants and toddlers.

Rationale

Assures for the safety and well-being of young children by educating caregivers about safe sleep practices and the physical hazards associated with shaking a baby.

Technical Assistance

Documentation of shaken baby and infant safe sleep training must be maintained for each caregiver caring for infants and toddlers. Infant safe sleep and shaken baby syndrome training counts toward the annual clock hours of professional development as required by subrule (4) of this rule. Verification of training must be kept as required by subrule (9) of this rule.

Consultation

It is best practice that all staff be trained on shaken baby syndrome and infant safe sleep.

A free training on infant safe sleep and the licensing rules related to infant safe sleep is available at www.michigan.gov/michildcare-training > Online Training on Infant Safe Sleep for Child Care Providers link.

Refer to R 400.8131(4) for additional training resources.

R 400.8131 (3)

Professional development requirements.

(3) Before unsupervised contact with children, each caregiver, site supervisor and program director shall complete blood-borne pathogen training.

Rationale

Providing first aid in situations where blood is present is part of a caregiver's job. Split lips, bloody noses, scraped knees, and other minor injuries associated with bleeding are common in child care. The risk of infection with blood-borne pathogens is dependent on the likelihood of exposure to blood or other potentially harmful infectious materials.

Technical Assistance

Licensing does not mandate a specific blood-borne pathogen training curriculum.

Blood-borne pathogen training counts toward the annual clock hours of professional development as required by subrule (4) of this rule. Verification of training must be kept as required by subrule (9) of this rule.

Consultation

[Part 554 - Bloodborne Infectious Diseases](#) (Occupational Health Rules 325.70001 - 325.70018) of the Occupational Health Standards requires:

- That certain elements be included in blood-borne pathogen training [see Occupational Health Rule 325.70016(5)].
- That training be completed annually.
- The development of an exposure control plan [see Occupational Health Rule 325.70004].
- That the exposure control plan is included in the training.

More information on Part 554 can be found on the Michigan Occupational Safety and Health Administration (MIOSHA) website at:

www.michigan.gov/miosha >Publications, Posters, Forms & Media >Occupational Health Publications >Bloodborne Infectious Diseases. Contact the Consultation, Education & Training Division at (517) 284-7720 with any additional questions about Part 554.

R 400.8131 (4)

Professional development requirements.

(4) All program directors, site supervisors, and caregivers shall complete 16 clock hours of professional development annually on topics relevant to job responsibilities, including, but not limited to, child development and learning; health, safety and nutrition; family and community collaboration; program management; teaching and learning; observation, documentation, and assessment; interactions and guidance; professionalism; and the child care center administrative rules. The center may count **CPR and first aid training for up to 2 hours of the annual professional development hours in the year taken.**

Rationale

Staff training improves the quality of care. Caregivers who are trained are better able to prevent, recognize and correct health and safety problems and promote children's healthy development.

This rule assures that center staff receive on-going training related to the functions and responsibilities of their role as a caregiver.

Technical Assistance

Sixteen clock hours of professional development are required beginning in 2014.

Training records of caregivers employed less than 1 year will not be reviewed at licensing inspections.

If CPR and/or first aid training is taken during the calendar year, the staff person can count it as 2 hours of annual clock hours of professional development.

Licensing previously required that annual clock hours of professional development be taken during the license cycle. To simplify both assessing compliance by licensing and tracking hours for licensees, as of April 3, 2013, licensing began to assess compliance based on the calendar year.

Documentation of 16 clock hours each calendar year for all caregivers is required.

Example 1: Your license expires 10/01/2013. At your renewal inspection on 09/20/2013, you will provide documentation of annual training based on your license cycle for 10/01/2011 to 09/30/2012. Since the second year of your license cycle (10/1/2012 to 9/30/2013) covers part of 2013, your licensing consultant will just review the clock hours taken in 2012 at your renewal inspection. You will not be cited if all the hours were not taken in 2012. (The training hours taken in 2013 will not be evaluated at this time.)

When your center license expires on 10/02/2015, you will be required to provide documentation of training hours from calendar years 2013 and 2014.

Example 2: Your license expires 5/01/2013. At your renewal inspection on 4/20/2013, you will provide documentation of annual training based on your license cycle for 5/10/11 to 4/30/12. Since the second year of your license cycle (5/1/2012 to 4/30/2013) covers part of 2013, your licensing consultant will just review the clock hours taken in 2012 at your renewal inspection. You will not be cited if all the hours were not taken in 2012. (The training hours taken in 2013 will not be evaluated at this time.)

When your license expires 5/02/2015, you must provide documentation of training hours from calendar years 2013 and 2014.

Equivalencies

- 60 minutes equals one clock hour of training.
- One semester hour of college credit is equivalent to 15 hours of training.
- One term hour is equivalent to 10 hours of training.
- One 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.

Note: Training sessions must be a minimum of 30 minutes in duration to be counted toward training hours.

Consultation

The Michigan Core Knowledge and Core Competencies (CKCCs) for the Early Care and Education Workforce outline what adults who work with young children need to know, understand and be able to do in order to provide quality early learning experiences. It is recommended that the CKCCs are used to:

- Assess staff knowledge and skill in the competency areas.
- Identify areas where staff need to improve.
- Create a professional development plan for each staff member.
- Track and map staff professional growth.

The CKCC document and a related webinar are on Office of Great Start website at www.michigan.gov/greatstart.

It is recommended that caregivers receive training on how to:

- Ensure parents provide the proper written permission and instructions to provide medication to their child.
- Read medication labels and instructions.
- Properly measure doses of medication.

- Use any specific medical device such as an inhaler or nebulizer, if necessary.

Attorney General Opinion No. 7274, dated August 28, 2013, recommends that caregivers receive specific training on the administration of any medication that is dispensed via syringe prior to administering the medication.

Any training completed on proper administration of medication counts toward a caregivers annual clock hours of professional development as required by this rule.

Training opportunities are available through a variety of sources, including but not limited to:

- Department of Licensing and Regulatory Affairs, Child Care Licensing - www.michigan.gov/michildcare and your licensing consultant.
- Great Start to Quality Regional Resource Centers - (877) 614-7328 or www.greatstarttoquality.org.
- Michigan Association for the Education of Young Children - www.miaeyc.org.
- Department of Health and Human Services - www.michigan.gov/mdhhs.
- Department of Health and Human Services, Infant Safe Sleep - www.michigan.gov/safesleep.
- Michigan Department of Education, Office of Great Start - www.michigan.gov/greatstart.
- Afterschool Alliance- www.afterschoolalliance.org.
- Michigan AfterSchool Association - www.miafterschool.com.
- Michigan After-School Partnership - www.miafterschool.org.
- Michigan Association for Infant Mental Health - www.mi-aimh.org.
- Tomorrow's Child - www.tomorrowschildmi.org.
- Local hospitals, health departments and libraries.

R 400.8131 (5)

Professional development requirements.

(5) An on-going professional development plan shall be developed and implemented to include all the training and professional development required by the child care center administrative rules.

Rationale

Implementation of a training plan assures that all staff receive specific and basic training for the work they will be doing and are aware of their responsibilities. Training assures that staff are challenged and stimulated, have access to current knowledge and have access to education that will qualify them for new roles.

Technical
Assistance

The staff training plan must address:

- Child abuse and neglect reporting procedures as required by R 400.8125(11).
- Emergency procedures as required by R 400.8161(8).
- Orientation as required by subrule (1) of this rule.
- Shaken baby syndrome and infant safe sleep as required by subrule (2) of this rule.
- Blood-borne pathogen training as required by subrule (3) of this rule.
- CPR and first aid training as required by the Child Care Organizations Act [MCL 722.112a(1)] and subrules (7) and (8) of this rule.
- Sixteen annual clock hours of professional development as required by subrule (4) of this rule. To comply with subrule (4) of this rule, the staff training plan must also address the following training topics:
 - Child development and learning.
 - Health, safety and nutrition.
 - Family and community collaboration.
 - Program management.
 - Teaching and learning.
 - Observation, documentation and assessment.
 - Interactions and guidance.
 - Professionalism.
 - Licensing rules for child care centers.

Note: The training plan must address all of the topics listed in subrule (4) of this rule; however, staff are not required to be trained in every topic area each year.

Consultation

It is recommended that the CKCCs are used when developing the on-going professional development plan. The CKCC document and a related webinar are on Office of Great Start website at www.michigan.gov/greatstart.

An effective staff training plan would also provide for training in the following areas, if applicable:

- Primary caregiving.
- Diapering and toilet training.
- Medication administration.
- Field trip procedures.
- Supervision of volunteers.
- Supervision of children.
- Water activities procedures.
- Other topics relevant to job responsibilities.

Centers may consider having a goal-directed training plan. For example, if the mission of a preschool program is to prepare children for kin-

dergarten, then the training plan might focus more on strategies, curriculums and practices that can accomplish that goal.

Refer to R 400.8131(4) for training resources.

R 400.8131 (6)

Professional development requirements.

(6) On-line trainings and correspondence courses shall have an assessment of learning.

Technical
Assistance

The department is not formally approving training topics, training sessions or individual trainers.

All caregivers may receive one clock hour of annual training for reading all of the center-related articles in **three** different issues of Michigan Child Care Matters (MCCM) and pass the tests associated with those issues during the calendar year. Caregivers must maintain their own documentation that they passed the tests by printing a copy of the test results page or the certificate for each test they pass for their records.

Note: Only one clock hour of your annual training requirements can be earned by reading issues of MCCM.

Video and distance learning, correspondence courses, online trainings, and webinars count toward the annual clock hours of professional development if these types of trainings/courses have an assessment of learning. **Note:** By including video and distance learning, correspondence courses, online trainings and webinars on a training log to count toward the annual clock hours of professional development, the caregiver is certifying that the training had some type of assessment of learning.

Example 1: A caregiver receives a video from MSU-E on developmentally appropriate practices (DAP). After viewing the program, the caregiver must respond, in writing, to a series of questions related to how she can create activities that are developmentally appropriate. These responses are returned to the MSU-E office and a trainer reviews the responses, writes comments and suggestions based on the responses, and then sends this feedback to the caregiver. With appropriate verification, licensing will accept this training as meeting R 400.8131(4).

Example 2: A caregiver watches a webinar on green cleaning and sanitizing practices. At the end of the webinar, the caregiver answers questions related to the webinar that are scored. With appropriate verification, licensing will accept this training as meeting R 400.8131(4).

Example 3: A caregiver completes an online training on playground supervision. Throughout the training, the caregiver must do activities

prior to moving on to the next screen. With appropriate verification, licensing will accept this training as meeting R 400.8131(4).

Example 4: A caregiver enrolls in an online college course on child development. Throughout the semester, the caregiver must post responses online and complete an essay. With appropriate verification, licensing will accept this course as meeting R 400.8131(4).

Example 5: A caregiver enrolls in a self-study course that provides worksheets to complete. The caregiver is not required to submit her work to the trainer. As part of the course, a certificate of completion is included with the worksheets. Licensing will not accept this training as meeting R 400.8131(4).

Example 6: A caregiver viewed a video series on child development. The caregiver recorded on her Professional Development Record (BCAL-4591) that she spent 4 hours watching this video series. Licensing will not accept this training as meeting R 400.8131(4).

Example 7: The use of educational curriculum, magazines and books, while a means to enhance a caregiver's personal growth and development, do not meet the requirements of this subrule. Licensing will not accept these as meeting R 400.8131(4). **Exception:** As outlined above, reading issues of Michigan Child Care Matters may be counted.

Consultation Refer to R 400.8131(4) for training resources.

R 400.8131 (7)-(8)

Professional development requirements.

(7) All program directors, lead caregivers, and at least 1 caregiver on duty in the center at all times in programs serving pre-school age children and younger shall have current first aid and infant, child, and adult CPR training.

(8) All program directors, site supervisors, and at least 1 caregiver on duty in the center at all times in programs serving only school-age children shall have current first aid and child and adult CPR training.

Rationale Assures for the safety and welfare of children by having someone in attendance at all times who is qualified to respond to common life-threatening emergencies.

Technical Assistance First aid/CPR training must be received from a person certified as a Red Cross instructor or a trainer from another organization approved by the department. See the department's website (www.michigan.gov/michildcare-training) for the current list of approved organizations. First aid and CPR training may be completed online. If

first aid or CPR training is completed online, an in-person skills test must be completed for the training to be valid. The online training and the in-person skills test must be administered by one of the approved organizations. See subrule (9) of this rule for verification of training requirements.

Note: The Child Care Organizations Act (1973 PA 116) requires that CPR be updated/renewed every 12 months and that first aid be renewed/updated every 36 months.

Consultation

It is recommended that when on field trips, a caregiver with valid CPR and first aid training be present on the field trip.

Many of the approved organizations offer several different types of CPR and first aid training (for the general community, workplace, health care/emergency response professionals). It is recommended that caregivers take workplace CPR and first aid training, if offered. It is not necessary to take the course designed for health care/emergency response professionals.

R 400.8131 (9)

Professional development requirements.

(9) Verification of all professional development required by this rule shall be kept on file at the center. *Verification shall be issued from the training organization or trainer and include the date of the course, the name of the training organization or trainer, the topic covered, and the number of clock hours.*

Rationale

Provides documentation of compliance with the staff training rule.

Technical Assistance

The center is responsible for obtaining verification of attendance at training for each caregiver. Acceptable verification of attendance may include:

- Certificate signed by the trainer or sponsoring organization.
- Signed statement by the trainer or sponsoring organization.
- Program booklets/flyers with name badge and receipt.
- College transcript or CEU certificate.
- Written statement or training log from center documenting in-service or staff training provided by the center.

A receipt of payment for a training is not acceptable verification of training attendance.

The center must maintain copies of this documentation on file at the center for review by the licensing consultant.

Verification of CPR/First Aid Training

A receipt of payment for the session is not verification of training attendance or participation. Copies of the cards or a statement on agency letterhead are acceptable verification of CPR/first aid training.

The Child Care Organizations Act (116 PA 1973) requires CPR training to be completed every year, despite that CPR cards are usually valid for two years. CPR training may be obtained by taking the full CPR course and obtaining a new card or by taking a refresher course. If a refresher course is taken, a letter will be accepted in lieu of new card for the second year the card is valid. The letter must be from the trainer on official

letterhead from the approved training organization and must include all of the following:

- Date of refresher training.
- Name of the trainer.
- Documentation that the participant passed the in-person skills test.

Providing this letter, in conjunction with a current CPR card, will allow a caregiver to satisfy the requirements of this rule.

Training records must be kept for the past two full calendar years. For example, at a renewal inspection in 2016, your licensing consultant will review training records for calendar year 2014 and 2015. Refer to R 400.8110(11) for more information regarding record retention.

Consultation

Centers are encouraged to develop a system to easily track yearly training verification. Staff should keep copies of their training documentation.

The Professional Development Record (BCAL-4591) may be used to summarize training received. The acceptable verification outlined above must be provided in addition to this form.

**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.

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 **daily** to check the concentration of the bleach/water solution and are available from most food service suppliers.
- 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. **Note:** Commercial disinfecting or sanitizing wipes may be used as long as a test strip is used **daily** to check the concentration of the wipes in the container. The concentration must be at least 50 – 200 parts per million.

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.

Prior to using corrosive substances, such as bleach, it is recommended that you contact Michigan Occupational Safety and Health Administration (MIOSHA) to ensure you follow any safety requirements, such as installation of an eyewash station. For more information, go to the MIOSHA website at www.michigan.gov/miosha or call or contact the Consultation, Education & Training Division at (517) 284-7720.

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

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.

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.

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. |

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.

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.

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>.

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.

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

- (a) 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.*
- (b) Diapers, training pants, and outer coverings shall not be reused until washed and sanitized.**
- (c) No rinsing of the contents shall occur at the center.**
- (d) Soiled diapers shall be placed in a plastic-lined, covered container and used only for that child's soiled diapers.*
- (e) 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.*
- (f) Soiled diapers or training pants shall be removed from the center every day by the child's parent.*
- (g) 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. |

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: <ul style="list-style-type: none"> • 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). |

**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.

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 **daily** to check the concentration of the bleach/water solution and are available from most food service suppliers.
- 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. **Note:** Commercial disinfecting or sanitizing wipes may be used as long as a test strip is used **daily** to check the concentration of the wipes in the container. The concentration must be at least 50 – 200 parts per million.

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.

Prior to using corrosive substances, such as bleach, it is recommended that you contact MIOSHA to ensure you follow any safety requirements, such as installation of an eyewash station. For more information, go to the MIOSHA website at www.michigan.gov/miosha or call or contact the Consultation, Education & Training Division at (517) 284-7720.

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

R 400.8155 (1)*Child accidents and incidents; child and staff illness.*

(1) *A plan for when and how **parents will be notified when the center observes changes in the child's health, a child experiences accidents, injuries, or incidents, or when a child is too ill to remain in the group shall be developed and implemented.***

Rationale

- Allows parents to be given the opportunity to decide how they want the situation handled.
- Assures the health and safety of children.
- Helps to minimize the spread of infection.

Technical Assistance

An incident includes, but is not limited to, the following:

- A child is lost or left unsupervised.
- 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.

The plan must address how parents will be notified, such as:

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

If a parent will be notified differently for different types of situations, this must be addressed in the plan. For example, the plan may require that parents be called when a child has a head injury, but may receive a written injury report at pick-up if the child falls and skins his or her knee.

The plan must address the timeframes for when parents will be notified and who will notify the parent.

Consultation

Parents should be notified when indicators of changes in a child's health are present, including but not limited to:

1. **Fever** - If a child has a temperature of 100°F (taken by mouth) or 99°F (taken under the arm).
2. **Diarrhea** - If a child has two loose or watery stools, even if there are no other signs of illness.
Exception: This may occasionally be caused by new foods a child has eaten, but call the parents to find out if this is the likely cause.
3. **Vomiting** - Any vomiting.
Exception: Some babies may "burp up" following a feeding – this is not vomiting.
4. **Rash** - If the child develops any rash.
Exception: Mild diaper rash, already known to the parents is not a reason to call the parents.

5. **Crying and complaining for a long time** - If the child is not him/herself and is complaining about discomfort or is just cranky and crying more than usual for that child.

Managing Communicable Diseases in Child Care Settings (BCAL-Pub 111) is available on the department's website (www.michigan.gov/michildcare).

R 400.8155 (2)

Child accidents and incidents; child and staff illness.

- (2) The center shall assure that a child too ill to remain in the group is placed in a separate area and is cared for and supervised until the parent arrives.**

Rationale

Helps to minimize the spread of infection and assures for the comfort of the ill child.

Technical Assistance

A child is considered too ill to remain in the group if one or more of the following conditions exists:

- The illness prevents the child from participating comfortably in activities as determined by the center.
- The illness results in a greater need for care than the child care staff can provide without compromising the health and safety of the other children.

The center is responsible and accountable for assuring that:

- A child too ill to remain in the group is separated enough from well children to further prevent spread of that illness to the other children.
- An isolated child is adequately supervised when separated from the group.

Consultation

Managing Communicable Diseases in Child Care Settings (BCAL-Pub 111) is available on the department's website (www.michigan.gov/michildcare).

R 400.8155 (3)

Child accidents and incidents; child and staff illness.

- (3) Items and facilities used by an ill child or adult shall not be used by any other person until washed, rinsed, and sanitized.**

Rationale

Helps to prevent the spread of illness or communicable diseases within a center.

Technical Assistance

Washing, rinsing and sanitizing means:

- Washing the surface or article vigorously with soap and water.

- Rinsing the surface or article with clean water.
- Submerging, wiping or spraying the surface or the article with a sanitizing solution.
- Letting the article or surface air dry.
Note: Laundering bedding, stuffed toys and dress-up clothes in HOT water and detergent cleans and sanitizes these items. If the item cannot be laundered, it must be discarded when soiled.

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 **daily** to check the concentration of the bleach/water solution and are available from most food service suppliers.
- Commercial sanitizers (products labeled as a sanitizer purchased at a store). Caution must be exercised to assure they are used according to the manufacturer's instructions. **Note:** Commercial disinfecting or sanitizing wipes may be used as long as a test strip is used **daily** to check the concentration of the wipes in the container. The concentration must be at least 50 – 200 parts per million.

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

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

Consultation

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

Prior to using corrosive substances, such as bleach, it is recommended that you contact Michigan Occupational Safety and Health Administration (MIOSHA) to ensure you follow any safety requirements, such as installation of an eyewash station. For more information go to the MIOSHA website at www.michigan.gov/miosha or call or contact the Consultation, Education & Training Division at (517) 284-7720.

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

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

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

- **Stainless steel and food/mouth contact items -**
1 tablespoon of bleach per gallon of water.
- **Non-porous surfaces, tile floors, countertops, sinks, and toilets -**
1/3 cup bleach per gallon of water.
- **Porous surfaces and wood floors -**
1 2/3 cups 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.

R 400.8155 (4)

Child accidents and incidents; child and staff illness.

- (4) If the center becomes aware that a staff member, volunteer, or child in care has contracted a communicable disease, then the center shall notify parents of the following:**
- (a) The name of the communicable disease.**
 - (b) The symptoms of the disease.**

Rationale

Assures parents are aware that their child has been exposed to a communicable disease, educates parents about what symptoms to watch for and prevents the spread of communicable diseases.

Technical Assistance

All parents of children in care must be notified, not just the parents of children who have contact with a communicable disease. When informing parents of their child's exposure to a communicable disease, the name of the ill child must not be released per the Child Care Organizations Act, 1973 PA 116, MCL 722.120 (2), which defines this information as confidential.

If a child was exposed to Hepatitis B or HIV/AIDS, contact the local health department prior to informing parents of the exposure. The local health department will help determine what information can be released to parents to assure confidentiality laws are not broken.

Centers have various options for notifying parents including, but not limited to the following:

- Posting the information in a conspicuous location at the center.
- Sending home written notification to parents.
- Emailing parents.
- Calling parents.

Consultation

Managing Communicable Diseases in Child Care Settings (BCAL-Pub 111) is available on the department's website (www.michigan.gov/michildcare).

Contact your local health department for more information on communicable diseases.

R 400.8155 (5)

Child accidents and incidents; child and staff illness.

(5) A policy detailing when children, staff, and volunteers will be excluded from child care due to illness shall be developed and implemented.

Rationale

Helps to prevent the spread of illness or communicable diseases within a center.

Technical Assistance

The policy should detail when child, staff and volunteers cannot be present at the center and when they can return to the center.

Consultation

Managing Communicable Diseases in Child Care Settings (BCAL-Pub 111) is available on the department's website (www.michigan.gov/michildcare).

Contact your local health department for more information on communicable diseases.

R 400.8173 (1)**Equipment.**

- (1) *A center shall not use equipment, materials, and furnishings recalled or identified by the United States consumer product safety commission (www.cpsc.gov) as being hazardous.*
- (2) *The current list of unsafe children's products that is provided by the department shall be conspicuously posted in the center, as required by section 15 of the children's product safety act, 2000 PA 219, MCL 722.1065.*

Technical
Assistance

The list of unsafe children's products is available on the last page of each edition of Michigan Child Care Matters newsletter (www.michigan.gov/mccmatters). Posting the list found in the newsletter will ensure compliance with this rule and the Children's Product Safety Act.

A conspicuous place means a location where parents, staff and others can easily see it.

Consultation

Additional information regarding equipment safety can be found on the Consumer Product Safety Commission Website (www.cpsc.gov).

R 400.8173 (3)**Equipment.**

- (3) Play equipment, materials, and furniture, shall be *all of the following*:**
- (a) Appropriate to the developmental needs and interests of children as required by R 400.8179.**
 - (b) Safe, clean, and in good repair.**
 - (c) Child-sized or appropriately adapted for a child's use.**
 - (d) Easily accessible to the children.**

Rationale

Play equipment and toys must be safe, sufficient in quantity for the number of children in care and developmentally appropriate. Equipment that is sized for older children poses challenges that younger, smaller, children may not be able to meet. Similarly, equipment designed for younger children does not stimulate or meet the needs of older children. Children cannot safely or comfortably use furnishings that are not sized for their use.

Equipment and furnishings that are not sturdy, safe or in good repair may cause falls, entrap a child's head or limbs or contribute to other injuries. Poorly maintained equipment is hazardous.

Messy play is developmentally appropriate in all age groups and especially among very young children--the same group that is most susceptible to infectious disease. These factors lead to soiling and

contamination of equipment, furnishings, toys, and play materials. To reduce transmission of disease, these materials must be easily cleaned and sanitized.

Technical Assistance

The center is responsible and accountable for assuring that:

- Children's toys, games and play equipment will provide them with developmental opportunities that assist in developing manual dexterity, hand-eye coordination, spatial relationships, large muscle coordination, language skills, math and science concepts, social relationships, reading and writing skills, etc.
- Children have an adequate amount of toys, games and other play equipment available.
- Toys, games, and other play equipment are appropriate for a child at his/her stage of development by being challenging and interesting, yet not so difficult as to cause the child stress or anxiety.
- Shelves and containers are sturdy, stable and free of hazards.
- Equipment is immediately removed, replaced or repaired if it is broken or missing pieces.

Note: Centers are not allowed to have children use shaving cream or any other materials labeled "keep out of reach of children." Shaving cream is labeled as toxic and is not safe for use by children.

Consultation

There are soap-based foaming products available that are non-toxic and can be used instead of shaving cream.

R 400.8173 (4)-(5)

Equipment.

(4) Sufficient materials and equipment shall be available to provide a minimum of 3 playspaces per child in the licensed capacity.

(5) A minimum of 2 playspaces shall be accessible per child in attendance on any given day during child-initiated activity time.

Rationale

A well-equipped center provides child initiated choices, a stimulating environment and developmental opportunities.

Technical Assistance

The number of toys, games and other indoor play equipment necessary are based on the number of children for which the center is licensed.

The minimum standard is three activity spaces per child in the center's capacity. An activity space is defined as a piece(s) of equipment that one child can use independently for approximately 15 minutes. Activity areas (housekeeping, dramatic play, blocks, art, etc.) can vary from two

to four activity spaces, depending upon the amount of equipment, accessories and space available. For example:

| Type of Equipment | # of Play Spaces |
|------------------------|--|
| 3 puzzles | 1 |
| 2-4 small cars/trucks | 1 |
| 3 books | 1 |
| Sensory table | 2-4 |
| Set of Legos | 1-2 |
| Board game | 2-4 |
| Computer & keyboard | 1 |
| Set of building blocks | 1-4, depending on the type of blocks and space available |
| Dramatic play area | 2-4, depending on the equipment and space |

The center is responsible and accountable for assuring that:

- Children's toys, games and play equipment will provide them with developmental opportunities that assist in developing manual dexterity, hand-eye coordination, spatial relationships, large muscle coordination, language skills, math and science concepts, social relationships, reading and writing skills, etc.
- Children have an adequate amount of toys, games and other play equipment available.
- Toys, games, and other play equipment is appropriate for a child at his/her stage of development by being challenging and interesting, yet not so difficult as to cause the child stress or anxiety.
- Shelves and containers are sturdy, stable and free of hazards.
- Equipment is immediately removed, replaced or repaired if it is broken or missing pieces.

Consultation

In infant and toddler rooms, it is recommended that:

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

For equipment ideas, see the Use of Indoor Space and Equipment document on the department's website (www.michigan.gov/michildcare).

R 400.8173 (6)

Equipment.

(6) Children shall have access to equipment and materials in the following areas on a daily basis:

- (a) Large and small muscle activity.**
- (b) Sensory exploration.**
- (c) Social interaction and dramatic play.**
- (d) Discovery and exploration.**
- (e) Early math and science experiences.**
- (f) Creative experiences through art, music, and literature.**

Rationale

A program with diverse equipment that supports a well-balanced curriculum enhances children's growth and development.

Technical Assistance

To be counted, equipment must be:

- Appropriate to the developmental needs and interests of children.
- Safe, clean and in good repair (unbroken with all pieces).

Consultation

The following chart outlines examples of equipment and materials for different types of activities:

| Type of Activity | Equipment/Material Examples |
|--|---|
| Large and small muscle | Climber, balance beam, manipulatives (such as beads, lacing boards) |
| Sensory exploration | Sand, water, play dough |
| Social interaction and dramatic play | Home living area, puppets |
| Discovery and exploration | Puzzles, table toys |
| Creative experiences through art, music & literature | Art supplies, musical instruments, reading materials |
| Math and science | Blocks, counters, nature items |

For more information on room arrangement and equipment ideas, see the Use of Indoor Space and Equipment document on the department's website (www.michigan.gov/michildcare).

R 400.8173 (7)

Equipment.

(7) A current and accurate equipment inventory shall be provided to the department before issuance of the original provisional license and at each renewal.

| | |
|----------------------|---|
| Rationale | Assists the department in determining if the center has an adequate amount of age appropriate equipment, furnishings and materials for the capacity and age ranges on the license. |
| Technical Assistance | <p>When compiling an equipment inventory, keep the following guidelines in mind:</p> <ul style="list-style-type: none"> • To be counted in an inventory, the equipment must be: <ul style="list-style-type: none"> •• Appropriate to the developmental needs and interests of the children. •• Safe, clean and in good repair (unbroken with all pieces). • The inventory must indicate the number of items listed such as 25 books, 18 cots, 20 puzzles, etc. • The inventory must include equipment, toys and materials that meet the requirements of R 400.8173. • An equipment inventory must include the following: <ul style="list-style-type: none"> •• List of play equipment including toys, sand and water tables, home living or dramatic play centers/equipment. •• List of materials to be used by children such as paper, paint, scissors, and other arts and crafts supplies. •• Furniture used by the children such as tables, chairs, high chairs, beds, cribs, changing tables, etc. •• Cots or mats for resting. •• Rocking chairs or adult size seating for centers providing infant and toddler care. |
| Consultation | It is recommended that centers organize the equipment inventory by group or room. It is also recommended that centers store the equipment inventory electronically so it can be easily updated. |

R 400.8173 (8)
Equipment.

(8) A first aid kit shall be readily accessible to staff and securely stored in the center.

| | |
|----------------------|--|
| Rationale | Assures that emergency supplies are available should an emergency occurs in which first aid supplies are needed. |
| Technical Assistance | <p>“First aid kit” means a kit containing, at a minimum, all of the following: sterile gauze pads (assorted sizes), a roll of gauze, adhesive bandages (assorted sizes), adhesive cloth tape, an elastic bandage, tweezers, and scissors. A “first aid kit” is prohibited from containing any non-prescription or prescription medications as defined under R 400.8152.</p> <p>First aid kits must be kept out of the reach of children because it contains sharp objects.</p> |

Consultation Centers may wish to include additional items in the first aid kit such as:

- Hand sanitizer.
- Plastic bags.
- Disposable gloves.

It is recommended that parents be notified if hand sanitizer is used by children in care.

R 400.8173 (9)**Equipment.**

(9) A rocking chair or other comfortable, adult-sized seating shall be provided for 50% of the caregiving staff on duty who are providing infant and toddler care.

Rationale

Comfortable, adult sized seating is conducive to interacting with and holding infants and toddlers by caregivers.

R 400.8173 (10)**Equipment.**

(10) Trampolines shall not be used by children in care.

Rationale

Trampolines present a safety hazard and have the potential for serious injury according to the American Academy of Pediatrics and the Consumer Product Safety Commission.

Technical Assistance

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

Bounce houses and other similar types of equipment are also prohibited, as they present the same hazards as trampolines.

Note: Child care centers can take children on field trips where trampolines, bounce houses and similar types of equipment are used with written parental permission.

R 400.8176 (1)**Sleeping equipment.**

(1) All bedding and sleeping equipment shall be appropriate for the child; be clean, comfortable, and safe; and be in good repair.

Rationale

Reduces the risk of injury and/or death.

Technical Assistance

The center is responsible and accountable for assuring the safety of cribs with:

- Mattresses that are in good condition.
- Mattresses are lowered when appropriate so a child cannot tumble out.
- Plastic teething guards that are tightly secured to the rails.
- Routine checks for damaged and broken areas, peeling paint and properly tightened bolts, nuts and screws.

R 400.8176 (2)-(4)**Sleeping equipment.**

(2) A crib or porta-crib shall be provided for all infants in care.

(3) A crib, porta-crib, cot, or mat and a sheet or blanket of appropriate size shall be provided for all toddlers and preschoolers under 3 years of age in care.

(4) A cot or a mat and a sheet or blanket of appropriate size shall be provided as follows:

- (a) For all preschoolers 3 years of age and older in care for 5 or more continuous hours.**
- (b) For any child in care who regularly naps.*
- (c) Upon a parent's request for any child in care.**

Rationale

Assures for the safety and well-being of children.

While portable cribs (porta-cribs) are not designed to withstand the wear and tear of normal full-sized cribs, they may provide more flexibility for programs that vary the number of infants in care.

Technical Assistance

There must be crib or porta-crib available for the number of infants in care.

A portable crib (porta-crib) must meet the following criteria:

- Be constructed with wood or metal slats.
 - Cannot be collapsed or folded without removal of the mattress.
- Note:** Manufacturer's specifications for the child's height and weight must be followed.

Note: Sleeping equipment constructed of fiber or mesh sides such as a “Pack-N-Play®” or playpens are not permitted for use.

Children cannot use the same cribs, beds, other sleep equipment, or bedding at the same time.

See Rule 400.8191 if nighttime care is provided.

Consultation

It is recommended that mats be waterproof and at least one inch thick.

Note: School age children are not required to nap or rest. Centers should consider having sleeping equipment available for children who may want to rest.

R 400.8176 (5)

Sleeping equipment.

(5) Car seats, infant seats, swings, bassinets, and playpens are not approved sleeping equipment.

Rationale

Assures for the safety and well-being of children.

In 2015, 159 infants died in Michigan due to unsafe sleep environments. Several infants die each year in child care due to unsafe sleep environments. Infant sleeping requirements are based on the American Academy of Pediatrics (AAP) recommendations.

Technical Assistance

If a child has a health issue or special need that requires the child sleep in something other than a crib or porta-crib for infants/toddlers or cot or mat for toddlers, documentation from the child's health care provider is required **prior** to allowing variance to this rule. The documentation must include specific sleeping instructions and time frames for how long the child needs to sleep in this manner. See also R 400.8188(10).

R 400.8176 (6)

Sleeping equipment.

(6) A center shall not use stacking cribs.

Rationale

If a center wasn't using stacking cribs as of December 7, 2006, the center was prohibited by the previous licensing rule [R 400.5204(9)] from using stacking cribs. Effective June 28, 2011, all cribs sold in the U.S. must be manufactured to new standards. Per the new standards, all child care providers were required to replace all cribs not meeting the new standards by December 28, 2012. Stacking cribs manufactured prior to December 8, 2006 do not meet the new standards and had to be replaced by December 28, 2012. Per the previous rule [R 400.5204(10)], stacking cribs could not be replaced with stacking cribs. Thus, stacking cribs are no longer allowed for any centers.

Stacking cribs were prohibited for the following reasons:

- There isn't adequate space for infants who can sit up or stand.
- When cribs have little or no spacing between them, as is the case with stacking cribs, the likelihood of the spread of infectious disease is increased.
- The structure of stacking cribs reduces airflow in and around the crib, limits the visual stimulation infants receive while in the crib and restricts movement opportunities for mobile infants.
- The AAP recommends a minimum distance of three feet between rest equipment to limit the spread of disease.

Technical
Assistance

Stacking cribs are prohibited after December 28, 2012 when all cribs were required to be replaced in order to meet the new standards.

R 400.8176 (7)

Sleeping equipment.

(7) Cribs and porta-cribs shall comply with the federal product safety standards issued by the consumer product safety commission.

Rationale

Bedding and equipment safety standards are set forth by the U.S. Consumer Product Safety Commission (CPSC).

Technical
Assistance

Since June 28, 2011, all full-size and non-full-size baby cribs sold in the U.S. are required to be manufactured to comply with new federal standards (16 C.F.R. part 1219 and 16 C.F.R. part 1220) under Section 104(c) of the Consumer Product Safety Improvement Act of 2008. It is presumed that cribs manufactured on or after June 28, 2011 comply with the new standards. If the tracking label or registration form on the crib indicates that the crib was manufactured after June 28, 2011, no additional documentation is necessary to determine compliance with 16 C.F.R. part 1219 or 16 C.F.R. part 1220.

If the crib was manufactured prior to June 28, 2011, a Children's Product Certificate (CPC) or test report from a CPSC-accepted third party lab is needed to demonstrate compliance with 16 C.F.R. part 1219 or 16 C.F.R. part 1220. While manufacturers, importers and retailers are not required to supply CPCs or test reports to consumers, many will provide these documents to consumers upon request, or they post them on their websites.

Note: Under the new standards, non-full-size baby cribs must be sold with the mattress.

R 400.8176 (8)-(11) Sleeping equipment.

(8) A crib or porta-crib shall have a firm, tight-fitting *waterproof* mattress.

(9) A tightly fitted bottom sheet shall cover the crib or porta-crib mattress with no additional padding placed between the sheet and mattress.

(10) Soft objects, bumper pads, stuffed toys, blankets, quilts, comforters, and other objects that could smother a child shall not be placed in a crib or porta-crib with a resting or sleeping infant.

(11) Blankets shall not be draped over cribs or porta-cribs *when in use*.

Rationale

Assures for the safety and well-being of children by reducing the risk of infant death. In 2015, 159 infants died in Michigan due to unsafe sleep environments. Several infants die each year in child care due to unsafe sleep environments. Infant sleeping requirements are based on the AAP recommendations.

Research has shown that placing a baby to sleep on soft mattresses or other soft materials can increase the risk of death due to positional asphyxiation. Babies have been found dead with their faces, noses and mouths covered by soft bedding, such as pillows, quilts, comforters, and sheepskins.

The AAP recommends that infants not be swaddled after 2 months of age.

Technical Assistance

Note: Under the federal crib standards, non-full-size baby cribs must be sold with the mattress. The mattress, when inserted in the center of the crib, must not leave a gap of more than 1/2 inch at any point between the perimeter of the mattress and the perimeter of the crib. When the mattress is placed flush to one side and end of the crib, the resulting gap must not exceed 1 inch. These measurements must be taken with no sheet covering the mattress. If the non-full-size crib mattress was sold with the crib and meets these requirements, it will be in compliance with subrule (8) of this rule.

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

It is permissible to swaddle an infant with a blanket while they are being held by a caregiver. Infants swaddled in blankets must not be placed in cribs.

Wearable blankets, such as sleeps sacks and sleep sacks with a swaddle attachment and swaddle wraps, are an acceptable alternative to blankets and may be worn by infants when infants are sleeping. Refer to the [examples](#) for more information on acceptable items.

Note: Swaddling with sleep sacks with a swaddle attachment and swaddle wraps is allowed only for infants up to 2 months of age.

Note: The swaddle attachment for the sleep sack must be properly attached (Velcro) to the sleep sack prior to use. The Velcro on swaddle sacks and swaddle wraps must be attached securely and must be checked every time the infant is checked while sleeping. R 400.8188(8) requires continual monitoring of the infant's breathing, sleep position and bedding and for possible signs of distress.

If an infant has a health issue or special need that requires the use of a device, such as a wedge to prop the infant, documentation from the infant's health care provider is required **prior** to using the device. The documentation must include specific sleeping instructions and time frames for how long the infant needs to sleep in this manner. See also R 400.8188(7).

Consultation

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

There are risks associated with swaddling. They include:

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

Due to these risks, it is recommended that infants not be swaddled in a child care setting. For more information, see the AAP Caring for Our

Children: National Health and Safety Performance Standards at <http://nrckids.org/CFOC/index.html>.

Resources regarding infant safe sleep include the following:

- Department of Health and Human Services, Safe Sleep Website - www.michigan.gov/safesleep.
- National SIDS Resource Center and the Back to Sleep Campaign - www.sidscenter.org.
- Local and state health departments.
- Tomorrow's Child - www.tomorrowchildmi.org or 1-800-331-7437.
- American Academy of Pediatrics - www.healthychildcare.org.
- US Consumer Product Safety Commission Crib Information Center - www.cpsc.gov/info/cribs/index.html.

R 400.8176 (12)-
(13)

Sleeping equipment.

(12) Cots and mats shall be constructed of a fabric or plastic which is easily cleanable.

(13) All sleeping equipment and bedding shall be *washed, rinsed, and sanitized when soiled, between uses by different children, and at least once a week regardless of use by different children.*

Rationale

Reduces the spread of disease from one child to another.

Technical
Assistance

Cleaned and sanitized means:

- Washing the surface vigorously with soap and water.
 - Rinsing the surface with clean water.
 - Wiping or spraying the surface with a sanitizing solution.
 - Letting the surface air dry.
- Note:** Laundering bedding in hot water and detergent cleans and sanitizes the bedding.

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 **daily** to check the concentration of the bleach/water solution and are available from most food service suppliers.
- Commercial sanitizers (products labeled as a sanitizer purchased at a store). Caution should be exercised to assure they are used according to the manufacturer's instructions. **Note:** Commercial disinfecting or sanitizing wipes may be used as long as a test strip is used **daily** to check the concentration of the wipes in the con-

tainer. The concentration must be at least 50 – 200 parts per million.

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

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

Consultation

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

Prior to using corrosive substances, such as bleach, it is recommended that you contact Michigan Occupational Safety and Health Administration (MIOSHA) to ensure you follow any safety requirements, such as installation of an eyewash station. For more information, go to the MIOSHA website at www.michigan.gov/miosha or call or contact the Consultation, Education & Training Division at (517) 284-7720.

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

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

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

- **Stainless steel and food/mouth contact items -**
1 tablespoon of bleach per gallon of water.
- **Non-porous surfaces -**
1/3 cup bleach per gallon of water.
- **Porous surfaces -**
1 2/3 cups 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.

R 400.8176 (14)

Sleeping equipment.

(14) When sleeping equipment and bedding are stored, both of the following apply:

- (a) Sleeping surfaces shall not come in contact with other sleeping surfaces.**
- (b) Bedding shall not come in contact with other bedding.**

| | |
|----------------------|--|
| Rationale | <p>Toddlers often nap or sleep on mats or cots. These mats or cots are taken out of storage during nap time, then placed back in storage. Lice, infestations, scabies, ringworm, and other diseases can be spread if bedding materials (e.g., blankets, sheets, etc.) used by children come into contact with one another.</p> |
| Technical Assistance | <p>To prevent the spread of disease, provide bedding for each child that is stored individually. This separates the personal items of one child from those of another child.</p> <p>It is also acceptable to store bedding for individual children on a cot used only for that child prior to stacking cots for storage. Care must be taken to ensure each child's bedding is stored in such a way that it does not make contact with other bedding.</p> <p>Mats may be stacked only if they are sanitized prior to each use. Sanitized means:</p> <ul style="list-style-type: none"> • Wiping or spraying the mat with a sanitizing solution. • Letting the mat air dry. <p>Examples of sanitizing solutions include, but are not limited to:</p> <ul style="list-style-type: none"> • 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 daily to check the concentration of the bleach/water solution and are available from most food service suppliers. • Commercial sanitizers (products labeled as a sanitizer purchased at a store). Caution should be exercised to assure they are used according to the manufacturer's instructions. Note: Commercial disinfecting or sanitizing wipes may be used as long as a test strip is used daily to check the concentration of the wipes in the container. The concentration must be at least 50 – 200 parts per million. <p>Note: When sanitizing mats:</p> <ul style="list-style-type: none"> • Bleach being used must have an EPA number indicating an approval for food sanitizing. • Commercial sanitizers used must be unscented and specify on the label that they are safe for food contact surfaces. |
| Consultation | <p>Examples of ways bedding may be stored include labeled bins, cubbies or bags.</p> <p>Bleach is recommended as a sanitizing product as it is safe, effective and inexpensive.</p> <p>Prior to using corrosive substances, such as bleach, it is recommended that you contact MIOSHA to ensure you follow any safety requirements, such as installation of an eyewash station. For more information go to</p> |

the MIOSHA website at www.michigan.gov/miosha or call or contact the Consultation, Education & Training Division at (517) 284-7720.

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

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

For cleaning up vomit (including spit-up) or feces, it is recommended that the mat 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.

R 400.8176 (15)
Sleeping equipment.

(15) All occupied cribs, porta-cribs, cots, and mats shall be placed in such manner that there is a free and direct means of egress and shall be spaced, as follows:

(a) Cribs and porta-cribs at least 2 feet apart. *Cribs or porta-cribs with solid-panel ends may be placed end-to-end.*

(b) Cots and mats at least 18 inches apart.

Rationale

Assures staff and children have adequate space to evacuate the room if needed and staff have access to children in the case of an emergency.

Separated sleeping spaces reduce the spread of disease from one child to another.

Technical Assistance

This rule only applies when cribs, porta-cribs, cots, and mats are occupied.

If a center uses screens, partitions, furnishings, etc., to separate children, there use must not hinder immediate access to children in an emergency.

It is permissible to place cribs or porta-cribs in such a manner that one or two sides are adjacent to a wall. If not placing cribs or porta-cribs end-to-end, the remaining two or three sides must be at least two feet from another occupied crib or porta-crib.

It is permissible to place cots and mats in such a manner that one or two sides are adjacent to a wall. The remaining two or three sides must be at least 18 inches from another occupied cot or mat.

Consultation

AAP Caring for Our Children: National Health and Safety Performance Standards (<http://nrckids.org/CFOC/index.html>) recommends a mini-

imum distance of three feet between rest equipment to limit the spread of disease.

R 400.8320 (1)**Food preparation.**

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

Rationale

Prevents food borne illness. Assures the health and safety of children.

Consultation

The use of unpasteurized foods, including unpasteurized cider, is not recommended due to the risk of contamination.

R 400.8320 (2)**Food preparation.**

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

Rationale

Prevents food borne illness. Assures the health and safety of children.

Technical Assistance

“Food grade surface” means a surface that is easily cleanable and made from a material that will not migrate into, contaminate, or taint the food.

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

- Wash the surface or utensil vigorously with soap and water.
- Rinse the surface or utensil with clean water.
- Submerge, wipe or spray the surface or the utensil with a sanitizing solution.
- Let the surface or utensil 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 **daily** to check the concentration of the bleach/water solution and are available from most food service suppliers.
- Commercial sanitizers (products labeled as a sanitizer purchased at a store). Caution must be exercised to assure they are used according to the manufacturer’s instructions. **Note:** Commercial disinfecting or sanitizing wipes may be used as long as a test strip is used **daily** to check the concentration of the wipes in the container. The concentration must be at least 50 – 200 parts per million.

Note: When sanitizing food preparation/service surfaces:

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

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

Prior to using corrosive substances, such as bleach, it is recommended that you contact Michigan Occupational Safety and Health Administration (MIOSHA) to ensure you follow any safety requirements, such as installation of an eyewash station. For more information, go to the MIOSHA website at www.michigan.gov/miosha or call or contact the Consultation, Education & Training Division at (517) 284-7720.

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

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

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

- **Stainless steel and food/mouth contact items** - 1 tablespoon of bleach per gallon of water.
- **Non-porous surfaces, countertops, sinks** - 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.

R 400.8320 (3)

Food preparation.

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

Rationale

Soil particles and contaminants that adhere to fruits and vegetables can cause illness.

Technical Assistance

Running water must be used to thoroughly wash raw fruits and vegetables.

R 400.8320 (4)-(5)

Food preparation.

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

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

Rationale To minimize contact with food to prevent contamination and the spread of disease.

Technical Assistance Disposable food service gloves are not required when preparing foods that will be cooked.

“Ready to eat food” means food that does not require cooking and that will not be cooked before being served. If ready to eat food will be handled, any of the following can be used:

- Utensils.
- Sanitary disposable food service gloves.
- Deli tissue.

Consultation It is recommended that staff wear sanitary disposable food service gloves when preparing foods, even foods that will be cooked.

R 400.8320 (6)

Food preparation.

(6) Food shall be cooked to heat all parts of the food to the safe temperature as identified in the 2009 recommendations of the food and drug administration of the United States public health service 3-401, as referenced in the Michigan food law, 2000 PA 92, MCL 289.1107. These recommendations are available at no cost from the FDA at www.fda.gov.

Rationale Prevents the spread of food-borne illness.

Technical Assistance Raw animal foods and foods containing raw animal foods must be cooked to heat all parts of the food to a temperature that complies with the following:

| General Safe Cooking Temperatures | | |
|---|--------|---------|
| Food (Includes Pre-Cooked Foods from a Food Supplier) | Temp | Time* |
| Fruits and vegetables | 140°F | |
| Pork – ham, bacon and injected meats | 145° F | 15 sec. |
| Beef steaks, veal, lamb, and commercially raised game animals | 145° F | 15 sec. |
| Fish, foods containing fish | 145° F | 15 sec. |
| Raw shell eggs prepared for immediate service | 145° F | 15 sec. |
| Beef and pork roasts | 145° F | 3 min. |
| Eggs cooked for later service | 155° F | 15 sec. |
| Ground or flaked beef and pork | 155° F | 15 sec. |

| General Safe Cooking Temperatures | | |
|---|--------|---|
| Food (Includes Pre-Cooked Foods from a Food Supplier) | Temp | Time* |
| Poultry (including turkey) | 165° F | 15 sec. |
| Stuffing, stuffed meats, casseroles and other dishes combining raw and cooked foods | 165° F | 15 sec. |
| Egg dishes | 165° F | 15 sec. |
| Potentially hazardous foods cooked in microwave (meat, poultry, fish, eggs) | 165° F | Let stand for two minutes after cooking before taking the temp. |

* Time is the amount of time the thermometer must be inserted into the food item prior to reading the temperature. The time is important because it takes that long for the temperature to register and provide an accurate reading.

Centers must check the temperature by using a thermometer as indicated in subrule (10) of this rule. Measure the temperature by inserting the thermometer into the center of the food mass from several different spots.

Consultation

It is recommended that centers document food temperatures as a way to demonstrate compliance with this rule. One way to document food temperatures would be to note them on daily menus and to retain the menus for the center's records.

R 400.8320 (7)

Food preparation.

- (7) Potentially hazardous foods shall be thawed using 1 of the following methods:**
- (a) In the refrigerator at a temperature not to exceed 41 degrees Fahrenheit.**
 - (b) Under cold running water.**
 - (c) In a microwave oven for either of the following:**
 - (i) The food will be immediately transferred to conventional cooking facilities as part of a continuous cooking process.**
 - (ii) The entire cooking process takes place in the microwave oven.**
 - (d) As part of the conventional cooking process.**

Rationale

Prevents bacterial growth and food-borne illness.

Technical Assistance

Potentially hazardous foods that have been frozen must **not** be defrosted by leaving them at room temperature or standing them in water. This includes pre-cooked foods from a food supplier.

“Potentially hazardous food” means any food that consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, edible crustacean, or other ingredients, including synthetic ingredients, in a form capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms.

R 400.8320 (8)

Food preparation.

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

Rationale

Prevents bacterial growth and food-borne illness.

Technical Assistance

Centers must check the temperature to assure all potentially hazardous food, including pre-cooked food, is maintained at 41°F or below or 135°F or above during service using a thermometer as indicated in sub-rule (10) of this rule. Insert the thermometer into the center of the food mass from several different spots to properly measure the temperature.

“Potentially hazardous food” means any food that consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, edible crustacean, or other ingredients, including synthetic ingredients, in a form capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms.

Proper cooling techniques require that food be cooled:

- Within two hours from 135°F to 70°F.
- Within four hours from 70°F to 41°F or less.

Consultation

Food preparation, service and consumption time should not exceed four hours.

It is recommended that centers document food temperatures as a way to demonstrate compliance with this rule. One way to document food temperatures would be to note them on daily menus and to retain the menus for the center’s records.

R 400.8320 (9)

Food preparation.

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

Rationale

Prevents bacterial growth and food-borne illness.

Technical Assistance

“Reheated rapidly” means within two hours.

This applies to all potentially hazardous food, including pre-cooked food from a supplier that was initially heated at the center per subrule (7) of this rule, as well as raw foods prepared and cooked by the center.

When reheating potentially hazardous food, including pre-cooked food, centers must use a thermometer as indicated in subrule (10) of this rule to check the temperature to assure that it reaches 165°F or above. Insert the thermometer into the center of the food mass from several different spots to properly measure the temperature.

All foods cooked in a microwave must be allowed to stand for two minutes after cooking to obtain temperature equilibrium prior to taking the temperature.

Proper cooling techniques require that food be cooled:

- Within two hours from 135°F to 70°F.
- Within four hours from 70°F to 41°F or less.

“Potentially hazardous food” means any food that consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, edible crustacean, or other ingredients, including synthetic ingredients, in a form capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms.

Consultation

Food preparation, service and consumption time should not exceed four hours. The time for original preparation, service and consumption is included in the four hour time limit when a food is reheated, served and consumed.

It is recommended that centers document food temperatures as a way to demonstrate compliance with this rule. One way to document food temperatures would be to note them on daily menus and to retain the menus for the center’s records.

R 400.8320 (10)**Food preparation.**

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

Rationale

Prevents bacterial growth and food-borne illness.

Technical Assistance

An accurate metal stem-type food thermometer is one that is properly calibrated and ranges from 0°F to 220°F. To calibrate, place thermometer into a ice water bath two to three inches deep for about one minute. It should read 32°F. If not, adjust the thermometer to read 32°F.

Consultation

Thermometers should be calibrated regularly.

The thermometer should be cleaned and sanitized before inserting it into a different type of food and between uses. The best way to clean and sanitize a thermometer is to wipe it with an alcohol swab. If an alcohol swab is not available, then it can be cleaned and sanitized by:

- Rinsing it and then sanitizing it with a sanitizing solution, if no food is stuck to it.
- Washing it with soap and water, rinsing it and then sanitizing it with a sanitizing solution, if food is stuck to it.

R 400.8320 (11)**Food preparation.**

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

Rationale

Prevents contamination and food-borne illness.

R 400.8320 (12)**Food preparation.**

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

Rationale

Prevents contamination and food-borne illness.

Technical Assistance

If unable to wash hands thoroughly on a field trip, sanitizing gels, along with single service towels and gloves, are an acceptable alternative to hand washing.

R 400.8325 (1)

Sanitization.

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

Rationale

Prevents contamination and food-borne illness.

Washing, rinsing and sanitizing tables after any use assures that tables are cleaned and sanitized before food comes into contact with the surface.

Technical Assistance

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

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

Note: Tables and high chairs can be dried with a single service towel. Reuse of cloth towels for drying could contaminate a surface.

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 **daily** to check the concentration of the bleach/water solution and are available from most food service suppliers.
- Commercial sanitizers (products labeled as a sanitizer purchased at a store). Caution should be exercised to assure they are used according to the manufacturer's instructions. **Note:** Commercial disinfecting or sanitizing wipes may be used as long as a test strip is used **daily** to check the concentration of the wipes in the container. The concentration must be at least 50 – 200 parts per million.

Note: When sanitizing food contact surfaces:

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

Consultation

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

Prior to using corrosive substances, such as bleach, it is recommended that you contact Michigan Occupational Safety and Health Administration (MIOSHA) to ensure you follow any safety requirements, such as installation of an eyewash station. For more information, go to the MIOSHA website at www.michigan.gov/miosha or call or contact the Consultation, Education & Training Division at (517) 284-7720.

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

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

For cleaning up vomit, it is recommended that the surface or article be disinfected. A disinfecting solution can be made using water and non-scented chlorine bleach as follows:

- **Stainless steel and food/mouth contact items -**
1 tablespoon of bleach per gallon of water.
- **Non-porous surfaces, countertops, sinks-**
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.

Best practice is that food should not be placed directly on the table surface or highchair tray. Even washed, rinsed and sanitized tables are more likely to be contaminated than plates. Eating from a plate reduces contamination of the table surface when children put down partially eaten food while they are eating.

R 400.8325 (2)**Sanitization.****(2) Enamelware utensils are prohibited.**

Rationale

Prevents contamination of food as enamelware chips easily making it more difficult to clean. Heavy metals and other contaminants in enamelware can leach into food.

R 400.8325 (3)**Sanitization.****(3) Reuse of single service articles is prohibited.**

Rationale

Single-service items are not made to be reused. Single-service items are generally porous and cannot be washed, rinsed and sanitized effectively or safely.

Technical Assistance

Single service items include, but are not limited to, utensils and dishes made of the following materials:

- Paper.
- Styrofoam.
- Tin foil.
- Plastic.

R 400.8325 (4)

Sanitization.

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

(a) A commercial dishwasher.

(b) A domestic dishwasher with sanitizing capability.

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

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

Rationale

Assures proper cleaning and sanitation of dishes.

Technical Assistance

Domestic dishwashers must have a specific sanitizing cycle option to be approved for child care center food service operations.

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 **daily** to check the concentration of the bleach/water solution and are available from most food service suppliers.
- Commercial sanitizers (products labeled as a sanitizer purchased at a store). Caution should be exercised to assure they are used according to the manufacturer's instructions.

Note: When sanitizing dishes and utensils:

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

Consultation

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

Prior to using corrosive substances, such as bleach, it is recommended that you contact MIOSHA to ensure you follow any safety requirements, such as installation of an eyewash station. For more information, go to

the MIOSHA website at www.michigan.gov/miosha or call or contact the Consultation, Education & Training Division at (517) 284-7720.

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

The sanitizing capacity of domestic dishwashers should comply with National Sanitation Foundation (NSF)/American National Standards Institute (ANSI) Standard 184.

R 400.8325 (5)**Sanitization.**

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

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

(b) Thoroughly wash in detergent and water.

(c) Rinse in clear water.

(d) Sanitize using 1 of the following methods:

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

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

(e) Air dry.

Rationale

Assures proper cleaning and sanitation.

Technical Assistance

If using the sanitizing option stated in subrule (5)(d)(i) above, the water temperature at outlets accessible to children must still be less than 120°F.

R 400.8325 (6)**Sanitization.**

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

Rationale

Sponges harbor bacteria and are difficult to completely clean and sanitize between uses.

R 400.8380 (1)**Maintenance of premises.**

(1) The premises shall be maintained in a clean and safe condition and shall not pose a threat to health or safety.

Rationale

Assures for the health and safety of children and adults.

Technical Assistance

The following are examples of maintaining the premises in a clean and safe condition:

- Floors are clean and safe for walking, crawling and playing.
- Rooms are free of unnecessary clutter.
- All cords (drapes, blinds, appliances) are out of reach of children.
- Center is free of insect and rodent infestation.
- Outside grounds are free of debris, animal waste, standing water, and tripping hazards.
- Hazardous items are inaccessible to children such as sharp objects, cleaning supplies, plastic bags, garbage.

Consultation

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

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

R 400.8380 (2)**Maintenance of premises.**

(2) The premises shall be maintained so as to eliminate and prevent rodent and insect harborage.

Rationale

Reduces the potential health hazards to children caused by pests such as stings, bites and transmission of disease.

Technical Assistance

The following must be free from openings that would allow rodents or pests to enter:

- Foundations.
- Floors.
- Walls.
- Ceilings.
- Roofs.
- Windows.
- Exterior doors.
- Basements.

Consultation Openings to the outside can be protected against the entrance of insects by:

- Outward-opening, self-closing doors.
- Closed windows.
- Screening.
- Heavy-duty steel mesh screen, such as ¼ inch hardware cloth.
- Other effective and approved means.

Centers are encouraged to implement non-chemical pest management practices before using extensive extermination that may expose children and adults to chemical pesticides.

R 400.8380 (3) Maintenance of premises.

(3) Roofs, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.

Rationale Assures for the health and safety of children and adults.

Children's environments must be protected from exposure to moisture and dust. Dampness promotes the growth of mold.

R 400.8380 (4) Maintenance of premises.

(4) Floors, interior walls, and ceilings shall be kept in sound condition and good repair and shall be maintained in a clean condition.

Rationale Assures for the health and safety of children and adults.

Technical Assistance Surfaces must be without cracks, tears, gouges, peeling paint, etc. Ceilings must not have missing panels or tiles.

R 400.8380 (5) Maintenance of premises.

(5) There shall be no flaking or deteriorating paint on interior and exterior surfaces or on equipment accessible to children.

Rationale Assures for the health and safety of children and adults.

Technical Assistance Paint is considered deteriorated if it is peeling, chipped, chalking, or cracked.

R 400.8380 (6)**Maintenance of premises.**

(6) All toilet room floor surfaces shall be easily cleanable and shall be constructed and maintained so as to be impervious to water.

Rationale

Cracked or porous floors cannot be kept clean and sanitary. Dampness promotes the growth of mold.

R 400.8380 (7)**Maintenance of premises.**

(7) Light fixtures, vent covers, wall-mounted fans, and similar equipment attached to walls and ceilings shall be easily cleanable and maintained in good repair.

Rationale

Assures a clean and safe indoor environment.

R 400.8380 (8)**Maintenance of premises.**

(8) A lead hazard risk assessment shall be completed by a certified lead risk assessor on all centers built before 1978. Any lead hazards identified shall be addressed as noted in the lead hazard risk assessment report before issuance of the original provisional license. The results of the assessment shall be kept on file at the center. Centers licensed before December 7, 2006 have 3 years from the effective date of these rules to comply with this rule. Centers that operate in a school building serving only school-age children are exempt from the requirements in this rule.

Rationale

Paints made before 1978 may contain lead. The amount of lead in paint was reduced in 1950 and then removed in 1978 so buildings constructed before 1950 likely contain more lead paint.

Lead is a neurotoxicant. Lead-based paint is the most common source of lead poisoning in children. Research suggests that the primary sources of lead exposure for most children are:

- Deteriorating lead-based paint.
- Lead contaminated dust.
- Lead contaminated soil.

The danger from lead paint depends on:

- Amount of lead on the painted surface.
- Condition of paint.
- Amount of paint that the child ingests.

Ingestion of lead may occur through breathing or swallowing lead dust or by eating soil or paint chips containing lead. Ingestion of lead paint can result in high levels of lead in the blood which affects the central nervous system:

- If not detected early, children with high levels of lead in their bodies can suffer from damage to the brain, slowed growth, hearing problems, and headaches.
- Even at low levels of exposure, lead can cause a reduction in a child's IQ, result in reading and learning disabilities and affect a child's ability to learn, succeed in school and function later in life.
- Symptoms of low levels of lead in a child's body may be subtle behavioral changes, irritability, low appetite, weight loss, sleep disturbances, and shortened attention span.

Most children with lead poisoning do not look or act sick. A blood lead test is the only way to know if children are being lead poisoned. Lead poisoning has no cure and the effects cannot be reversed once the damage is done. Children under six years of age are at the greatest risk for lead poisoning.

Technical Assistance

Before an original provisional license may be issued for a center located in a building constructed prior to 1978, the center applicant must submit a lead hazard risk assessment indicating the proposed child use space, including outdoor play areas, is safe. The lead hazard risk assessment must be conducted by a certified risk assessor. A list of certified lead risk assessors and more information on lead risk hazard assessments can be found at http://michigan.gov/lara/0,4601,7-154-63294_5529_49572_53751-336885--,00.html.

Centers licensed before December 7, 2006 have until January 2, 2017 to obtain and keep on file at the center a lead hazard risk assessment that indicates current child use space, including outdoor play areas, is safe.

For any lead hazard risk assessment obtained after January 1, 2014, the Lead Hazard Risk Assessment Summary (BCAL-4344) form must be included with the lead hazard risk assessment to document compliance with this rule.

Exception: Centers that operate in a school building serving only school-age children are exempt from the requirements in this rule.

Exception: If a center is located in a new addition to a building constructed prior to 1978 and the older part of the building is never used by children in care, a lead risk assessment is not required. The applicant must submit a statement that the part of the building constructed prior to 1978 will not be used by children in care.

Note: Standards for conducting lead hazard risk assessments are set forth in the Michigan Department of Health and Human Services (MDHHS) Administrative Rule 325.99404. All lead hazard risk assessments required in this rule must comply fully with these requirements. Copies of this standard can be found at www.michigan.gov/leadsafe under “Lead-Based Paint Regulations” or by calling MDHHS toll-free at 1 (866) 691-5323.

Briefly, requirements for a lead hazard risk assessment include:

1. An evaluation of paint condition on of all painted building surfaces and painted outdoor play equipment to determine if painted or stained surfaces are in good or deteriorated condition [R 325.99404(4)]. Any paint that is poor condition (peeling, chipping, cracking, chalking, etc.) must be tested for lead.
2. Two dust wipes, one on the floor and one from the window sills or trough, are required for each room for up to six rooms of the facility plus any common areas adjacent to the facility [R 325.99404(5)&(6)].
3. Soil sampling including composite samples from areas of bare soil around the perimeter of the building, child play areas and other bare soil areas in the yard that comprise more than nine square feet [R 325.99404(8)].

Lead Hazard Treatment

Lead-based paint hazards can be treated by abatement or interim control procedures. There are three types of treatments that can be considered lead abatement:

- Removal - complete removal of the lead-based paint or removal of the lead-based painted component, such as removal of old windows or doors.
- Enclosure - covering the lead-based paint with a ridged material that is mechanically attached to the substrate, such as drywall on a ceiling or wall or underlayment on a floor.
- Encapsulation - covering the lead-based paint with a long-lasting, paint-like material specially formulated to bind chemically with lead.

Enclosure and encapsulation procedures are designed to last for 20 years or more.

Interim control procedures are measures designed to temporarily (< 20 years) reduce lead-based paint hazards. They can include, but are not limited to:

- Wet sanding/scraping the paint and then repainting with regular latex paint.
- “Super cleaning” the area using a HEPA vacuum and wet cleaning methods.
- Adding tread guards on steps.
- Making window repairs.

Dry scraping, dry sanding, using a torch to burn paint off, using a heat gun over 1,100 degrees, and using power sanders or grinders without HEPA filtration attachments are prohibited by law.

Women and children must not be present in the area when lead hazard control activities are being performed and they should never be allowed in the work areas.

Consultation

For additional information on lead poisoning, contact the Environmental Protection Agency at www.epa.gov or the National Lead Information Center at 1-800-424-LEAD.

R 400.8380 (9)

Maintenance of premises.

- (9) As required by section 8316 of 1994 PA 451, MCL 324.8316, a center shall develop and implement an integrated pest management program when pesticide applications occur on the premises. The integrated pest management program shall include, but not be limited to, the following:**
- (a) An annual notification provided to parents or guardians informing them that they will receive advance notice of pesticide applications. The annual notice must be provided in September.**
 - (b) The annual notification to parents or guardians specifying 2 methods by which the advance notice of pesticide application will be given.**
 - (c) An advance notice containing information about the pesticide, including the target pest or purpose, approximate location, date of the application, contact information at the center, and a toll-free number for a national pesticide information center recognized by the Michigan department of agriculture.**
 - (d) Liquid spray or aerosol insecticide applications may not be performed in a room of a center unless the room will be unoccupied by children for not less than 4 hours or longer if required by the pesticide label use directions.**

| | |
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| Rationale | Protects children and adults from accidental exposure to insecticide poisons. |
| Technical Assistance | <p>The Natural Resources and Environmental Protection Act (1994 PA 451, MCL 324.8316) requires the following:</p> <ul style="list-style-type: none"> • Annual notice that pesticide application occurs in the building and on the premises. The annual notice must be given in September of each year and state the two methods of notice that will be given prior to any application of pesticides. One method of notice must be by posting a notice at entrance doors. • Two methods of advance notice of application of pesticides anywhere on the premises of the child care center or school. • Advance notice at least 48 hours prior to the application of pesticides. <p>A second notification can be made by:</p> <ul style="list-style-type: none"> • Posting in a public, common area. • Email. • A telephone call (must make direct contact with a parent or guardians). • Providing students with a written notice to be delivered to the parent or guardian. • Posting on the school's or child care center's website. <p>Parents or guardians can also request to be notified by first-class U.S. mail. The notification must be postmarked at least three days before the application.</p> <p>The Integrated Pest Management notification and requirements do not apply to the following:</p> <ul style="list-style-type: none"> • Common products such germicides, disinfectants, sanitizers, and antimicrobials. • Bait pesticide formulation. • Gel pesticide formulation. |
| Consultation | <p>It is recommended that centers develop an integrated pest management plan even when not planning on applying pesticides. The development of a plan allows centers to be prepared if the need to apply pesticides arises.</p> <p>Centers are encouraged to have a staff person directly observe the pesticide application to guide the exterminator away from surfaces that children touch or mouth and to monitor drifting of pesticides into these areas.</p> |

Model plans can be found at:

- Michigan Department of Agriculture and Rural Development website at www.michigan.gov/mdard (Consumer Information > Pest Control).
- Child care licensing website at www.michigan.gov/michildcare (Licensed Providers > Resources).

R 400.8565 Fire safety; exemptions for public and nonpublic school buildings.

(1) The rules with respect to fire prevention and fire safety shall not apply to a center established and operated by an intermediate school board, the board of a local school district, or by the board or governing body of a state-approved nonpublic school, or by a person or entity with whom a school contracts for services, if the center is located in a school building that is approved by the state fire marshal or other similar authority.

Rationale

The Child Care Organizations Act ([1973 PA 116](#)) exempts centers established and operated by public and private schools from the fire safety rules, if the center is located in a school building that has been approved by the state fire marshal or the Bureau of Fire Services (BFS).

It is reasonable to allow child care children to be cared for in a school building that has been approved as safe for school children.

Technical Assistance

To be considered a school under the School Code (1976 PA 451, MCL 380.1561), the building must be used for instruction of children in kindergarten or higher.

If a center is located in a building currently operating as a school that has been approved by the state fire marshal or similar authority, PA 116 and this rule exempts the center from the fire safety rules. This exemption applies to the following:

- Centers established and operated by public or private schools.
- A person or entity with whom the school contracts for child care services.
- A person or entity who leases space to provide child care services.

Note: Portable buildings located on the same property with a school building used for instruction of children in kindergarten or higher are considered a school for purposes of this rule and are exempt from fire safety rules if children in the grade of kindergarten or higher are using the portable building.

For all programs located in public or private school buildings operating as schools, regardless of the sponsor or age groups served, the applicant/licensee must provide one of the following:

1. A copy of previous approval from BFS or the state fire marshal.
2. A statement from the school district superintendent using the Certification of School Building Compliance with Fire Safety Provisions (BCAL-5043) form indicating all of the following:

- The building has been approved for school use based on the 1973 school fire safety codes.
- The building has been continuously used as a public or non-public school since the fire safety approval was issued.
- Any changes to the building since the school's original fire safety approval have been reviewed and approved by the state fire marshal or BFS.

3. A fire safety inspection.

Note: If a fire safety inspection is obtained, the center is required to correct any violations noted in the inspection report.

Legal Base for
Fire Safety
Inspection
Requirements

Based on the following, the department does not require additional fire safety inspections when child care centers are located in school buildings used for the instruction of children in kindergarten or higher.

When a school building is being used exclusively for children under kindergarten, it no longer falls under the fire safety rule exemption allowed by MCL 380.1561. A fire inspection from a Qualified Fire Inspector is required.

Revised School Code (1976 PA 451)

MCL 380.1561 Compulsory attendance at public school; enrollment dates; exceptions.

Sec. 1561. (2) A child becoming 6 years of age before December 1 shall be enrolled on the first school day of the school year in which the child's sixth birthday occurs, and a child becoming 6 years of age on or after December 1 shall be enrolled on the first school day of the school year following the school year in which the child's sixth birthday occurs.

Child Care Organizations Act (1973 PA 116)

MCL 722.112 Rules; ad hoc committee; review.

Section 2 (4) The rules promulgated under this act shall be restricted to the following:

(e) The appropriateness, safety, cleanliness, and general adequacy of the premises, including maintenance of adequate fire prevention and health standards to provide for the physical comfort, care, and well being of the children received. However, the rules with respect to fire prevention and fire safety shall not apply to a child care center established and operated by an intermediate school board, the board of a local school district, or by the board or governing body of a state approved nonpublic school, if the child care center is located in a school building that is approved by the state fire marshal or other similar authority as provided in section 3 of Act No. 306 of the Public Acts of

1937, being section 388.853 of the Michigan Compiled Laws, for school purposes and is in compliance with the school fire safety rules, R 29.1 to R 29.298 of the Michigan administrative code, as determined by the state fire marshal or a fire inspector certified pursuant to section 2b of the fire prevention code, Act No. 207 of the Public Acts of 1941, being section 29.2b of the Michigan Compiled Laws.

Child Care Center Administrative Rules

R 400.8565 Fire safety; exemptions for public and nonpublic school buildings.

The rules with respect to fire prevention and fire safety shall not apply to a child care center established and operated by an intermediate school board, the board of a local school district, the board or governing body of a state-approved nonpublic school, or by a person or entity with whom a school contracts for services, if the child care center is located in a school building that is approved by the state fire marshal or other similar authority.

R 400.8101 Definitions.

(o) "School" means a building or part of a building which is owned or leased by, or under the control of, a public or private school or school system for the purpose of instruction as required by 1976 PA 451, MCL 380.1561 which is occupied by 6 or more students, and which is used 4 or more hours per day or more than 12 hours per week.

The definition of a "school-age" child in the rules is intended to clarify what administrative rules specifically apply to children of this age (ratio, program, records) and not to whether or not a building is in compliance with applicable statutes and administrative rules.