

Mistaken Identity and Disposal of Bio-hazardous materials



CONSENT TO TREAT MINOR CHILDREN

I, _____, parent or legal guardian of _____, born
the ____ day of _____, 20____ do hereby consent to any medical care and
the administration of anesthesia determined by a physician to be necessary for the welfare of
my child while said child is under the care of _____ of

_____, City of _____ State of _____ and I am not
reasonably available by telephone to give consent.

This authorization is effective from the ____ day of _____, 20____ to
____ day of _____, 20____

Signature of Parent or Legal Guardian

Date

Witness Signature

Witness Name (please print)

This consent form should be taken with the child to the hospital or physician's office when the
child is taken for treatment. This additional information will assist in treatment if it can be
furnished with the consent but is not required.

Family Address _____

Father's Telephone: _____ Mother's Telephone: _____

Last Tetanus: _____

Allergies to drugs or foods: _____

Special Medications, Blood Type or Pertinent Information: _____

Child's Physician: _____ Phone: _____

Insurance: _____ Policy # _____

Preferred Hospital: _____

License Exempt Provider Serious Injury Report

Child Development and Care (CDC)



Instructions: Complete this form for all serious injuries or deaths which occurred in a license exempt child care setting for those receiving child care subsidy. Complete one form for each incident. Providers are also required to notify parents of any incidents.

***Serious Injury** means any physical harm to a child that requires emergency safety intervention. This includes, but is not limited to, burns, lacerations, bone fractures, significant blood loss, and injuries to internal organs, whether self-inflicted or by someone else.

Report Date

Injury Date

Injury Location (address and city)

Child(ren) involved in the incident (first and last name)

Child Care Provider Name

Provider ID#

Provider Phone Number

Parent/Guardian Name

Parent Case #

Parent Phone Number

Describe the incident. Be specific.

Did the incident cause:

| | | |
|---|------------------------------|-----------------------------|
| The death of a child? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| A child's broken bone? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| A child needing stitches? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| A child being burned? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Any other serious injury? (If yes, please explain) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Were the police involved?

Yes ☐ No ☐

Did the incident require a hospital visit?

Yes ☐ No ☐

Person reporting this incident

I am the

(parent, caregiver, etc.)

Submit this form to the CDC office by:

Fax:

517-284-7529

or

Mail:

Child Development and Care
P.O. Box 30267
Lansing, MI 48909

*Please Note: This form is not for reporting abuse or neglect. To report suspected abuse or neglect, please call 855-444-3911 or use the online reporting system at www.michigan.gov/mandatedreporter.

MEDICATION PERMISSION AND INSTRUCTIONS

CHILD CARE HOMES AND CENTERS

Department of Licensing and Regulatory Affairs

Bureau of Community and Health Systems

Child Care Licensing Division

If you are giving or applying any medication to a child in care, the following must be completed by the parent for **each** medication. An interruption in medication will require a new permission form.

TO BE COMPLETED BY PARENT

I give my permission for _____ to give or apply the medication
(Caregiver, Facility)

_____, to my child _____, as follows:
(Specify, prescribed medication/over the counter product) (Child's Name)

DIRECTIONS:

| | |
|------------------------------------|--|
| 1. Date to Begin Giving Medication | 2. Date to Stop Medication |
| 3. Times Medication is to be Given | 4. Amount (dosage) of Medication Each Time Given |
| 5. Storage of Medication | |
| 6. Other Directions, if Any | |
| Signature of Parent | Date |

TO BE COMPLETED BY THE CAREGIVER GIVING THE MEDICATION:

| DATE | TIME | AMOUNT GIVEN | CAREGIVER'S NAME | CAREGIVER'S SIGNATURE |
|------|------|--------------|------------------|-----------------------|
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It is recommended this form be reviewed with the parent every 3 months if the medication is ongoing.

LARA is an equal opportunity employer/program.

TO BE COMPLETED BY THE CAREGIVER GIVING MEDICATION:[illegible]

BE PREPARED FOR A TORNADO



FEMA

FEMA V-1010/ March 2018

**Tornadoes can
destroy buildings,
flip cars, and create
deadly flying debris.**

Tornadoes are violently rotating columns of air that extend from a thunderstorm to the ground.



Can happen anytime



Bring intense winds



Can happen anywhere



Look like funnels

IF YOU ARE UNDER A TORNADO WARNING, FIND SAFE SHELTER RIGHT AWAY

Go to a safe room,
basement, or storm cellar.



If you can safely get to a sturdy
building, do so immediately.

If there is no basement,
get to a small, interior room
on the lowest level.



Do not get under an overpass
or bridge. You're safer in a low,
flat location.

Stay away from windows,
doors, and outside walls.



Watch out for flying debris that
can cause injury or death.



Use your arms to protect
your head and neck.

HOW TO STAY SAFE

WHEN A TORNADO THREATENS

Prepare NOW

Know your area's tornado risk. In the U.S., the Midwest and the Southeast have a greater risk for tornadoes.

Know the signs of a tornado, including a rotating funnel-shaped cloud, an approaching cloud of debris, or a loud roar—similar to a freight train.

Sign up for your community's warning system. The Emergency Alert System (EAS) and National Oceanic and Atmospheric Administration (NOAA) Weather Radio also provide emergency alerts. If your community has sirens, become familiar with the warning tone.

Pay attention to weather reports. Meteorologists can predict when conditions might be right for a tornado.

Identify and practice going to a safe shelter for high winds, such as a safe room built using FEMA criteria or a storm shelter built to ICC 500 standards. The next best protection is a small, interior, windowless room in a sturdy building on the lowest level.

Consider constructing a safe room that meets FEMA or ICC 500 standards.

Survive DURING

Immediately go to a safe location that you identified.

Take additional cover by shielding your head and neck with your arms and putting materials such as furniture and blankets around you.

Listen to EAS, NOAA Weather Radio, or local alerting systems for current emergency information and instructions.

Do not try to outrun a tornado in a vehicle.

If you are in a car or outdoors and cannot get to a building, cover your head and neck with your arms and cover your body with a coat or blanket, if possible.

Be Safe AFTER

Keep listening to EAS, NOAA Weather Radio, and local authorities for updated information.

If you are trapped, cover your mouth with a cloth or mask to avoid breathing dust. Try to send a text, bang on a pipe or wall, or use a whistle instead of shouting.

Stay clear of fallen power lines or broken utility lines.

Do not enter damaged buildings until you are told that they are safe.

Save your phone calls for emergencies. Phone systems are often down or busy after a disaster. Use text messaging or social media to communicate with family and friends.

Be careful during clean-up. Wear thick-soled shoes, long pants, and work gloves.

Take an Active Role in Your Safety

Go to **ready.gov** and search for **tornado**. Download the **FEMA app** to get more information about preparing for a **tornado**. Find Emergency Safety Tips under Prepare.





Family Preparedness Guide



Prepared by Michigan State Police
Emergency Management and Homeland Security Division

MIREADY
WWW.MICHIGAN.GOV/MIREADY



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A Message from the Michigan State Police, Emergency Management & Homeland Security Division

Emergencies can happen at any time. Being prepared saves lives! Local officials and relief workers will be on the scene after a disaster, but they cannot reach everyone right away. The best way to make you and your family safer is to be prepared before an emergency occurs. We encourage everyone to:

- 1. Be Informed**
- 2. Make a Plan**
- 3. Build a Kit**
- 4. Practice and Maintain Your Plan and Kit**

These simple steps can make a difference in ensuring your safety and the safety of your loved ones in an emergency situation.

The Michigan State Police, Emergency Management and Homeland Security Division (MSP/EMHSD) is committed to fostering, promoting and maintaining partnerships to protect our state and homeland from all hazards.

We are pleased to provide you with this Family Preparedness Guide that will assist you in preparing your family to respond to and recover from all types of emergencies. This guide will help you develop an emergency plan, prepare an emergency supply kit, and learn about emergency preparedness for families, pets, persons with disabilities, and the elderly.

We encourage you to keep this manual handy as a reference tool and implement many of the suggestions found inside to better prepare your family for any emergency situation.

For more information refer to the Michigan State Police, Emergency Management and Homeland Security Division Web site at:
www.michigan.gov/emhsd

Additional Resources

www.michigan.gov/miready
www.michigan.gov/emhsd
www.redcross.org
www.ready.gov
www.do1thing.com
www.fema.gov
www.ready.gov/untilhelparrives
www.ok2say.com
www.ready.gov/citizen-corps-partner-programs
www.michigan.gov/michtip
www.michigan.gov/mspcyber
www.ic3.gov



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Before Emergencies Happen



Knowing what to do is your responsibility and your best protection.

4 Steps to Preparedness

#1 Be informed

- Meet with household members and discuss the dangers of possible emergency events, including fire, severe weather, and terrorism.
- Learn if your community has a warning signal: what does it sound like and what should you do when you hear it?
- Find out how to help access and functional needs persons, if needed.
- Learn about what hazards exist in your community (i.e. hazardous materials site, railroad, etc.)
- Ask about animal care after a disaster. Animals may not be allowed inside emergency shelters due to health regulations.
- Find out about the disaster plans in your workplace, your children's school or daycare center, and other places where your family spends time.

#2 Make a Plan

Family Preparedness

- All family members must know their address and phone number.
- Teach children how and when to call or text 9-1-1 for emergency help.
- Teach each family member how to use a fire extinguisher (ABC type) and show them where it is kept.
- Show each family member how and when to turn off the water, gas, and electricity at the main switches.
- Plan how to take care of your pets.

Home Safety

- Find safe spots in your home where you can shelter in place or go for each type of emergency.
- Discuss what to do in an evacuation.
- Plan two unobstructed exits from every room, including the second floor and make sure everyone knows them.
- Teach children how to safely exit a window, including using an object to break glass and putting a blanket over the frame to be protected from shards of glass.
- Pick two places to meet when evacuating, such as:
 - Outside of your home in case of a sudden emergency, like a fire.
 - Outside of your neighborhood in case you cannot return home.

Emergency Contacts

- Choose an out-of-town or out-of-state contact your family or household members will call, text or e-mail to check on during an emergency. Ensure everyone knows how to reach the contact person.
- Post emergency telephone numbers by each phone, including numbers for fire, police, ambulance, etc.

Important Documents

- Make a list of personal property and photograph the interior and exterior of your home.
- Store important papers and valuables in a fire proof safe or cabinet. (such as medical records, insurance paperwork, pet vaccinations, etc.)
- Maintain proper insurance coverage of your home and its contents (flood, renters, fire, and earthquake).

Safety Measures

- Install smoke detectors on each level of your home, especially near bedrooms.
- Install battery-operated or plug-in (with battery backup) carbon monoxide (CO) detectors in your home (especially by bedrooms), following manufacturer's instructions.
- Install window ladders in case you need to evacuate. Make sure all household members know where they are and how to use them.

#3 Build a Kit

An emergency may require you to immediately evacuate, take shelter, or go without basic services for an extended period of time. Should an emergency occur, you will need a supply of essential items to last you at least three days. These items should be included in a readily accessible 72-hour emergency supply kit, stored in a 5-gallon bucket, duffel bag, or backpack. For items to include in your kit, refer to “**Emergency Preparedness Kit Checklist**” included with this guide.

#4 Practice and Maintain Your Plan and Kit

- Quiz your children every six months so they remember what to do.
- Conduct regular fire and emergency evacuation drills.
- Take a first aid and CPR class.
- Replace stored water and food every six months.
- Test and recharge your fire extinguisher(s) according to manufacturer's instructions.
- Test your smoke and carbon monoxide detectors monthly and change the batteries twice each year when you change your clocks in the spring and fall.

Check Your Local School Emergency Plan



- You need to know if the school will send children home or keep them at school until a parent or designated adult can pick them up.
- Be sure the school has updated information about how to reach parents and responsible caregivers to arrange for pick up.
- Ask what type of authorization the school may require to release your child.
- Be aware, during times of emergency, the school telephones may be overwhelmed with calls.

When Emergencies Happen

During and after an emergency, it is important to stay calm. Even after an event, there may still be dangers. What seems like a safe distance or location may not be safe. **Stay tuned to your local radio and TV station and follow the advice of trained professionals.** Unless told to evacuate, avoid driving to allow emergency vehicles access. What you do next can save your life and the lives of others.

If you evacuate your home during an emergency, shelters, food, and clothing are commonly available through the American Red Cross. Seek medical care at the nearest hospital or health care provider. Keep in mind the people nearest in proximity to someone with life-threatening injuries are best positioned to provide first care.

Life threatening emergencies can happen fast. Emergency responders aren't always nearby. You may be able to save a life by taking simple actions immediately. You Are The Help Until Help Arrives is a FEMA program dedicated to educating and empowering the public to take action. See pages 36-37 for more information.

During an emergency you might be cut off from food, water, and electricity for several days or more. If power is out, food stores may be closed and your water supply may not be accessible. ATMs may also be down, so be sure to include cash in your preparedness kit.

Water: If an emergency catches you without a supply of clean water, you can use ice cubes and the water in your hot-water tank or pipes. If it is safe to go outside, you can also purify water from streams, rivers, rainwater, ponds, lakes, natural springs, and snow by boiling (for 5 minutes), distilling, or disinfecting. To purify water with bleach, use 10 drops of bleach per gallon of water. Use only regular household liquid bleach that contains only 5.25 percent sodium hypochlorite.

Food: During and after an emergency, it will be important that you keep up your strength by eating at least one well-balanced meal each day. Take vitamins, minerals, and/or protein supplements as needed.

For People with Access and Functional Needs

For the millions of Americans who have physical, medical, sensory, or other functional needs, emergencies such as fires, floods, and acts of terrorism present a real challenge. The same challenge also applies to the elderly and other special needs populations. Protecting yourself and your family when a disaster strikes requires planning ahead.

● Create a Personal Support Network

- A personal support network can help you prepare for a disaster. They can help you identify and get the resources you need to cope effectively. Network members can also assist you after a disaster happens.
- Organize a network that includes your home, school, workplace, volunteer site, place of worship, and any other places where you spend a lot of time.
- Your network should have people you trust and who can check to see if you need assistance.
- Your network should know your capabilities and needs, and be able to provide help within minutes.
- Do not depend on only one person. Include a minimum of three people in your network for each location where you regularly spend a lot of time.

● Complete a Personal Assessment

- Decide what you will be able to do for yourself and what assistance you may need before, during, and after a disaster. This will be based on the environment after the disaster, your capabilities, and your limitations.
- To complete a personal assessment, make a list of your personal needs and your resources for meeting them in a disaster environment.

Neighbors Helping Neighbors

Working with neighbors in an emergency can save lives and property. Meet with your community members to plan how you can work together until help arrives. If you are a member of a neighborhood association or crime watch group, introduce emergency preparedness as a new activity. Know your neighbors' special skills and consider how you can help those with functional needs, such as people with disabilities and elderly persons.



Power Outage



- Remain calm.
- Assist family members or neighbors who may be in danger if exposed to extreme heat or cold.
- Locate a flashlight with batteries to use until power comes back on. (Avoid using candles as they can start fires.)
- Turn off or disconnect appliances and other equipment in case of a momentary power “surge” that can damage computers and other devices. Consider adding surge protectors.
- Keep your refrigerator and freezer doors closed as much as possible to keep the cold in and the heat out. (Most food requiring refrigeration can be kept safely in a closed refrigerator for several hours. An unopened refrigerator will keep food cold for about 4 hours. A full freezer will keep the temperature for about 48 hours.)
- Use extreme caution when driving. When a signal at an intersection is without power and there are no other traffic control devices, the intersection is subject to the general Motor Vehicle Code right-of-way requirements.
- Do not call 9-1-1 to ask about the power outage. Listen to the news for updates. However, report any downed power lines.
- Stay away from downed power lines.
- Carbon monoxide is odorless, colorless and tasteless. The best defense to carbon monoxide poisoning is to install a CO alarm on each floor of your home, especially near sleeping areas. Avoid actions that can result in dangerous levels of carbon monoxide:
 - Do not use a grill indoors.
 - Do not use an unvented gas or kerosene heater.
 - Do not use a generator in the house or garage.
 - Do not use an oven or stove to heat your home.
- Take steps to remain cool if it is hot outside. In intense heat when the power may be off for a long time, consider going to a movie theatre, shopping mall or “cooling shelter” that may be open in your community. If you remain at home, move to the lowest level of your home, since cool air falls. Wear lightweight, light-colored clothing. Drink plenty of water, even if you do not feel thirsty.
- Put on layers of warm clothing if it is cold outside. Never burn charcoal for heating or cooking indoors. Never use your oven as a source of heat. If the power may be out for a prolonged period, plan to go to another location (the home of a relative or friend, or a public facility) that has heat to keep warm.
- If you are considering purchasing a generator for your home, consult an electrician or engineer before purchasing and installing.
- Only use generators away from your home and NEVER run a generator inside a home or garage, or connect it to your home's wiring without a licensed electrician installing a generator transfer switch.



If You Have Pets

You should create an emergency kit for each of your pets as well. This kit should include:

- Identification collar, rabies, and vaccination tags.
- Crate, cage, or other pet carrier.
- Harness or leash.
- Any medications and be sure to check expiration dates.
- Sanitation (pet litter and litter box, newspapers, paper towels).
- Information on feeding schedules, medical conditions, and behavioral problems.
- The name and number of your veterinarian and veterinary records. Most animal shelters do not allow pets without proof of vaccination.
- Food (three day supply in an airtight, waterproof container) and a manual can opener if needed.
- Water (three day supply in addition to water for yourself and your family).
- A picture of you and your pet together.
- Favorite toys, treats, or bedding.

If you must evacuate, take your pets with you if possible. However, if you are going to a public shelter, it is important to understand that animals may not be allowed inside, unless it is a service animal (See page 12). Plan in advance for shelter alternatives that will work for both you and your pets.

- Contact your veterinarian for a list of preferred boarding kennels and facilities.
- Ask your local animal shelter if they provide emergency shelter or foster care for pets.
- Identify hotels or motels outside of your immediate area that accept pets.
- Ask friends and relatives outside of your immediate area if they would be willing to take in your pet.

Make a back-up emergency plan in case you cannot care for your animal(s) yourself. Develop a buddy system with neighbors, friends, and relatives to make sure that someone is available to care for or evacuate your pets if you are unable to do so.



If You Have a Service Animal

The ADA defines a service animal as a guide dog, signal dog, or other animal individually trained to provide assistance to a person with a disability. If they meet this definition, animals are considered service animals under the ADA regardless of whether they have been licensed or certified by state or local government. Service animals perform some of the functions and tasks that the person with a disability cannot perform for him or herself.

All of the above considerations should be given, however, in case of evacuation, a service animal must be allowed anywhere their handler is permitted to go. This includes hotels, motels, hospitals, and public shelters, even if these locations do not normally allow pets. (Other assistance animals such as emotional support pets, companion animals, therapy animals, etc., shall follow the same guidelines for pets.)



Pets/Service animals should not be left behind.

If you have no other choice than to leave them at home, place your pet/service animal in a safe area inside your home with plenty of water and food. Never leave animals chained outside. A note should be placed outside of your home listing what animals are inside, where they are located, and phone numbers where you can be reached. If it is a service animal, the note should include their service animal status, and Michigan Department of Civil Rights (MDCR) registration number (if applicable).

Evacuation and Shelter-In-Place



You may be directed to take specific actions during an emergency incident, such as a hazardous substance release, explosion, or threatening natural disaster like a fire or flood. If you are notified of an incident, stay calm, listen to emergency personnel, and follow instructions immediately.

● Listen to Emergency Personnel

- Follow instructions provided by emergency personnel to remain safe.
- Emergency personnel are trained to respond to emergency situations.
- Information and instructions on what to do will be provided at the emergency site or through TV and radio stations.

● How to Evacuate Safely

- If told to evacuate, do so immediately.
- Stay calm. Do not panic.
- Travel on roads specified by local authorities.
- If no specific roads are suggested, head upwind or away from the incident.
- Bring your emergency supply kit with you.
- Lock your home.
- Cover your nose and mouth with a wet cloth if told to do so.

● If You Know You Have Time Before Evacuating

- Shut off water, gas, and electricity before leaving.
- Let your local contact and/or out-of-town contact know you are evacuating and where you are going.
- Take your pets with you or make arrangements for your pets ahead of time.

● How to Stay Inside Safely (or Shelter-in-Place)

- If told to stay inside, known as shelter-in-place, do so immediately.
- Close and lock windows and doors.
- Seal gaps under doorways and windows with wet towels and duct tape if told to do so.
- Turn off ventilation systems, water, and gas.
- Listen to your local radio and TV stations for further instructions from emergency officials.

Recovering From An Emergency



Recovery continues even after you return home, as you and your family experience the emotional and psychological effects of the event. Reactions vary from person to person, but may include:

- Restless sleep or nightmares
- Anger or wanting revenge
- Numbness or lack of emotion
- Needing to keep active, restlessness
- Needing to talk about your experiences
- Loss of appetite
- Weight loss or gain
- Headaches
- Mood swings

These are normal reactions to stressful events and it is important to let people react in their own way. In particular, children may need reassurance and extra attention.

It is best to encourage children to share their feelings, even if you must listen to their stories repeatedly. This is a common way for children to grasp what they have experienced.



A Child's Reaction to Disaster

Who is at Risk?

Children who have been directly exposed to a disaster, evacuated their home, observed injuries or death of others, experienced an injury themselves, or feared for their life, are at risk of developing depression or difficulties recovering from the event. They may experience loss or grief if a close family or friend dies or is seriously injured during a disaster. In addition, children continue to have ongoing stress long after the disaster occurs due to secondary effects of the disaster.

Secondary effects could include living in temporary housing, loss of social network, property loss, parents being without jobs, and costs the family will have to pay to return to normal. In most cases, these responses are only temporary; however for those directly exposed to the disaster, certain reminders of the incident, such as high winds, smoke, and sirens may trigger responses.

Child's Emotional Needs

It is important to provide the child with guidance that will help reduce his or her fears. How adults react to an emergency provides children with clues on how they are supposed to act. Parents need to make sure the child is heard. If the child asks questions about the incident, those questions should be answered honestly but not in a way that could scare them. If the child is afraid to talk about what happened, allow him or her to draw a picture or reenact the scenario with dolls or action figures.

If parents are going to allow their children, especially young children, to watch TV or use the Internet after a disaster, then they should be present with the child. This will ensure that if images of the disaster are shown, parents can communicate and provide explanations to the child. Limiting a child's exposure to additional trauma, including news reports, is encouraged.

After a disaster occurs, children are most afraid the event will happen again and someone they know will be killed, or that they will be separated from their family, or that they will be left alone.

Helping the Child

In order to feel safe, children need to be reassured that everything is going to be okay through compassion and understanding.

- Hold and comfort the child.
- Calmly and firmly provide factual information about the recent disaster.
- Encourage the child to talk about their feelings and the parent should be honest about their own feelings as well.
- Help children learn to use words that express their feelings, such as happy, sad, angry, mad, and/or scared.
- Parents should spend some extra time with children at bedtime.
- Parents should also reestablish a schedule for the child involving school, work, play, meals, and rest.
- Assign the child specific chores so they feel as though they are helping to restore the family or community.
- Allow the child to assist in developing or revising the family emergency plan.
- Make sure the child knows what to do in case they hear smoke detectors, alarms, and local community warning systems (horns, sirens).
- Praise the child for their help and recognize responsible behavior.
- Reassure the child that the disaster was not his or her fault.
- Understand the child will need time to mourn his or her own losses.

If parents have tried to create a reassuring environment and the child still exhibits stress or appears to worsen over time, it may be appropriate to seek professional help. Professional help is easy to obtain. Parents can talk to their child's pediatrician or family doctor, a school counselor, a mental health provider specializing in a child's needs, or a member of the clergy.



● Common Responses Children May Exhibit

Infant to 2 years

- Young children retain images, sights, sounds, and smells that occurred during an event.
- Infants may be irritable, cry more than usual, and want to be held/cuddled.
- As the young child grows older, he or she may act out elements of the event that occurred numerous years earlier that were seemingly forgotten.

2 to 6 years

- Preschool aged children often times feel helpless and powerless. They may feel fear and insecurity due to their lack of size.
- Preschoolers cannot grasp the concept of permanent loss. They see consequences as being reversible.
- Preschoolers may play out activities that involve aspects of the event in the weeks following the event and may reenact this in
- Some children may revert to thumb sucking, sleep disturbances, loss of appetite, fear of withdrawal from friends and routines.

8 to 10 years

- School aged children can understand permanent loss.
- Some children become very preoccupied with the event, thinking about it constantly. This preoccupation can interfere with school thus resulting in a decline in his or her academic performance.
- Children may lose trust in adults because they may feel that adults were not truthful.
- Children may display a wide range of reactive feelings of failure, anger, or fantasies of play.
- A child may change from being quiet, obedient to being aggressive.
- A child may change from being outgoing to being withdrawn.
- Some children may experience irritability, aggression, school avoidance, poor concentration, and withdrawal from friends and routines.

11 to 18 years

- As children grow older their reactions become closer to that of an adult.
- This age group combines childlike reactions with adult responses.
- This stage of life focuses on preparing the child for adulthood, and after experiencing a disaster, the “real” world may seem unsafe and dangerous.
- A teenager may feel overwhelmed by intense emotions but may still feel uncomfortable discussing their feelings with relatives.
- A teenager may have feelings of inadequacy or helplessness or spend an unusual amount of time fantasizing.
- It is not uncommon for a teenager to become involved with more risk-taking behavior (alcohol, drug use, reckless driving) or to have the opposite effect and become fearful of leaving home.
- Teenagers may experience sleeping and eating disturbances, agitation, increase in conflicts, physical complaints, delinquent behavior, and poor concentration.



Michigan Hazards



Severe Weather

Michigan is vulnerable to a variety of types of severe weather including tornadoes, thunderstorms, floods, snowstorms, and ice storms. Because of this, it is important for you to understand the difference between a watch and a warning for severe weather.

- **Severe Weather Watch:** A severe weather watch means that severe weather may develop.
- **Severe Weather Warning:** A severe weather warning means a storm has developed and is on its way.

The safest place to ride out any storm is inside a secure building, home, or apartment building. You should:

- Listen to weather updates and stay informed.
- Stay away from windows and doors.
- Keep your emergency supply kit handy, including a battery or crank operated NOAA weather radio.
- Be ready to evacuate if necessary.

Flooding

Flooding typically occurs when prolonged rain falls over several days, when intense rain falls over a short period of time, or when an ice or debris jam causes a river or stream to overflow onto the surrounding area. Flooding can also result from the failure of a water control structure, such as a levee or dam.

● Know the Difference:

- **Flash Flood Watch:** A flash flood watch means that flash flooding is possible in or near the watch area.
- **Flash Flood Warning:** A flash flood warning means that flooding is occurring in the area or will be very soon.

● Preparing for a Flood

- Plan what you will do and where you will go in a flood emergency.

Lightning

- Make an itemized list of personal property well in advance of a flood occurring. Photograph the interior and exterior of your home. Store the list, photos, and documents in a safe place.
- Memorize the safest and fastest route to high ground.
- If you live in a frequently flooded area, keep sandbags, plastic sheets, and lumber on hand to protect property. Install check valves in building sewer traps to prevent flood water from backing up into the drains of your home.
- Know how high your property is in relation to nearby streams and other waterways.

● When a Flood Threatens

- Listen to instructions from emergency officials.
- Leave areas that are likely to flood, including dips, low spots, and floodplains.
- Store a supply of drinking water in clean bathtubs and in large containers.
- If forced to leave your home, and, time permits, move essential items to safe ground.

● During a Flood

- Avoid areas subject to sudden flooding.
- **Turn Around Don't Drown:** Do not attempt to drive over a flooded road. Stop and go another way. Roads often crumble away beneath the water.
- Never try to walk, swim, or drive through floodwater. Even six inches of fast moving floodwater can knock you off your feet. A depth of two feet will float your car.
- Prevent children from playing in floodwaters or near culverts and storm drains. Floodwaters often contain contaminants and conceal dangerous electrical cables, holes, debris, and sharp objects.

● After a Flood

- If instructed, boil drinking water before using it. If fresh food has come in contact with floodwaters, throw it out.
- Use flashlights, not lanterns or torches, to examine buildings. Flammable materials and gases may be inside.
- Do not handle or use live electrical equipment in wet areas. Electrical equipment should be checked and dried before being returned to service.

Lightning can provide a spectacular display of light on a dark night, but this awesome show of nature can also cause death and destruction. Lightning is the visible discharge of electrical energy and is often accompanied by thunder, which is a sonic boom created by the same discharge. If you hear thunder, lightning is a threat even if the storm seems miles away. Lightning's electrical energy seeks a path to the ground and your home, trees, or even you, can be that chosen path. No place is absolutely safe from lightning. However, some places are much safer than others.

● Safety Tips

- **When Thunder Roars, Go Indoors:** If you can hear thunder, lightning is close enough to strike you – even if you are under blue sky.
- If outdoors, get inside a safe shelter right away.
- The safest location from lightning is a large enclosed building, not a picnic shelter or shed. The second safest location is an enclosed metal topped vehicle, such as a car, truck, or van, but not a convertible, bike, or other topless or soft-top vehicle.
- If you are indoors, avoid water, doors, and windows. Do not use a landline telephone or headsets connected by wire to another device plugged into an electrical outlet.
- Turn off, unplug, and stay away from appliances, computers, power tools, and televisions. Lightning could hit wires outside the building and travel through wires and appliances into the house.
- Wait 30 minutes after you think lightning has passed before reconnecting appliances or resuming normal activities.
- If someone is struck by lightning, call 9-1-1 or send for help immediately. It is okay to give first aid without fear of being hurt as he or she will not carry an electrical charge.



Tornadoes

A tornado is a column of violently rotating winds extending down from a thunderstorm cloud and touching the surface of the earth. Tornadoes most commonly occur during the months of May, June, July, and August, and in the late afternoon and evening hours. However, it is important to remember that tornadoes can occur at any time of the day and in almost any month during the year.

● Know the Difference:

- **Tornado Watch:** A tornado watch is issued when conditions exist for a tornado or severe weather to develop.
- **Tornado Warning:** A tornado warning is issued when National Weather Service (NWS) Doppler Radar indicates a thunderstorm is capable of producing a tornado, or when a tornado has been sighted by a credible source.

● When a Tornado Warning is Issued

- Quickly move to shelter in the basement or lowest floor of a permanent structure.
- In homes and small buildings, go to the basement and get under something sturdy, like a workbench or stairwell. If no basement is available, go to an interior part of the home on the lowest level. A good rule of thumb is to put as many walls between you and the tornado as possible.
- In schools, hospitals, and public places, move to designated shelter areas. Interior hallways on the lowest floors are generally best.
- Stay away from windows, doors, and outside walls. Broken glass and wind blown projectiles cause more injuries and deaths than collapsed buildings. Protect your head with a pillow, blanket, or mattress.
- If you are caught outdoors, seek cover in a basement, shelter, or sturdy building. This is your safest alternative.
- If you are in the car and there is no shelter available, pull over and let your surroundings determine your next action to either:
 - Stay in the car with the seat belt on. Put your head down below the windows, and cover your head with your hands and a blanket if possible; or
 - If you can safely get noticeably lower than the level of the roadway, exit the car and lie in that area, covering your head with your hands.
- If you are boating or swimming, get to land and shelter immediately.

Severe Winter Weather – Heavy Snow and Ice Storms

Familiarize yourself with these terms to help identify a winter storm hazard:

- **Freezing Rain:** Rain that freezes when it hits the ground, creating a coating of ice on roads, walkways, trees, and power lines.
- **Sleet:** Rain that turns to ice pellets before reaching the ground. Sleet also causes moisture on roads to freeze and become slippery.
- **Winter Storm Watch:** A winter storm is possible in your area. Tune in to a NOAA Weather Radio, local radio and/or TV stations for more information.
- **Winter Storm Warning:** A winter storm is occurring or will soon occur in your area.
- **Blizzard Warning:** An extremely life-threatening Winter Storm with strong winds and considerable amounts of snow. Travel will be near impossible. Stay home and be ready for lengthy disruption of daily activities.
- **Wind Chill Advisory/Warning:** Dangerously cold weather due to a combination of wind and temperature. Dress warmly and avoid being outside with exposed skin. Frostbite and Hypothermia can occur in just minutes.

Winter Travel Tips

● If Travel is Necessary

- Use caution when driving in winter conditions. The highest rate of traffic crashes occur when snow first starts falling in Michigan.
- Travel during the day and do not travel alone.
- Stay on main roads; avoid back road shortcuts.
- Inform someone of your destination and travel time. Bring a cell phone in case you must call for help.
- Keep a supply kit in your car with salt, sand, shovel, food, and blankets.

● If Traveling and the Power Goes Out

- Use extreme caution when driving.
- When a signal at an intersection is without power and there are no other traffic control devices, the intersection is subject to the general Motor Vehicle Code right-of-way requirements.
- Do not call 9-1-1 to ask about the power outage. Listen to the news for updates. However, report any downed power lines.

● If Stranded in a Vehicle

- If you need assistance, attach a bright cloth to your antenna and turn on your emergency flashers when the engine is on. Remain in the vehicle.
- Run the motor 10 minutes each hour for heat. However, open the window slightly for fresh air and make sure the exhaust pipe is not blocked.
- To keep blood circulating and to stay warm, exercise by moving arms, legs, fingers, and toes.

● Automotive Preparedness

- Ensure the vehicle is winterized by late fall. This includes having the proper mix of antifreeze and water in the cooling system, topping off the windshield washing solution, and checking the tire treads. Have a mechanic check the belts, hoses, tires, battery, and coolant.
- Keep the fuel tank near full, as low fuel levels can cause condensation to form, degrading fuel quality, and possibly causing the fuel line to freeze. Additionally, gas stations may be closed during a severe winter storm, so it is wise to fill up if warnings of an impending storm are being broadcast.

● Take Protective Measures

- Listen to the radio and TV for weather reports and emergency information.
- Be aware that icy roads and sidewalks can be very hazardous.
- Avoid walking under heavily iced tree branches or buildings with melting snow or ice. Large amounts of ice or snow could fall and strike you.
- Make sure you have a safe alternative heat source and a supply of fuel.
- Wear several layers of loose fitting, light weight, and warm clothing rather than one layer of heavy clothing. The outer garments should be tightly woven and water repellent.
- Wear enclosed footwear that covers all of the foot, preferably with socks.
- Be cautious when considering leaving either your house or car in sub-zero or blizzard conditions – especially in unpopulated and/or unknown areas. You could easily become confused and lose your way. This could be life-threatening.

Automotive Supply Kit



Keep these emergency supplies in your vehicle in a portable container:

- A small battery or crank powered radio (AM is sufficient) and extra batteries
- Flashlight with extra batteries
- Mobile phone w/ car charger
- Windshield scraper
- Blanket and extra clothes
- Tire repair kit and pump
- Phone book and phone list
- De-icer and extra antifreeze
- “Call Police” or other “Help” sign
- Jumper cables
- Tow chain or rope
- Fire extinguisher
- Maps
- Shovel
- Flares
- First aid kit
- Bottled water and nonperishable, high energy foods (granola bars, canned nuts, raisins, hard candy, trail mix, peanut butter and crackers)



House or Apartment Fire

● Prevention

- Install smoke detectors on every level. Check them monthly.
- Keep bedroom doors closed when sleeping to allow more time to exit during a fire. It takes 10 to 15 minutes for a flame to burn through a door.
- Teach all household members to stop, drop, and roll if they catch on fire.
- Dispose of barbecue briquettes and fireplace ashes in a metal container, not in plastic garbage containers or paper bags.
- Ensure all room exits are unobstructed.
- Store matches and lighters out of the reach of children.
- Use barbecue grills away from buildings and vegetation.
- Only use gasoline as motor fuel and never store it indoors.
- Never smoke when drowsy or in bed.
- Plug only one heat producing device into each electrical outlet.
- Do not run electrical cords under rugs.

● In Case of Fire

- Alert all members of the household.
- Go to the nearest exit and leave the house. Go directly to the safe meeting place your family chose and wait for others to join you. Never re-enter a burning building.
- If the room is filled or is filling with smoke, drop to your hands and knees, and crawl to the nearest exit or window. Since smoke and heat rise, the coolest and freshest air will be near the floor.
- Before opening doors, touch the back to see if it is hot. If it is hot, do not open the door and proceed to the secondary exit.
- If trapped in a room with fire blocking all exits, close all doors and wait for firefighters to rescue you. Stuff cracks and vents to keep smoke out.
- If possible, call 9-1-1 to report your exact location even if the fire department is on the scene. Wait at the window and signal with a sheet, flashlight, or something people can see.

Man-Made and Technological Hazards



If you are notified or become aware of a technological hazard such as a hazardous spill/release, fire, or explosion, do not panic. If you need to leave the surrounding area or are directed to evacuate, do so immediately unless advised otherwise. Refer to the Evacuation and Shelter-in-Place guidelines on page 13.

● Terrorism

Terrorist attacks have left many concerned about the possibility of future incidents in the United States and their potential impact. The goal of terrorists is to destabilize government and panic residents. Terrorists try to keep residents guessing about what might happen next, increasing worries. However, there are things you and your family can do to prepare for the unexpected. This can reduce the stress you may feel now and later, should another emergency arise. Being prepared ahead of time can reassure you and your family that you can have a measure of control even in the face of such events.

● What Can You Do?

- Prepare to deal with a terrorist incident by adapting many of the same techniques used to prepare for other emergencies.
- Take precautions when traveling by being aware of suspicious or unusual behavior.
- Do not leave luggage or other items unattended.
- Be familiar with the “Eight Signs of Terrorism.”
- Do not accept packages from strangers.
- Learn basic first aid – enroll in a First Aid/CPR course at your local American Red Cross.
- Volunteer to help your community prepare for and respond to emergencies through the Citizen Corps Program. To find the Council nearest you, go to <https://www.ready.gov/citizen-corps-partner-programs>.

! 8 Signs of Terrorism !

#1 Surveillance

Someone recording or monitoring activities. This may include the use of cameras (either still or video), note taking, drawing diagrams, annotating on maps, or using binoculars or other vision-enhancing devices.

#2 Elicitation

People or organizations attempting to gain information about military operations, capabilities, or people. Elicitation attempts may be made by mail, fax, telephone, or in person.

#3 Tests of Security

Any attempts to measure reaction times to security breaches or to penetrate physical security barriers or procedures in order to assess strengths and weaknesses.

#4 Acquiring Supplies

Purchasing or stealing explosives, weapons, ammunition, etc. Includes acquiring military uniforms, decals, flight manuals, passes or badges (or the equipment to manufacture such items), or any other controlled items.

#5 Suspicious Persons Out of Place

People who do not seem to belong in the workplace, neighborhood, business establishment, or anywhere else. Includes suspicious border crossings and stowaways aboard ship or people jumping ship in port.

#6 Dry Run/Trial Run

Putting people into position and moving them around according to their plan without actually committing the terrorist act. This is especially true when planning a kidnapping, but it can also pertain to bombings. An element of this activity could also include mapping out routes and determining the timing of traffic lights and flow.

#7 Deploying Assets

People and supplies getting into position to commit the act. This is a person's last chance to alert authorities before the terrorist act occurs.

#8 Financing

Suspicious transactions involving large cash payments, deposits, or withdrawals are common signs of terrorist funding. Collections for donations, the solicitation for money and criminal activities are also warning signs.



if you
SEE
something
SAY
something™

If You See Something Say Something™ used with permission of the NY Metropolitan Transportation Authority.

- Every resident plays an important role in preventing crimes, acts of violence, and terrorism by paying close attention to their environment.
- If you see something suspicious, like an object that does not belong or an individual behaving oddly, immediately notify law enforcement authorities.
- Remain vigilant of your environment by paying close attention to where you are and knowing how you would react if something happened.
- While entering buildings and moving around a facility, remember where you are located, what floor you are on, and where the nearest emergency exit is, including stairwells.
- Be on the lookout for indicators of suspicious activity, including the “Eight Signs of Terrorism.” Immediately notify law enforcement if you witness something suspicious or out of place.

Reporting Suspicious Activity in Michigan

- If you notice any activity or behavior that seems suspicious or out of place, you should immediately notify law enforcement officials.
- For emergencies: Dial 9-1-1
- For non-emergencies, submit an anonymous tip:
 - Phone: 855-MICHTIP (855-642-4847)
- Online: www.michigan.gov/michtip



Internet Safety For Kids

Tips for Internet Safety:

- Tell your parents immediately if you come across something that makes you feel uncomfortable.
- Remember that people on the Internet may not be who they seem. Never give out identifying information such as your name, home address, school name or telephone number in a public message, such as in a chat room or on a bulletin board.
- People who are dangerous may represent themselves online as a young boy or girl to entice you to a face-to-face meeting.
- You should never arrange a face-to-face meeting without first asking a parent. If a parent agrees, you should meet in a public place with your parent accompanying you. Be careful when someone offers you something for nothing.
- Be very careful about any offers that involve you coming to a meeting or having someone visit your home.
- Always get to know your online friends just as you would get to know all of your friends.
- Never send your picture without first asking a parent.
- Never respond to messages or items that are suggestive, obscene, belligerent, threatening or make you feel uncomfortable.
- Be sure that you are dealing with someone you and your parents know and trust before giving out any personal information about yourself.
- Diligent parental supervision will help ensure your safety on the Internet.

Signs Your Child May be at Risk Online

- Your child spends large amounts of time online, especially at night.
- You find pornography or other “banned” material on your child’s computer.
- Your child receives telephone calls from someone (particularly an adult) you don’t know, or is making telephone calls, sometimes long distance, to telephone numbers you don’t recognize.

Internet Safety For Adults



The Internet is a constantly growing educational resource for children and can be a positive experience. Millions of children surf the Internet for school and entertainment every day. Children also communicate through e-mails, chat rooms and public message boards. Unsupervised, the Internet can be dangerous, exposing our children to predators and inappropriate material.

According to a survey conducted by the U.S. Department of Justice, one in five children receive unwanted sexual solicitations online and 70 percent of these unwanted solicitations happen on a home computer. The survey also found that most families who have youth who use the Internet regularly do not use filtering or blocking software.

The Solution

Parents or guardians should educate their children to be cyber smart. Prevention and awareness is the key to deter cyber predators and exposure to inappropriate material. Children are trusting, naive and curious. They must be supervised by parents or guardians who have a fundamental understanding of computer technology and the Internet.

Helpful resources:

www.michigan.gov/mspcyber
www.ic3.gov

- Your child receives mail, gifts, or packages from someone you don’t know.
- Your child turns the computer off or quickly changes the screen when you come into the room.
- Your child is using an online account belonging to someone else.
- Your child becomes withdrawn from the family.



Active Violence Incidents

An active violence incident is when an individual is engaged in killing or attempting to kill people in a confined and populated area; the attacker may be armed with a firearm or some other weapon. Maliciously driving a vehicle into a crowd is also a tactic that may be used.

- Victims may be selected at random
- Event is unpredictable and evolves quickly
- Knowing what to do can save lives

When law enforcement arrives:

- Remain calm and follow instructions
- Drop items in your hands (e.g., bags, jackets)
- Raise hands and spread fingers
- Keep hands visible at all times
- Avoid quick movements toward officers, such as holding on to them for safety
- Avoid pointing, screaming or yelling
- Do not ask questions when evacuating

Information to provide to 911 operations:

- Location of the attacker(s)
- Number of attackers
- Physical description of attackers
- Number and type of weapons the attacker has
- Number of potential victims at the location

PREVENTION

- Be aware of your environment and any possible dangers
- Take note of the two nearest exits in any facility you visit
- If you are in an office, stay there and secure the door
- Attempt to fight the attacker as a last resort

CHARACTERISTICS OF AN ACTIVE VIOLENCE INCIDENT

- Victims are selected at random
- The event is unpredictable and evolves quickly
- Law enforcement is usually required to end an active violence incident



1

RUN

When an active violence incident occurs in your vicinity, you must be prepared both mentally and physically to deal with the situation.

You have three options:

1. RUN

- Have an escape route and plan in mind
- Leave your belongings behind
- Evacuate regardless of whether others agree to follow
- Help others escape, if possible
- Do not attempt to move the wounded
- Prevent others from entering an area where the active shooter may be
- Keep your hands visible
- Call 9-1-1 when you are safe

2. HIDE

- Hide in an area out of the attacker's view
- Lock door or block entry to your hiding place
- Silence your cell phone (including vibrate mode) and remain quiet

3. FIGHT

- Fight as a last resort and only when your life is in imminent danger
- Attempt to incapacitate the attacker
- Act with as much physical aggression as possible
- Improvise weapons or throw items at the active attacker
- Commit to your actions . . . your life depends on it

The first officers to arrive on scene will not stop to help the injured. Expect rescue teams to follow initial officers. These rescue teams will treat and remove injured. Once you have reached a safe location, you will likely be kept in that area by law enforcement until the situation is under control, and all witnesses have been identified and questioned. Do not leave the area until law enforcement authorities have instructed you to do so.



Did you know that trauma is the leading cause of death for Americans under the age of 46? *You Are the Help Until Help Arrives* is a new program dedicated to educating and empowering the public to take action and provide lifesaving care before professional help arrives. This program encourages the public to take these five steps in situations where someone may have a life-threatening injury due to trauma:

1. Call 9-1-1
2. Protect the injured from harm
3. Stop bleeding
4. Position the injured so they can breathe
5. Provide comfort

The program includes an interactive video, a 25-minute web-based training course explaining the steps people can take to help someone with life-threatening injuries, and materials for a hands-on, instructor-led training course that can be used to provide in-person training to communities across the country.

Please visit www.ready.gov/untillhelparrives to learn more about these five simple steps and share this critical information with others.

This program is the result of interagency collaboration led by the Federal Emergency Management Agency's (FEMA) Individual and Community Preparedness Division in cooperation with the U.S. Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response (ASPR), the Medical Reserve Corps (MRC), and the Uniformed Services University's (USU) National Center for Disaster Medicine and Public Health (NCDMPH). The original research supporting the curriculum comes from the Centers for Disease Control and Prevention (CDC).

you are the help
until help arrives



FEMA





Stop the Silence. Help End the Violence.

OK2SAY is a **confidential** way to report criminal activities or potential harm directed at students, school employees, or schools.

It operates as an early warning system to break the code of silence so a student who is struggling can get needed help **before** a situation turns into a tragedy.

ok2say.com

SUBMIT A TIP



855-565-2729 652729 (OK2SAY) ok2say@mi.gov ok2say.com



Available in the app stores for iPhone & Android.
Search "OK2SAY"

Submit & Receive



Students, parents, teachers, or concerned individuals can confidentially report potential harm or criminal activities.

1

Confidential tip submitted

2

OK2SAY technicians receive, analyze, and forward tips

Respond & Report



Schools, law enforcement, Community Mental Health, or the Department of Health and Human Services receive and investigate the tips.

3

Officials investigate, respond, and resolve tips

4

Outcome Report completed



FAMILY HOME HAZARD HUNT

An important step in family preparedness is the identification of potential hazards in your home. Once the hazards are identified, it does not take much time or effort to make your home a safer place to live.

To get started, conduct a home hazard hunt using the checklist below. Involve the entire family, especially your children. Remember, a potential hazard is anything that can move, break, fall, or burn. After identifying what needs to be done, create a plan, and practice it.

All Rooms

- ☐ Ensure floor coverings (rugs, carpets) are properly secured to prevent tripping hazards.
- ☐ Separate draw cords on blinds and drapes to reduce strangulation hazards for children.
- ☐ Ensure room exits are unobstructed.
- ☐ Store poisonous cleaning supplies and medications in “childproof” cabinets.
- ☐ Replace glass bottles with clearly labeled plastic containers.

Electricity

- ☐ Avoid the use of extension cords. If used, ensure the correct wattage rating.
- ☐ Plug only one heat producing device into an electrical outlet.
- ☐ Ensure cords are not placed under rugs.
- ☐ Replace damaged cords, plugs, and sockets.
- ☐ Use bulbs with the correct wattage for lamps and fixtures.
- ☐ Check fuses/circuit breakers for the correct amperage ratings.
- ☐ Do not override or bypass fuses or circuit breakers.

Kitchen

- ☐ Wear snug-fitting clothes when cooking.
- ☐ Do not leave food unattended when cooking.
- ☐ Keep pan handles turned in while cooking.
- ☐ Keep a pan lid nearby in case of fire.
- ☐ Keep cooking areas clean and clear of combustibles.
- ☐ Keep cords from dangling.
- ☐ Keep sharp knives out of reach of children.

- ☐ Ensure outlets near kitchen sink are Ground Fault Interrupt (GFI) equipped.

Garage/Attic/Shed

- ☐ Do not store gasoline indoors where the fumes could ignite.
- ☐ Keep flammable liquids such as paints and thinners in their original containers and store on or near the ground away from sources of heat, sparks, or flame.

Outside

- ☐ Clear dry vegetation and rubbish from around the house.
- ☐ Use barbecue grills away from buildings and vegetation.
- ☐ Dispose of barbecue briquettes in a metal container, not paper or plastic bags.
- ☐ Check with the fire department before open burning or using a burn barrel.

Clothes Washer and Dryer

- ☐ Verify that appliances are properly grounded.
- ☐ Ensure lint filter is cleaned regularly and serviceable.
- ☐ Check vent hose and vent line to ensure they are clean and provide unobstructed airflow.

Heating Equipment

- ☐ Ensure fireplace inserts and gas/wood stoves comply with local codes.
- ☐ Clean and inspect chimney annually.
- ☐ Dispose of ashes in metal containers.
- ☐ Keep clothes, furnishings, and electrical cords at least 12” from wall heaters and 36” from portable heaters.
- ☐ Ensure furnace is serviced annually by a qualified professional.
- ☐ Set water heater thermostat at 120 degrees F.
- ☐ Elevate gas water heaters at least 18” above the floor.

Smoking and Matches

- ☐ Store matches and lighters out of reach of children.
- ☐ Use large, deep, non-tip ashtrays.
- ☐ NEVER smoke while in bed or when drowsy.
- ☐ Dispose of ashes and cigarette butts in a metal can at least daily.

- Check furniture for smoldering cigarettes, especially after gatherings.

Smoke Detector

- Install at least one smoke detector on each level.
- Test each detector at least once a month.
- Replace batteries in each detector twice each year when you change your clocks in the spring and fall.

Fire Extinguisher

- Verify that an all purpose fire extinguisher (Class ABC) is maintained and in an accessible location.
- Ensure all occupants know how to use a fire extinguisher.
- Keep a fire extinguisher in the kitchen, garage, and basement.

Carbon Monoxide Hazards

- Install at least one carbon monoxide detector with an audible warning signal near sleeping areas and outside of individual bedrooms.
- Have a qualified professional check all fuel burning appliances, furnaces, venting, and chimney systems at least once a year.
- Never use your range or oven to heat your home, and never use a charcoal grill or hibachi in an enclosed, unventilated area.
- Never keep a car running in a garage.

Earthquake Hazards

- Bolt heavy, tall, and upright furniture to wall studs.
- Lock or remove rollers on beds, furniture, and appliances.
- Secure hanging plants and light fixtures with one or more guide wires to prevent swinging into walls or windows and breaking.
- Secure kitchen and bathroom cabinets with “positive” (self-closing) latches.
- Secure items on shelves with quake mats, Velcro, or shelf barrier.
- Store heavy and/or breakable items on lower shelves.
- Strap water heater to wall studs.
- Use flexible connections on gas appliances.
- Check chimney for loose bricks and repair as needed.
- Check foundation for cracks and repair as needed.
- Bolt home to foundation to prevent shifting during earthquake.
- Secure mirrors and pictures to the wall or hang them with heavy wire, looped through eye screws or tongue-in-groove hangers.

Emergency Preparedness Kit Checklist



Water, food, and clean air are important things to have in the event of an emergency. Each emergency preparedness kit should be customized to meet your specific needs, such as medications and infant formula. It should also be customized to include important documents for you and your family.

Basic Kit - Recommended Supplies:

- ☐ Water, one gallon of water per person per day, for drinking and sanitation
- ☐ Food, at least a three-day supply of non-perishable food
- ☐ Battery-powered or crank radio and a NOAA Weather Radio with tone alert, and extra batteries for both
- ☐ Flashlight and extra batteries
- ☐ First aid kit
- ☐ Whistle to signal for help
- ☐ Infant formula and diapers, if you have an infant
- ☐ Moist towelettes, garbage bags, and plastic ties for personal sanitation
- ☐ Dust mask or cotton t-shirt to help filter the air
- ☐ Plastic sheeting and duct tape to shelter-in-place
- ☐ Wrench or pliers to turn off utilities
- ☐ Can opener for food (if kit contains canned food)

Clothing and Bedding:

Living in a cold weather climate, you must think about warmth. It is possible that the power will be out and you will not have heat. Rethink your clothing and bedding supplies to account for growing children and other family changes. One complete change of warm clothing and shoes per person, including:

- ☐ Jacket or coat
- ☐ Long pants
- ☐ Long sleeve shirt
- ☐ Sturdy shoes
- ☐ Hat and gloves
- ☐ Sleeping bag or warm blanket for each person

Additional Items:

Listed below are other items for your family to consider adding to your kit. Some of these items can be dangerous, so please handle carefully. Other emergency reference materials can be found at www.ready.gov.

- ☐ Light Stick
- ☐ Emergency Candle
- ☐ Multi Tool
- ☐ Rain gear
- ☐ Mess kits, paper cups, plates, and plastic utensils
- ☐ Cash or traveler's checks and change
- ☐ Paper towels
- ☐ Fire Extinguisher
- ☐ Tent
- ☐ Compass
- ☐ Matches in a waterproof container*
- ☐ Signal Flare*
- ☐ Paper, pencil
- ☐ Pet supplies and documents
- ☐ Personal hygiene items including feminine supplies
- ☐ Disinfectant*
- ☐ Household chlorine bleach* - You can use bleach as a disinfectant (diluted nine parts water to one part bleach), or in an emergency you can also use it to treat water. Use 16 drops of regular household liquid bleach per gallon of water. Do not use scented, color safe, or bleaches with added cleaners.
- ☐ Medicine dropper
- ☐ Important Family Documents such as copies of insurance policies, identification and bank account records in a waterproof, portable container

* Can be dangerous



Family Emergency Plan

Make sure your family has a plan in case of an emergency. Before an emergency happens, sit down together and decide how you will get in contact with each other, where you will go and what you will do. Keep a copy of this plan in your emergency preparedness kit or another safe place where you can access it easily.

Evacuation Location:

Out-of-Town Contact:

Name: _____
Home: _____
Cell: _____
Email: _____
Facebook: _____
Twitter: _____

Neighborhood Meeting Place:

Regional Meeting Place:

Family Member Contact Information

Fill out the following information for each family member and keep it up to date.

Name: _____ Date of Birth: _____
Social Security Number: _____
Important Medical Information: _____

Name: _____ Date of Birth: _____
Social Security Number: _____
Important Medical Information: _____

Name: _____ Date of Birth: _____
Social Security Number: _____
Important Medical Information: _____

Name: _____ Date of Birth: _____
Social Security Number: _____
Important Medical Information: _____

Name: _____ Date of Birth: _____
Social Security Number: _____
Important Medical Information: _____

Name: _____ Date of Birth: _____
Social Security Number: _____
Important Medical Information: _____



Workplace & School Information

Write down where your family spends the most time: work, school, and other places you frequent. Schools, daycare providers, workplaces, and apartment buildings should all have site-specific emergency plans that you and your family need to know about.

School Information

School: _____
Address: _____
Phone: _____
Facebook: _____
Twitter: _____
Evacuation Location: _____

School: _____
Address: _____
Phone: _____
Facebook: _____
Twitter: _____
Evacuation Location: _____

Work Information

Workplace: _____
Address: _____
Phone: _____
Facebook: _____
Twitter: _____
Evacuation Location: _____

Workplace: _____
Address: _____
Phone: _____
Facebook: _____
Twitter: _____
Evacuation Location: _____

Other Important Information

Medical Contacts

Doctor: _____
Address: _____
Phone: _____
Doctor: _____
Address: _____
Phone: _____

Pharmacist: _____
Address: _____
Phone: _____

Veterinarian/Kennel: _____
Address: _____
Phone: _____

Insurance Information

Medical Insurance: _____
Phone: _____
Policy Number: _____

Homeowners/Rental Insurance: _____
Phone: _____
Policy Number: _____



Public Emergency Services and Contractors



Fire Department

Name: _____
Emergency Phone: _____
Business Phone: _____

Emergency Medical Services

Name: _____
Emergency Phone: _____
Business Phone: _____

Hospital

Name: _____
Emergency Phone: _____
Business Phone: _____

Public Health Dept.

Name: _____
Emergency Phone: _____
Business Phone: _____

State Environmental Auth.

Name: _____
Emergency Phone: _____
Business Phone: _____

National Response Center (EPA)

Name: _____
Emergency Phone: _____
Business Phone: _____

Electrician

Name: _____
Emergency Phone: _____
Business Phone: _____

Plumber

Name: _____
Emergency Phone: _____
Business Phone: _____

Fire Protection Contractor

Name: _____
Emergency Phone: _____
Business Phone: _____

Elevator Service

Name: _____
Emergency Phone: _____
Business Phone: _____

Hazardous Material Cleanup

Name: _____
Emergency Phone: _____
Business Phone: _____

Cleanup/Disaster Restoration

Name: _____
Emergency Phone: _____
Business Phone: _____

Cut this out and keep it somewhere safe like your backpack, school notebook, or wallet.
And/or input these numbers into your cell phone.

| FOLD HERE | |
|---|---|
| <p>ADDITIONAL IMPORTANT PHONE NUMBERS AND INFORMATION</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>ADDITIONAL IMPORTANT PHONE NUMBERS AND INFORMATION</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| <h3>Family Emergency Plan</h3> <p>Emergency Contact Name: _____</p> <p>Telephone: _____</p> <p>Out-of-Town Contact Name: _____</p> <p>Telephone: _____</p> <p>Neighborhood Meeting Place: _____</p> <p>Telephone: _____</p> <p>Other Important Information: _____</p> <p>Dial 911 for Emergencies</p> | <h3>Family Emergency Plan</h3> <p>Emergency Contact Name: _____</p> <p>Telephone: _____</p> <p>Out-of-Town Contact Name: _____</p> <p>Telephone: _____</p> <p>Neighborhood Meeting Place: _____</p> <p>Telephone: _____</p> <p>Other Important Information: _____</p> <p>Dial 911 for Emergencies</p> |

| Family Communication Plan For Kids | |
|--|---|
| <p>Home: _____</p> <p>Parent: _____</p> <p>Cell: _____</p> <p>Work: _____</p> <p>Parent: _____</p> <p>Cell: _____</p> <p>Work: _____</p> <p>My Cell: _____</p> <p>Sibling: _____</p> <p>Cell: _____</p> <p>Sibling: _____</p> <p>Cell: _____</p> | <p>Neighbor: _____</p> <p>Home: _____</p> <p>Cell: _____</p> <p>Neighbor: _____</p> <p>Home: _____</p> <p>Cell: _____</p> <p>Neighbor: _____</p> <p>Home: _____</p> <p>Cell: _____</p> <p>Out-of-State Friend/Relative: _____</p> <p>Home: _____</p> <p>Cell: _____</p> |



www.michigan.gov/emhsd
www.michigan.gov/MIREADY

*I want to sleep on my back
in my own crib, bassinet or
pack-n-play.*

I don't
feel safe
sleeping in car
seats, bouncy seats,
portable swings or
on nursing pillows
because I could
suffocate.

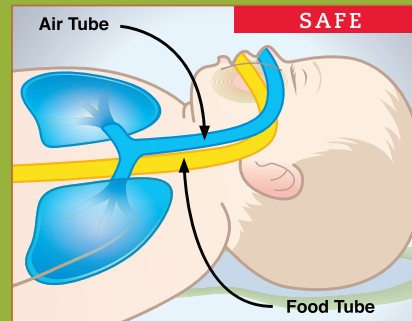
I'm not safe
sleeping in bed with
you. You could roll over
on me while you're
sleeping and I could
suffocate.

I'm not safe
sleeping on a couch.
I could suffocate.

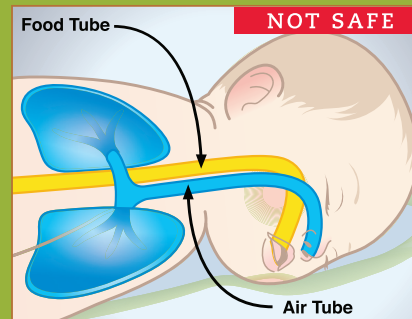
Don't let my
crying change
your mind about
where I sleep. I'm
depending on
you to keep me
safe and in my
own crib.

*I won't choke when I'm
sleeping on my back!*

As the picture below shows, when I'm on my back
my air tube is on top of the tube to my stomach.
When I spit up the liquid flows back into my
stomach, not my lungs. So, I don't choke!



When I'm on my stomach and spit up, liquid can
easily flow into my air tube and cause me to choke.



*Every THREE days a Michigan baby
dies when sleeping in an unsafe place.*



800-331-7437

www.michigan.gov/safesleep

MDHHS is an equal opportunity employer, services
and program provider.

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04/2016



**Protect Me
While
I Sleep**

What does a safe sleep environment look like?

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death



Use a firm sleep surface, such as a mattress in a safety-approved* crib, covered by a fitted sheet.

Do not use pillows, blankets, sheepskins, or crib bumpers anywhere in your baby's sleep area.

Keep soft objects, toys, and loose bedding out of your baby's sleep area.

Do not smoke or let anyone smoke around your baby.



Make sure nothing covers the baby's head.

Always place your baby on his or her back to sleep, for naps and at night.

Dress your baby in light sleep clothing, such as a one-piece sleeper, and do not use a blanket.

Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.

*For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or <http://www.cpsc.gov>.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH
Eunice Kennedy Shriver National Institute of Child
Health and Human Development

Safe Sleep For Your Baby



- Always place your baby on his or her back to sleep, for naps and at night, to reduce the risk of SIDS.
- Use a firm sleep surface, covered by a fitted sheet, to reduce the risk of SIDS and other sleep-related causes of infant death.
- Your baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.
- Keep soft objects, toys, and loose bedding out of your baby's sleep area to reduce the risk of SIDS and other sleep-related causes of infant death.
- To reduce the risk of SIDS, women should:
 - Get regular health care during pregnancy, and
 - Not smoke, drink alcohol, or use illegal drugs during pregnancy or after the baby is born.
- To reduce the risk of SIDS, do not smoke during pregnancy, and do not smoke or allow smoking around your baby.
- Breastfeed your baby to reduce the risk of SIDS.
- Give your baby a dry pacifier that is not attached to a string for naps and at night to reduce the risk of SIDS.
- Do not let your baby get too hot during sleep.
- Follow health care provider guidance on your baby's vaccines and regular health checkups.
- Avoid products that claim to reduce the risk of SIDS and other sleep-related causes of infant death.
- Do not use home heart or breathing monitors to reduce the risk of SIDS.
- Give your baby plenty of Tummy Time when he or she is awake and when someone is watching.



Remember Tummy Time!

Place babies on their stomachs when they are awake and when someone is watching. Tummy Time helps your baby's head, neck, and shoulder muscles get stronger and helps to prevent flat spots on the head.

For more information about SIDS and the Safe to Sleep campaign:

Mail: 31 Center Drive, 31/2A32, Bethesda, MD 20892-2425

Phone: 1-800-505-CRIB (2742)

Fax: 1-866-760-5947

Website: <http://www.nichd.nih.gov/SIDS>

NIH Pub. No. 12-5759 OCFS Pub 5136
September 2012



Soothing a Crying Baby

Having a new baby can be a wonderful time, but it can also be challenging. Babies cry, sometimes a lot. The period of time when babies cry most is 2-4 months of age.

The crying won't last forever!

Check the easy things first.
Be sure your baby has been fed, burped, changed, and is dressed for the weather.



Is your baby not feeling well?

- Check your baby's temperature to rule out a fever.
- If your baby's crying "just doesn't sound right," or if you think your baby might be sick, trust your instincts and call your doctor.

Is your baby's tummy upset?

- Gas, colic, or allergies can cause stomach pain.
- Apply pressure by lightly placing your hand on baby's belly or gently move his or her legs in a bicycle motion to relieve pain.
- If you think it has something to do with what your baby eats, check with your doctor.

Does your baby have a dirty diaper?

- Some babies let you know *right away* when they need to be changed.

Is your baby hungry?

If baby becomes too hungry they can become extremely fussy and can be difficult to calm and feed.

Learn early hunger signs:

- Opening and closing mouth.
- Sucking or moving hands to mouth.
- Rooting (baby is searching for food and moving head or opening mouth).

Does your baby need to burp?

Babies swallow air when they breastfeed or suck from a bottle. If the air isn't released, it may cause some pain.

How to burp baby:

- Hold baby against your chest with his or her chin resting on your shoulder. Gently rub or pat the back.
- Place baby on your lap, supporting his or her chest with one hand and using your other hand to gently rub or pat the back.

Is your baby sleepy?

Instead of nodding off, some babies may fuss and cry, especially if they are overly tired. Learn early sleepy signs.

- Rubbing eyes and/or ears.
- Yawning.
- Closing fists.
- Making fast jerky movements.



Does your baby want to be held?

Babies need a lot of cuddling!

- Skin-to-skin contact lowers baby's and parent's stress level.
- Skin-to-skin contact is when baby is wearing just a diaper and placed on mom or dad's bare chest.
- Always make sure you are awake and alert when practicing skin-to-skin.

Are people smoking around your baby?

Never let anyone smoke around your baby.

- Babies exposed to smoke can be more colicky.
- Smoke outside or quit.
- Call (800) QUIT-NOW for help.

What other things can be tried to soothe your baby?

- Sucking can help to calm your baby. Offer your breast, a pacifier or your finger to suck.
- Swaddling:
 - Use a sleep sack with swaddling attachments.
 - Do not swaddle after baby shows signs that they are attempting to roll.
 - Always place a swaddled infant to sleep on his or her back, in a crib, bassinet or pack and play and follow all safe sleep guidelines.
- Play music, sing a lullaby or try white noise.
- Get some fresh air.
- Rock baby in your arms or in a chair – put baby in crib when you feel sleepy.
- Talk softly and sweetly to baby.
- Stroke baby's cheek or gently pat baby's back.
- Give baby a warm bath, but check the temperature and provide close supervision.
- Try holding baby skin-to skin.
- Always keep baby close to you by placing the bassinet or pack and play in your room, near your bed – that way you can soothe quickly when needed.

Is your baby too hot or too cold?

- Baby should be dressed in the same amount of clothes as you.
- Remove extra clothing.
- Signs that your baby might be too warm include the damp hair, sweaty back or chest, red ears or face.

Is your baby teething?

- On average, the first tooth breaks through between 4 and 7 months.
- Provide a cool cloth or cold teether for baby to suck.

Is your baby over stimulated or under stimulated?

- Crying can be a baby's way of saying, "I've had enough."
- Remove baby from loud noises or bright lights.
- Crying can also mean "I'm bored."
- Change your baby's environment.
- Listen to music, dance, or go for a walk.

Are there other things going on with baby?

- Babies can be troubled by something as hard to spot as a hair wrapped tightly around a tiny toe or finger.
- Some babies are extra-sensitive to things like scratchy clothing tags, fabrics or how they are held.

How to cope with your crying baby:

- Share baby care with your partner.
- Have a friend or relative take over for you once in a while so you can take a walk or a refreshing shower.
- **If you become angry or frustrated with your baby, take a deep breath and gently lay him on his back in his crib.**
- Check out additional resources on the Period of Purple Crying website at www.purplecrying.info.
- To learn more about how babies can sleep safely, visit www.michigan.gov/safesleep.



Driveway Safety Tips

Everything you need to know to keep your kids safe around driveways.

Kids love cars, and when they see a parked car, they don't even think about the possibility of getting hurt or seriously injured. That's why parents have to. Many preventable injuries and deaths occur in driveways or parking lots when drivers are unaware that children are near vehicles. Tragically, these drivers are often family members or friends of the injured child. But these injuries are easily prevented by following a few simple tips.

Check Your Car and Driveway for Kids

- We know you're often in a hurry, but before you drive away, take a few seconds to walk all the way around your parked car to check for children.
- When checking for kids around your vehicle, see if anything that could attract a child such as a pet, bike or toy, is under or behind your vehicle before getting in and starting the engine.
- Designate an adult to supervise and find a safe spot for children to wait when nearby vehicles are about to move and make sure the drivers can see them.



Lend a Hand to Younger Kids

- Accompany little kids when they get in and out of a vehicle. Hold their hands while walking near moving vehicles or in driveways and parking lots or on sidewalks.



Each year, more than 9,000 children are treated in emergency rooms for injuries that occurred while they were unattended in or around motor vehicles.

Limit Play in the Driveway

- Work with your kids to pick up toys, bikes, chalk or any type of equipment around the driveway so that these items don't entice kids to play.
- Identify and use safe play areas for children, away from parked or moving vehicles. Teach kids to play in these areas instead of in, around or behind a car. Consider making your driveway a toy-free zone.
- Don't allow children to play unattended in parking lots when cars are present.



Car Seat Basics

Motor vehicle crashes are the leading cause of death for young children, and properly restrained children have a more than 50 percent greater chance of surviving a crash. When driving with children, always use the appropriate car seat or seat belt.

The 4 Steps for Keeping a Child Riding Safely

STEP 1 REAR- FACING



All babies and toddlers should ride in rear-facing car seats until they are 2 years old or until they reach the highest weight or height limit allowed by the car seat.

STEP 2 FORWARD- FACING



All children 2 years or older, or those who have outgrown the weight or height limit of their rear-facing seat, should ride in a forward-facing car seat with a harness for as long as possible up to the highest weight or height allowed by the car seat.

STEP 3 BOOSTER SEATS



All children whose weight or height is above the forward-facing limit for their seat should use a belt-positioning booster seat until the vehicle lap/shoulder belt fits properly, typically when the child reaches 4'9" tall at 8–12 years old.

STEP 4 SEAT BELTS



When children are old enough and large enough to use the vehicle seat belt alone, always use lap and shoulder belts for optimal protection.

ALL CHILDREN YOUNGER THAN 13 YEARS OLD SHOULD BE RESTRAINED IN THE REAR SEAT OF VEHICLES.

Source: American Academy of Pediatrics, Policy Statement, April 2011

To learn more or locate a certified child safety technician, visit NHTSA.gov.

Common car seat mistakes and how to avoid them

**More than 70 percent of car seats are not installed properly.
Most common errors are easy to fix with just a few adjustments.**

THE HARNESS STRAPS ARE NOT TIGHT ENOUGH.

- Harness straps should fit snug to the child's body and should pass the "pinch test," meaning you should not be able to pinch any excess strap material.

THE CAR SEAT ISN'T INSTALLED TIGHT ENOUGH.

- Car seats, whether installed with the seat belt or LATCH system, should not move more than one inch from side to side when tested at the point where the car seat attaches to the vehicle.

MOVING CHILDREN TO THE NEXT STEP TOO SOON.

- Children should stay in their car seats until they outgrow the height or weight limit of the seat before moving to the next step, such as rear-facing to forward-facing.

THE CHEST CLIP IS TOO LOW.

- The chest clip should be secured at the child's armpits to ensure straps remain in the correct position.

PUTTING KIDS IN THE FRONT SEAT TOO EARLY.

- Children should ride in the back seat of the vehicle until they reach 13 years old. The force of an air bag may be too intense for children under the age of 13.

TIPS FOR BUYING CAR SEATS

You should never purchase or borrow a used car seat that:

- Has been involved in a crash
- Has been recalled
- Has no date of manufacture and/or model number
- Has expired (typically after six years)
- Is damaged or missing parts

Car seats should not be purchased at garage sales or second-hand stores since the history of the seat is unknown.

MICHIGAN CHILD PASSENGER SAFETY LAWS

Michigan law requires all children younger than age 4 to ride in a car seat in the rear seat if the vehicle has a rear seat. In addition:

- If all back seats are occupied by children under 4, then a child under 4 may ride in a car seat in the front seat.
- A child in a rear-facing car seat may only ride in the front seat if the air bag is turned off.
- Children must be properly buckled in a car seat or booster seat until they are 8 years old or 4'9" tall.
- All passengers under 16 years old must use a seat belt in any seating position. All front seat occupants must use a seat belt regardless of age.

Children should never ride on a lap, in a portable crib, or in any other device not approved for use in the vehicle.



P.O. Box 30634 • Lansing, MI 48909
(517) 241-2500
Michigan.gov/ohsp

Stop Germs! Stay Healthy! Wash Your Hands

WHEN?

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

Keeping hands clean is one of the most important things we can do to stop the spread of germs and stay healthy.

HOW?

- **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
- **Lather** your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.
- **Scrub** your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
- **Rinse** hands well under clean, running water.
- **Dry** hands using a clean towel or air dry them.



For more details on handwashing, visit CDC's Handwashing Website at www.cdc.gov/handwashing



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Hand Hygiene How-To

Does it matter how I wash my hands?

You have to rub your hands for at least 20 seconds to get rid of the bacteria. Follow these instructions:



How do I clean my hands with alcohol-based hand sanitizer?

Use enough to cover all the surfaces of your hands.



Minnesota Department of Health
Food Safety Center
625 N Robert St, PO Box 64975, St. Paul, MN 55164
651-201-5414, TTY 651-201-5797
www.health.state.mn.us

Images adapted with permission from the
Washington State Department of Health.

AVOIDING FOOD ALLERGEN



LABEL READING ESSENTIALS

Allergen Label Reading Basics

Read (and evaluate) ingredient labels for every food each time it is used. Product formulations may change at any time without notification.

Get more information from manufacturer for unclear ingredient labels.

If any doubt of allergen safety then do not offer the item in question.

Also, read labels on medications, body and skin products (e.g. soaps, lotions, shampoos, etc), and crafts (clay, glues, etc).



For more information visit: AllergyHome.org/readinglabels

Know how to read a food ingredient label to avoid an allergic reaction.

Everyone responsible for meal and snack preparation needs to know how to read ingredient labels.

Understanding Food Allergen Labeling Laws:

What FALCPA* does and does not cover.

FDA requires all packaged food list the eight major food allergens in plain (clear and understandable) language.

Major 8 Allergens: Milk, Egg, Fish, Crustacean Shellfish, Peanuts, Tree Nuts, Wheat, and Soy

These allergens account for over 90 percent of all food allergies in the U.S.

These allergens must be stated if found in flavorings, colorings or other additives.

Current labeling laws only apply to foods regulated by the FDA. It does not apply to most fresh meats/poultry and certain egg products.

Food allergens labeling laws only apply to the major eight and does not apply to:

Most fresh meats/poultry

Certain egg products

Sesame and other seeds

Molluscan shellfish (oysters, clams, mussels and scallops)

Gluten containing grains other than wheat (barley, rye and oats).

Advisory Labels and Cautionary Statements

- Advisory statements are written in numerous formats and under no federal or state regulation
- "May contain", "Produced in a facility that", "Manufactured on shared equipment with," etc.
- Avoid products with advisory labeling for the allergen in question

*Food Allergy Labeling Consumer Protection Act
<http://www.fda.gov>

Created by Michael Pistiner, MD, MSSC &
Grennan Sims, RD, LD
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Looking at Ingredient Labels

Labels can list the 8 major food allergens in one of two ways:

1) Following Name of the Ingredient

Ingredients:

Sugar, Peanuts (Roasted), Corn Syrup, Palm Kernel and Coconut Oil (Partially Hydrogenated), Nonfat Milk, High Fructose Corn Syrup, Cocoa, Less Than 1%: Glycerin, Dextrose, Whey (From Milk), Salt, Artificial & Natural Flavors, Soy Lecithin, Soybean Oil, Carrageenan, TBHQ and Citric Acid, TBHQ and Citric Acid (to Preserve Freshness), Lactic Acid Esters

OR

2) Next to a Contains Statement

INGREDIENTS: ENRICHED FLOUR (WHEAT FLOUR, NIACIN, REDUCED IRON, THIAMIN MONONITRATE [VITAMIN B1], RIBOFLAVIN [VITAMIN B2], FOLIC ACID), SUGAR, VEGETABLE OIL (PARTIALLY HYDROGENATED PALM KERNEL AND/OR COTTONSEED OIL, SOYBEAN AND PALM OIL), COCOA, CARAMEL COLOR, CONTAINS TWO PERCENT OR LESS OF COCOA PROCESSED WITH ALKALI, INVERT SUGAR, WHEY, LEAVENING (BAKING SODA, MONOCALCIUM PHOSPHATE), CORNSTARCH, SALT, SOY LECITHIN, NATURAL AND ARTIFICIAL FLAVOR, OIL OF PEPPERMINT.

CONTAINS WHEAT, MILK AND SOY INGREDIENTS.

"Contains Statements only apply to the major 8 allergens and are optional. Just because a product does not include a "contains" statement, that does not mean the allergen in question is not in the product.

Celiac Disease and Gluten Sensitivity

You may be caring for a child with celiac disease or non-celiac gluten sensitivity. Celiac disease is a genetic autoimmune disease. Non-celiac gluten sensitivity is a condition that occurs in individuals who are unable to tolerate gluten and experience symptoms similar to those associated with celiac disease. Gluten is a protein found wheat, rye, and barley and their derivatives. Even though oats are inherently gluten-free, they are likely to be contaminated unless they are certified gluten-free. A small percentage of people with celiac disease do react to pure, uncontaminated oats. Accidental gluten exposure can cause severe gastrointestinal symptoms, neurologic symptoms, muscular pain and potentially long term health concerns.

Hidden Ingredients

Hidden ingredients are not an obvious part of a food. A person eating the food may have no idea that it contains an allergen.

Label reading is key to avoiding accidental ingestion of hidden ingredients!

If you can't read it, then don't eat (or serve) it!

Common Sources of Hidden Ingredients



Milk: Breads, caramel, hot dogs and deli meat, non-dairy creamers, cheese alternatives, canned tuna, guacamole, chocolate, butter substitutes, sauces...



Eggs: Mayonnaise, meringue, egg substitutes, cake mixes, frosting, pasta, salad dressing, meatballs, sauces, ice cream, glaze on soft pretzels...



Peanuts/Tree Nuts: Artificial and mixed nuts, desserts, ethnic cuisine, ice cream, barbeque and other sauces, marzipan, nougat, pesto, energy bars, granola, cereal, chocolate candies...



Fish/Shellfish: Worcestershire sauce, Caesar salad dressing, imitation crab products, Asian cuisine...



Wheat: All grain based products, processed foods, food starch, soy and other sauces...



Soy: Processed foods, breads, soups, sauces, canned meats, peanut butter, cereals, crackers...



FAMILIES AND CAREGIVERS
LABEL READING ESSENTIALS

Special Thanks to Our Reviewer: Beth Foland, MS RD, Team Nutrition Specialist, Indiana Department of Education, Office of School and Community Nutrition.

BE FOOD ALLERGY AWARE SIX THAT SAVE LIVES

1

THE SYMPTOMS

Signs of a severe food allergy reaction (called anaphylaxis) are 2 or more of:

- Breathing difficulty, wheezing or coughing
- Vomiting, diarrhea or cramps
- Hives or widespread skin redness
- Swelling of tongue, lips or throat
- Feeling very faint / drop in blood pressure (If only this 1 symptom or with just severe wheezing, it is still anaphylaxis.)



2

IN ANAPHYLAXIS:
Use the auto-injector right away.
Call 911 and report an emergency.

Epinephrine is considered a safe drug. Antihistamines are for mild symptoms only, and will not halt anaphylaxis. Err on the side of using the auto-injector.



3

TIME IS OF THE ESSENCE

In studies of those who have died of anaphylaxis, they did not receive epinephrine, or they got it too late. Prompt use of the shot is vital.

4

GO TO THE HOSPITAL

A person who's had an epinephrine shot must be taken to hospital to ensure the reaction is under control. IF symptoms have not improved in 10 to 15 minutes, a second auto-injection should be given.

5

RECLINING IS BEST

In the ambulance, the person having the reaction should be lying down, with the legs raised (this improves blood flow).

6

DON'T GO IT ALONE

No person should be expected to be fully responsible for self-administering epinephrine. Assistance during anaphylaxis is crucial.

Allergic
Living

From Allergicliving.com. Based on information from the National Institute of Allergy and Infectious Diseases and FARE.

WHAT TO KNOW ABOUT STORING MEDICINE

JUST ONE MINUTE

In ER visits for medicine poisonings, parents often say that they only turned their back for a minute.



CURIOUS CLIMBERS

Research indicates in about half of over-the-counter poisoning cases, the child climbed on a chair, toy or other object to reach medicine.



CHILD-RESISTANT ≠ CHILDPROOF

Research suggests about half of accidental poisonings involved child-resistant packaging.



EVERY 9 MINUTES,

a young child (under age 6) goes to the ER because he/she got into medicine, and



EVERY HOUR,

a young child is hospitalized, and



EVERY 12 DAYS

a young child dies.



THE RISK IS REAL: HOW FAMILIES CAN HELP PROTECT KIDS

- Put all medicine up and away, out of children's reach and sight. Remember to keep visitors' purses, bags and coats out of reach, as they may contain medicine.
- Remember child-resistant packaging is not childproof. So put medicine away immediately after every use, even if you need to give another dose in a few hours.
- Save the Poison Help number – 1-800-222-1222 – in your phone and post it visibly at home so other caregivers can find it in an emergency.

SAFE
KIDS
WORLDWIDE™

Support provided by Johnson & Johnson Consumer Inc.

[illegible]

HAVE A HAND IN PROTECTING CHILDREN

Contact the Children's Protective Services Program Office for questions at 517-335-3704.

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The Michigan Child Protection Law

The Michigan Child Protection Law, 1975 PA 238, MCL 722.621 et. seq., requires the reporting of child abuse and neglect by certain persons (called mandated reporters) and permits the reporting of child abuse and neglect by all persons. The Child Protection Law includes the legal requirements for reporting, investigating, and responding to child abuse and neglect. This document is to assist mandated reporters in understanding their responsibilities under the Child Protection Law. For copies of the Child Protection Law, contact the local Michigan Department of Health and Human Services (MDHHS) office or go to www.michigan.gov/mdhhs

List of Mandated Reporters

Mandated reporters are an essential part of the child protection system because they have an enhanced capacity, through their expertise and direct contact with children, to identify suspected child abuse and neglect. Reports made by mandated reporters are confirmed at nearly double the rate of those made by non-mandated reporters.

The list of mandated reporters is as follows:

- Physician
- Physician's Assistant
- Nurse
- Dentist
- Registered dental hygienist
- Law enforcement officer
- Medical examiner
- Audiologist
- Psychologist
- Member of the clergy
- School administrator
- School counselor or teacher
- Regulated child care provider
- Social worker
- Licensed professional counselor
- Marriage and family therapist
- Regulated child care provider
- Licensed master's social worker
- Licensed bachelor's social worker
- Registered social service technician
- Social service technician
- Any person licensed to provide emergency medical care
- A person employed in a professional capacity in any office of the friend of the court
- Any employee of an organization or entity that, as a result of federal funding statutes, regulations, or contracts would be prohibited from reporting in the absence of a state mandate or court order (e.g., domestic violence providers).

Note: For individuals working or volunteering in a capacity similar to those listed professions (but not included in this list), please follow agency procedures or internal policies to ensure that your concerns regarding suspected abuse and/or neglect are reported.

The list also includes specific MDHHS personnel:

- Welfare Services Specialist
- Eligibility Specialist
- Social Services Specialist
- Social Work Specialist
- Family Independence Specialist
- Family Independence Manager
- Social Work Specialist Manager

Responsibility of Mandated Reporters

Mandated reporters are always required to report suspected child abuse and neglect to MDHHS. Specific MDHHS personnel are required to report to MDHHS Centralized Intake when child abuse and neglect is suspected during the course of employment with MDHHS.

The report must be made directly to MDHHS Centralized Intake. There are civil and criminal penalties for a mandated reporter's failure to make a report. Likewise, there is a civil and criminal immunity for someone making a report in good faith.

The Child Protection Law requires mandated reporters who have reasonable cause to suspect child abuse or neglect to make an **immediate oral report** to MDHHS – Centralized Intake (855-444-3911), followed by a **written report within 72 hours** (see page 3). The reporter is not expected to investigate the matter, know the legal definitions of child abuse and neglect, or even know the name of the perpetrator. The Child Protection Law is intended to make reporting simple and places responsibility for determining appropriate action with the Children's Protective Services (CPS) division of MDHHS. The authority and actions of CPS are based on requirements in the Child Protection Law.

Mandated reporters who are staff of a hospital, agency, or school shall notify the person in charge of that agency. They shall include their findings and make the written report available to the person in charge. This notification to the person in charge does not relieve mandated reporters of the obligation to report child abuse or neglect to MDHHS – Centralized Intake. Mandated reporters should also confirm with their individual agencies regarding any internal procedures their agency may have in addition to the state requirement for reporting. In addition to those persons required to report child abuse or neglect under section 3, a person, including a child, who has reasonable cause to suspect child abuse or neglect may report the matter to the department or a law enforcement agency.

Child's Disclosure: The Role of Mandated Reporters

Mandated reporters often have an established relationship with child clients, patients, students, etc., which may give them the advantage of being able to have a conversation with a child using terms the child will understand. When child abuse and/or neglect is suspected, mandated reporters need to only obtain enough information to make a report.

If a child starts disclosing information regarding child abuse and/or neglect, mandated reporters should proceed by moving the child into a private environment. This may limit distraction of the child and provide privacy for a potentially sensitive conversation.

During disclosure, mandated reporters should maintain eye contact and avoid displaying any signs of shock or disapproval. Mandated reporters should only ask open-ended questions (mainly "how" and "what" types of questions) that allow the child to freely discuss the incident without being led during the conversation. For example, *"How did you get that bruise?"* Again, these discussions should only proceed to the point needed to determine whether a report needs to be made to MDHHS.

Children may want to tell what has happened but may also want to maintain loyalty to their parent(s). If a report is going to be made, maintain the trust with the child by explaining the reporting process, if appropriate.

The Verbal Report

The information in a CPS report needs to be provided by the individual who actually has observed the injuries or had contact with the child regarding the report. It is helpful, but not necessary, for the MDHHS intake worker to have the information listed below. Contact MDHHS – Centralized Intake for Abuse and Neglect at 855-444-3911 to make the verbal report.

Intake personnel will want the following information, if available:

- Primary caretaker's (parent and/or guardian) name and address.
- Names and identifying information for all household members, including the alleged victim and perpetrator, if known.
- Birth date and race of all members of the household, if known.
- Whether the alleged perpetrator lives with and/or has current access to the child.
- The address where the alleged incident happened, if different than the home address.
- Statements of the child's disclosure and context of the disclosure. For example, was the child asked about the injury or did the child volunteer the information?
- History of the child's behavior.
- Why child abuse and/or neglect is suspected.

See Appendix for specific questions that may be asked during the intake process.

The Written Report

Within 72 hours of making the verbal report, mandated reporters must file a written report as required in the Child Protection Law. MDHHS encourages the use of the Report of Suspected or Actual Child Abuse or Neglect (DHS-3200) form, which includes all the information required under the law. Mandated reporters must also provide a copy of the written report to the head of their organization. One report from an organization will be considered adequate to meet the law's reporting requirement.

Mandated reporters cannot be dismissed or otherwise penalized for making a report required by the Child Protection Law or for cooperating with an investigation. Even though the written process may seem redundant, the written report is used to document verbal reports from mandated reporters. Any necessary or beneficial documentation may be included with your written report and will be electronically attached to your referral upon receipt. This could include, but is not limited to, medical reports, police reports, written letters, or photographs.

See pages 14 and 15 for a copy of the DHS-3200 or access the form online, under the *Resources* section, at www.michigan.gov/mandatedreporter.

Forward the written report to:

Michigan Department of Health and Human Services
Centralized Intake for Abuse and Neglect
5321 28th Street Court S.E.
Grand Rapids, MI 49546

or email to:

MDHHS-CPS-CIGroup@michigan.gov

Fax: 616-977-1154 | 616-977-1158 | 616-977-8050 | 616-977-8900

Reporting Process for Mandated Reporters

VERBAL REPORT

Contact CPS immediately.



Call Centralized Intake for Abuse and Neglect at
855-444-3911

WRITTEN REPORT

Submit a written report within 72 hours.



Forward your written report to:
Department of Health & Human Services Centralized
Intake for Abuse and Neglect
5321 28th Street Court S.E.
Grand Rapids, MI 49546
or email to:
MDHHS-CPS-CIGroup@michigan.gov
Fax: 616-977-1154 | 616-977-1158 | 616-977-8050 |
616-977-8900

NOTIFICATION

Notify the head of the organization of the report.



If the reporting person is a member of the staff of a hospital, agency, or school, the reporting person shall notify the person in charge of the hospital, agency, or school of his or her finding and that the report has been made, and shall make a copy of the written or electronic report available to the person in charge. A notification to the person in charge of a hospital, agency, or school does not relieve the member of the staff of the hospital, agency, or school of the obligation of reporting to the department as required by 722.623 Sec. 3. (1) (a)

Definitions of Child Abuse/Neglect

Physical Abuse

Physical abuse is a non-accidental injury to a child. Physical abuse may include, but is not limited to, burning, beating, kicking and punching. There may be physical evidence of bruises, burns, broken bones or other unexplained injuries. Internal injuries may not be readily apparent.

Sexual Abuse

Sexual abuse can encompass several different types of inappropriate sexual behavior including, but not limited to:

- Sexual contact which includes but is not limited to the intentional touching of the victim's or alleged perpetrator's intimate parts or the intentional touching of the clothing covering the immediate area of the victim's or alleged perpetrator's intimate parts, if that touching can be reasonably construed as being for the purposes of sexual arousal, gratification, or any other improper purpose.
- Sexual penetration which includes sexual intercourse, cunnilingus, fellatio, anal intercourse, or any other intrusion, however slight, of any part of a person's body or of any object into the genital or anal openings of another person's body.
- Accosting, soliciting, or enticing a child to commit, or attempt to commit, an act of sexual contact or penetration, including prostitution.

Child Maltreatment

Child maltreatment is defined as the treatment of a child that involves cruelty or suffering that a reasonable person would recognize as excessive. Possible examples of maltreatment are:

- A parent who utilizes locking the child in a closet as a means of punishment.
- A parent who forces his or her child to eat dog food out of a dog bowl during dinner as a method of punishment and/or humiliation.
- A parent who responds to his or her child's bed-wetting by subjecting the child to public humiliation by hanging a sign outside the house or making the child wear a sign to school which lets others know that the child wets the bed.

Mental Injury

A pattern of physical or verbal acts or omissions on the part of the parent and/or person responsible for the health and welfare of the child that results in psychological or emotional injury/impairment to a child or places a child at significant risk of being psychologically or emotionally injured/impaired (e.g., depression, anxiety, lack of attachment, psychosis, fear of abandonment or safety, fear that life or safety is threatened, etc.).

Neglect

Child neglect encompasses several areas:

- *Physical Neglect.* Negligent treatment, including but not limited to failure to provide or attempt to provide the child with food, clothing, or shelter necessary to sustain the life or health of the child, excluding those situations solely attributable to poverty.
- *Failure to Protect.* Knowingly allowing another person to abuse and/or neglect the child without taking appropriate measures to stop the abuse and/or neglect or to prevent it from recurring when the person is able to do so and has, or should have had, knowledge of the abuse and/or neglect.
- *Improper Supervision.* Placing the child in, or failing to remove the child from, a situation that a reasonable person would realize requires judgment or actions beyond the child's level of maturity, physical condition, or mental abilities and results in harm or threatened harm to the child.

Definitions of Child Abuse/Neglect (cont.)

- **Abandonment.** The person responsible for the child's health and welfare leaves a child with an agency, person or other entity (e.g., MDHHS, hospital, mental health facility, etc.) without:
 - Obtaining an agreement with that person/entity to assume responsibility for the child.
 - Cooperating with the department to provide for the care and custody of the child.
 - Medical Neglect - Failure to seek, obtain, or follow through with medical care for the child, with the failure resulting in or presenting risk of death, disfigurement or bodily harm or with the failure resulting in an observable and material impairment to the growth, development or functioning of the child.

Threatened Harm

A child found in a situation where harm is **likely** to occur based on:

- A current circumstance (such as home alone, domestic violence, drug house).
- A historical circumstance (such as a history of abuse/neglect, a prior termination of parental rights or a conviction for crimes against children) unless there is evidence found during the investigation that past issues have been **successfully** resolved.

Person Responsible

A person responsible for a child's health or welfare is any of the following:

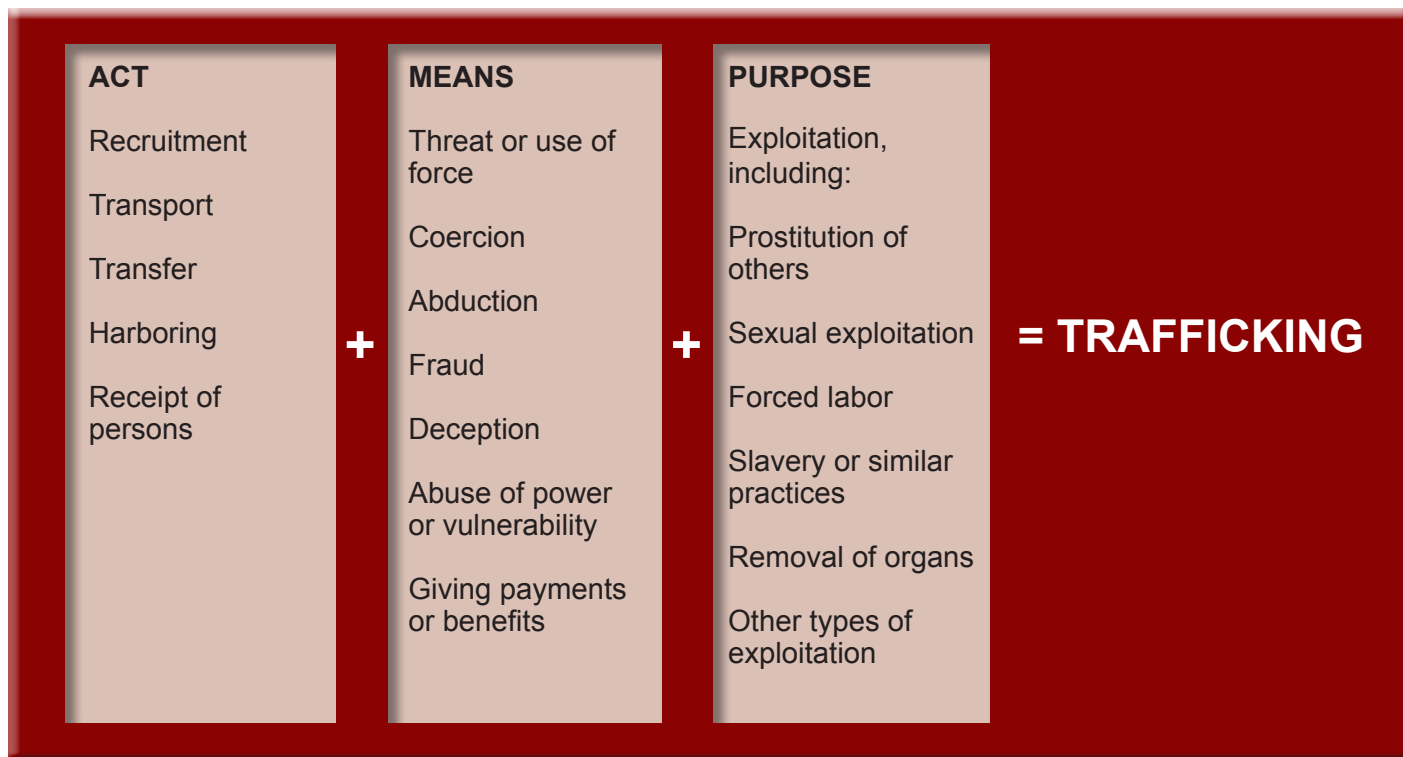
- A parent, legal guardian, or person 18 years of age or older who resides for any length of time in the same house in which the child resides.
- A nonparent adult. A nonparent adult is a person 18 years of age or older and who, regardless of the person's domicile, meets **all** of the following criteria in relation to the child:
 - Has substantial and regular contact with the child;
 - Has a close personal relationship with the child's parent or with another person responsible for the child's health or welfare; and
 - Is not the child's parent or a person otherwise related to the child by blood or affinity to the third degree (parent, grandparent, great-grandparent, brother, sister, aunt, uncle, great aunt, great uncle, niece, nephew).
- A nonparent adult who resides in any home where a child is receiving respite care. **Note:** This includes nonparent adults residing with a child when the complaint involves sexual exploitation (human trafficking).
- An owner, operator, volunteer, or employee of one or more of the following:
 - A licensed or registered child care organization.
 - A licensed or unlicensed adult foster care family home or adult foster care small group home.
 - Child care organization or institutional setting.

Human Trafficking (Sex trafficking victim)

A sex trafficking victim is defined as an individual subject to the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purposes of a commercial sex act or who is a victim of a severe form of trafficking in persons in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induces to perform the act is under 18 years old.

Labor Trafficking Victim

Labor trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.



See Appendix for specific questions that may be asked when reporting each type of abuse and neglect.

Indicators of Child Abuse/Neglect

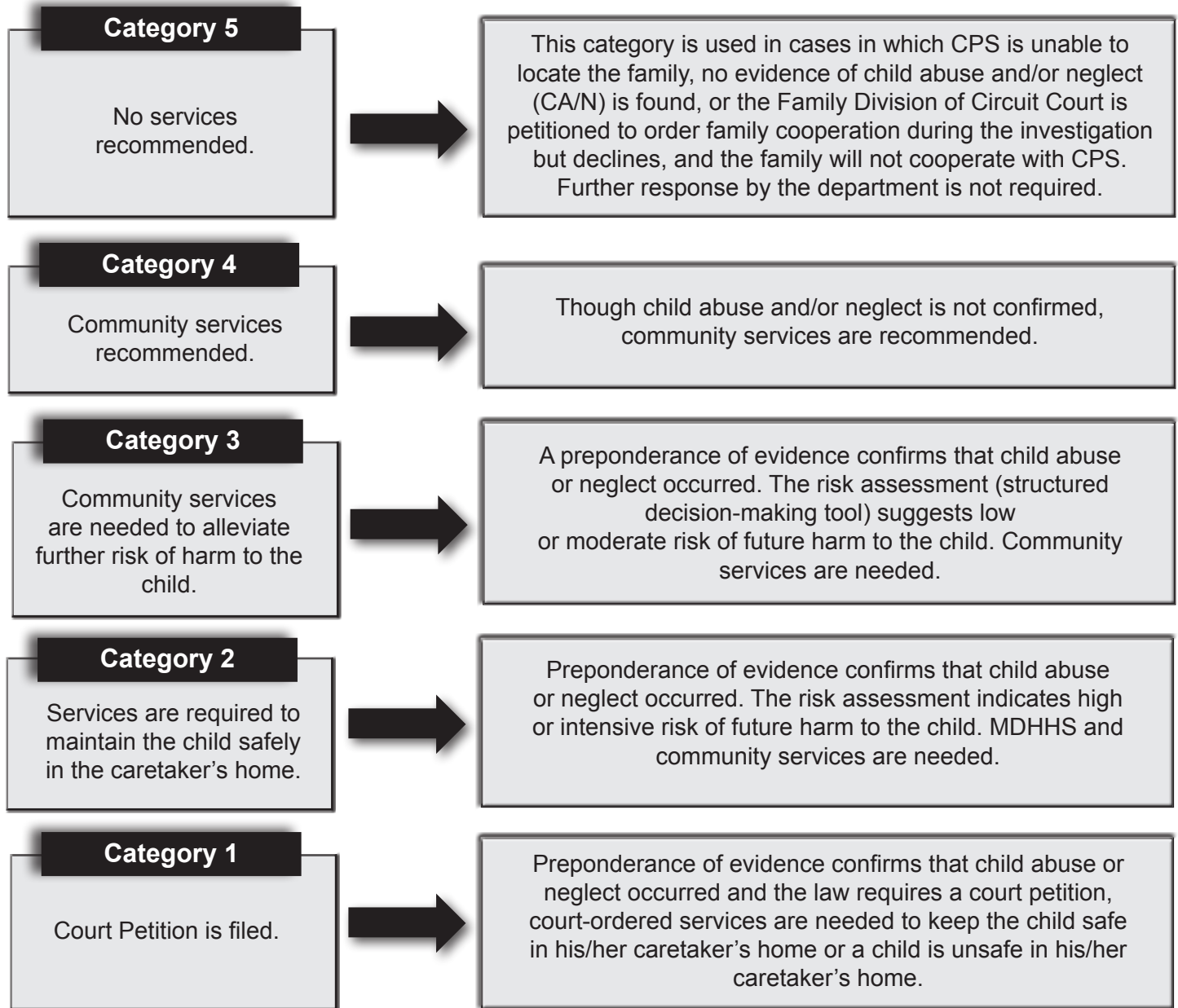
Determining when to report situations of suspected child abuse/neglect can be difficult. When in doubt, contact MDHHS for consultation. Below are some common physical and behavioral warning signs associated with various forms of child abuse and neglect. **Note that the physical and behavioral indicators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

| Category | Physical Indicators | Behavioral Indicators |
|------------------|--|--|
| Physical Abuse | <ul style="list-style-type: none"> • Bruises more numerous than expected from explanation of incident. • Unexplained bruises, welts or loop marks in various stages of healing. • Adult/human bite marks. • Bald spots or missing clumps of hair. • Unexplained fractures, skin lacerations, punctures, or abrasions. • Swollen lips and/or chipped teeth. • Linear/parallel marks on cheeks and/or temple area. • Crescent-shaped bruising caused by pinching. • Puncture wounds that resemble distinctive objects. • Bruising behind the ears. | <ul style="list-style-type: none"> • Self-destructive/self-mutilation. • Withdrawn and/or aggressive-behavior extremes. • Uncomfortable/skittish with physical contact. • Repeatedly arrives at school late. • Expresses fear of being at home. • Chronic runaway (adolescents). • Complaints of soreness or moves uncomfortably. • Wears clothing inappropriate to weather to cover body. • Lacks impulse control (e.g., inappropriate outbursts). • Is frequently absent from school • Abuses animals or pets |
| Physical Neglect | <ul style="list-style-type: none"> • Distended stomach, emaciated. • Unattended medical needs. • Lack of supervision. • Consistent signs of hunger, inappropriate dress, poor hygiene. • Sudden or unexplained weight change. | <ul style="list-style-type: none"> • Regularly displays fatigue or listlessness; falls asleep in class. • Steals, hoards or begs for food. • Reports that no caretaker is at home. • Is frequently absent from school • Abuses animals or pets |
| Sexual Abuse | <ul style="list-style-type: none"> • Pain or itching in genital area. • Bruises or bleeding in genital area. • Frequent urinary or yeast infections. • Sudden or unexplained weight change. • Becomes pregnant or contracts a venereal disease, particularly if the child is under the age of 14. | <ul style="list-style-type: none"> • Withdrawal, chronic depression. • Sexual behaviors or references that are unusual for the child's age. • Seductive or promiscuous behavior. • Poor self-esteem, self-devaluation, lack of confidence. • Suicide attempts. • Habit disorders (sucking, rocking). • Experiences a sudden change in appetite. • Runs away. • Attaches very quickly to strangers or new adults in their environment. |

Indicators of Child Abuse/Neglect (continued)

| Category | Physical Indicators | Behavioral Indicators |
|-------------------|--|--|
| Medical Neglect | <ul style="list-style-type: none"> • Developmental delays. • Failure to Thrive. • Untreated serious physical injury. | <ul style="list-style-type: none"> • Social withdrawal or a loss of interest or enthusiasm in daily activities. • Somatic complaints. • Frequent absence from school. • Frequently missed medical appointments. |
| Maltreatment | <ul style="list-style-type: none"> • Habit disorders (sucking, biting, rocking, etc.). • Conduct disorders (antisocial, destructive, etc.). • Neurotic traits (sleep disorders, speech disorders, inhibition of play). • Has scars or marks from self-harm. • Shows extreme behaviors (overly compliant or demanding, extreme passivity and/or aggression). • Is delayed in physical and emotional development. • Reports lack of attachment to the parent. | <ul style="list-style-type: none"> • Behavior extremes such as compliant/passive or aggressive/demanding. • Overly adaptive behavior such as inappropriately adult or infant. • Developmental delays (Physical, mental, and emotional). • Depression and or/suicide attempts. • Over sensitive to light, noise. • Has attempted suicide. • Acts inappropriately as an adult by parenting other children. • Acts inappropriately infantile by frequently rocking or head banging. |
| Human Trafficking | <ul style="list-style-type: none"> • Minors have contracted sexually transmitted diseases. • Minors have symptoms of post-traumatic stress including anxiety, depression, addictions, panic attacks, phobias, paranoia or hyper vigilance, or apathy. • Avoids eye contact. • Lacks health care. • Appears malnourished and/or always hungry. • Shows signs of physical and/or sexual abuse, physical restraint, confinement or torture. | <ul style="list-style-type: none"> • Minor may not identify themselves as a victim. • Victims and perpetrators are often skilled at concealing their situations. • Minors live with other unrelated youth and with unrelated adults. • Minors have significant and unexplained gaps in school attendance. • Minors are not in control of their own identification documents. • Minors do not live with their parent(s) or know the whereabouts of their parent(s). |

Outcomes of CPS Investigations



When CPS conducts a field investigation and there is not a preponderance of evidence to confirm child abuse or neglect, the case may be opened and monitored by CPS. When a case is denied, the worker is required to provide the family with a list of available community services to assist the family. Community services, including, but not limited to, substance abuse treatment, emotional/mental health treatment, domestic violence services or other identified services, are provided by CPS on a voluntary basis and the family is encouraged to seek out and utilize those services. The worker may also address underlying concerns which may not rise to the level of child abuse or neglect.

When CPS conducts a field investigation and there is a preponderance of evidence to confirm child abuse or neglect, the case is opened and monitored by CPS. The family are referred for services to address the concerns identified by the worker and family. The worker utilizes a structured decision making tool to 1) assess risk of future abuse/neglect in the home and 2) to assist with determining the services provided to the family. In these cases, the ongoing CPS worker conducts monthly face to face visits with the children to ensure safety and assess progress being made with the provision of services. The case is reviewed every 90 days to assess child safety and determine if risk of harm has been reduced.

Miscellaneous Issues

Head Lice Issues

An allegation of neglect based solely on a child having head lice is not appropriate for a CPS investigation. This condition could arise in any number of ways and is not, in and of itself, an indicator of neglect.

Therapy Issues

There are times when a child's behavior is a concern and may need further evaluation by a medical professional. If mandated reporters determine psychological help may be needed for a child, they should provide that information to the parent. It is up to the parent and/or guardian to make an appropriate decision for their child.

Medical Issues

- Immunizations - CPS is not authorized to investigate complaints that allege parents are failing or refusing to obtain immunizations for their children. The Michigan Public Health Code provides for exceptions to the immunization requirements.
- Medication - CPS is not responsible for investigating complaints that allege parents are failing or refusing to provide their children with psychotropic medication such as Ritalin.

School Truants and Runaways

Routine complaints on school truants and runaways are not appropriate for CPS. Truancy and running away are not in themselves synonymous with child abuse or neglect.

Multiple Allegations of Chronic Abuse and/or Neglect Suspected

If a mandated reporter reports a suspicion of child abuse/neglect and then a new allegation occurs, the mandated reporter must make another verbal and written report of suspected abuse and/or neglect to MDHHS. It is important to treat each suspected incident of abuse and/or neglect independently as it occurs. Each allegation of suspected child abuse and/or neglect could uncover patterns the CPS investigator would analyze during the intake and investigation process.

Making the Report

- **Centralized Intake is not an emergency responder.** If the situation you are reporting requires immediate attention by law enforcement or medical responders, please call 911 first and then contact Centralized Intake to make your report. Although emergency responders are Mandated Reporters as well, you would still need to contact Centralized Intake to make your report to fulfill your reporting obligations.

Example: Parents driving while intoxicated with the child in the car, a child in the middle of road, a child hanging out of a second story window, a domestic violence situation that is occurring at the time that the call is being made, a young child found unsupervised, etc.

- **Call Immediately.** The Child Protection Law states that the verbal report should be made immediately once a Mandated Reporter has reasonable cause to suspect child abuse and/or neglect.

Examples: Do not wait until the morning to call Centralized Intake when the allegations are that the caretaker left the children alone in the middle of the night. The caretaker will usually be back home and it will be difficult to prove. Call when the children are still alone.

Do not wait a week to report and say that there was no food in the home last week. There may be food in the home now and it will be difficult to prove. Call as soon as you can.

Do not wait a week to call in concerns when a child has an injury. The injury may heal prior to CPS contact if the report is called in several days after being seen.

It is understood that some professions and situations prevent the Mandated Reporter from stopping what they are doing to make the call to Centralized Intake immediately; however it is important to know that the report should be made as soon as possible once the Mandated Reporter suspects abuse/neglect towards a child.

Example: Teachers may not be able to walk out of a classroom, leaving students unattended; however once the class has ended, or the teacher is on a break (lunch, the class is at gym, recess, at the end of the school day, etc.) or once the teacher is able to secure another teacher to relieve them, they would then need to make the call to Centralized Intake.

- **24/7 Availability.** Centralized Intake is available 24 hours a day, 7 days a week.
- **Be Prepared.** It is important to have as many details as possible (about the situation, concerns and the family) when making the report; however Centralized Intake will still take the report if not all the information is known.
- **Know Your Environment.** Be mindful of your surroundings when calling in the report. Do not make the call to Centralized Intake with the child present. Be sure to have gathered all the necessary information from the child prior to calling Centralized Intake.

REPORT OF ACTUAL OR SUSPECTED CHILD ABUSE OR NEGLECT

Michigan Department of Health and Human Services

Was complaint placed in MDHHS?

☐ Yes ☐ No ▶ If yes, Log # _____ ▶ If no, contact Centralized Intake (855-444-3911) immediately

INSTRUCTIONS: REPORTING PERSON: Complete items 1-19 (20-28 should be completed by medical personnel, if applicable). Send to Centralized Intake at the address list on page 2. 1. Date

2. List of child(ren) suspected of being abused or neglected (Attach additional sheets if necessary)

| NAME | BIRTH DATE | SOCIAL SECURITY # | SEX | RACE |
|------|------------|-------------------|-----|------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

3. Mother's name

4. Father's name

5. Child(ren)'s address (No. & Street)

6. City

7. County

8. Phone No.

9. Name of alleged perpetrator of abuse or neglect

10. Relationship to child(ren)

11. Person(s) the child(ren) living with when abuse/neglect occurred

12. Address, City & Zip Code where abuse/neglect occurred

13. Describe injury or conditions and reason for suspicion of abuse or neglect

14. Source of Complaint (Add reporter code below)

| | | |
|---|-----------------------------------|---|
| 01 Private Physician/Physician's Assistant | 11 School Nurse | 42 MDHHS Facility Social Worker |
| 02 Hospital/ Clinic Physician/Physician's Assistant | 12 Teacher | 43 DMH Facility Social Worker |
| 03 Coroner/Medical Examiner | 13 School Administrator | 44 Other Public Social Worker |
| 04 Dentist/Registered Dental Hygienist | 14 School Counselor | 45 Private Agency Social Worker |
| 05 Audiologist | 21 Law Enforcement | 46 Court Social Worker |
| 06 Nurse (Not School) | 22 Domestic Violence Providers | 47 Other Social Worker |
| 07 Paramedic/EMT | 23 Friend of the Court | 48 FISHES Worker/Supervisor |
| 08 Psychologist | 25 Clergy | 49 Social Services Specialist/Manager (CPS, FC, etc.) |
| 09 Marriage/Family Therapist | 31 Child Care Provider | 56 Court Personnel |
| 10 Licensed Counselor | 41 Hospital/ Clinic Social Worker | |

15. Reporting person's name Report Code (see above) 15a. Name of reporting organization (school, hospital, etc.)

15a. Address (No. & Street)

15c. City

15d. State

15e. Zip Code

15f. Phone No.

16. Reporting person's name Report Code (see above) 16a. Name of reporting organization (school, hospital, etc.)

16a. Address (No. & Street)

16c. City

16d. State

16e. Zip Code

16f. Phone No.

17. Reporting person's name Report Code (see above) 17a. Name of reporting organization (school, hospital, etc.)

17a. Address (No. & Street)

17c. City

17d. State

17e. Zip Code

17f. Phone No.

18. Reporting person's name Report Code (see above) 18a. Name of reporting organization (school, hospital, etc.)

18a. Address (No. & Street)

18c. City

18d. State

18e. Zip Code

18f. Phone No.

19. Reporting person's name Report Code (see above) 19a. Name of reporting organization (school, hospital, etc.)

19a. Address (No. & Street)

19c. City

19d. State

19e. Zip Code

19f. Phone No.

TO BE COMPLETED BY MEDICAL PERSONNEL WHEN PHYSICAL EXAMINATION HAS BEEN DONE

| | | |
|--|---|--|
| 20. Summary report and conclusions of physical examination (Attach Medical Documentation) | | |
| | | |
| 21. Laboratory report | 22. X-Ray | |
| 23. Other (specify) | 24. History or physical signs of previous abuse/neglect <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 25. Prior hospitalization or medical examination for this child | | |
| DATES | PLACES | |
| | | |
| | | |
| 26. Physician's Signature | 27. Date | 28. Hospital (if applicable) |
| The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability. | | AUTHORITY: P.A. 238 of 1975. COMPLETION: Mandatory. PENALTY: None. |

INSTRUCTIONS

GENERAL INFORMATION:

This form is to be completed as the written follow-up to the oral report (as required in Sec. 3 (1) of 1975 PA 238, as amended) and mailed to Centralized Intake for Abuse & Neglect. Indicate if this report was phoned into MDHHS as a report of suspected CA/NL. If so, indicate the Log # (if known). The reporting person is to fill out as completely as possible items 1-19. Only medical personnel should complete items 20-28.

Mail this form to:

Centralized Intake for Abuse & Neglect
5321 28th Street Court S.E.
Grand Rapids, MI 49548

OR

Fax this form to 616-677-8000 or 616-677-8050 or 616-677-1158 or 616-677-1154

OR

email this form to MDHHS-CPS-CIGroup@michigan.gov

1. Date – Enter the date the form is being completed.
2. List child(ren) suspected of being abused or neglected – Enter available information for the child(ren) believed to be abused or neglected. Indicate if child has a disability that may need accommodation.
3. Mother's name – Enter mother's name (or mother substitute) and other available information. Indicate if mother has a disability that may need accommodation.
4. Father's name – Enter father's name (or father substitute) and other available information. Indicate if father has a disability that may need accommodation.
- 5.-7. Child(ren)'s address – Enter the address of the child(ren).
8. Phone – Enter phone number of the household where child(ren) resides.
9. Name of alleged perpetrator of abuse or neglect – Indicate person(s) suspected or presumed to be responsible for the alleged abuse or neglect.
10. Relationship to child(ren) – Indicate the relationship to the child(ren) of the alleged perpetrator of neglect or abuse, e.g., parent, grandparent, babysitter.
11. Person(s) child(ren) living with when abuse/neglect occurred – Enter name(s). Indicate if individual(s) have a disability that may need accommodation.
12. Address where abuse / neglect occurred.
13. Describe injury or conditions and reason of suspicion of abuse or neglect – Indicate the basis for making a report and the information available about the abuse or neglect.
14. Source of complaint – Check appropriate box noting professional group or appropriate category.

Note: If abuse or neglect is suspected in a hospital, also check hospital.

MDHHS Facility – Refers to any group home, shelter home, halfway house or institution operated by the Department of Health and Human Services. Refers to any institution or facility operated by the Department of Health and Human Services.

15.-19 – Reporting person's name – Enter the name and address of person(s) reporting this matter.

Michigan's Safe Delivery Law

Under Michigan's Safe Delivery of Newborns law, Michigan law (MCL 701.1 et. seq., 750.135, and 722.628) a parent(s) can anonymously surrender an unharmed newborn, from birth to 72 hours of age, to an Emergency Service Provider (ESP). An ESP is a uniformed or otherwise identified, inside-the-premises, on-duty employee or contractor of a fire department, hospital or police station, or a paramedic or an emergency medical technician responding to a 911 call.

According to the law, the parent has the choice to leave the infant without giving any identifying information to the ESP. While a parent may remain anonymous, the parent is encouraged to provide family and medical background that could be useful to the infant in the future.

Once a newborn is in the custody of an ESP, the infant is taken to a hospital for an examination. If there are no signs of abuse and/or neglect, temporary protective custody is given to a private adoption agency for placement with an approved adoptive family. If the examination reveals signs of abuse and/or neglect, hospital personnel will make a complaint to CPS.

Mandated Reporters Information Line

Phone: **877-277-2585**

E-mail: MDHHS-MRCIcontact@michigan.gov

The Mandated Reporters Information Line (877-277-2585) is available to respond to mandated reporters who have concerns about the actions taken on a specific complaint of child abuse or neglect they have reported to Centralized Intake. This line should not be used to report abuse or neglect.

The Mandated Reporters Information Line is staffed from 9:00 a.m. to 5:00 p.m., Monday through Friday, excluding holidays. Mandated reporters must provide the Intake ID Number given to them at the time they made their complaint to Centralized Intake in order to obtain information regarding their complaint. The Centralized Intake specialists staffing this information line will verify the caller's identity to ensure confidentiality. For example, mandated reporters could be asked to send an email to the information line from their agency or business address for comparison to contact information in the department's system.

Examples of reasons to call the Mandated Reporters Information Line:

- More than five business days have passed from the date of your complaint and you have not received a notification letter from Centralized Intake to inform you that the complaint was rejected and no CPS worker in the county has contacted you to investigate the complaint.
- You received a letter from Centralized Intake informing you that the complaint you made was rejected or transferred and you would like to speak with a Centralized Intake supervisor to discuss that action.
- A worker in the county is actively involved with the family and you are unable to contact that worker or your calls to the worker have not been returned.
- You would like to provide additional information or documentation related to a complaint you have already made.

Note: If you are reporting new allegations of suspected child abuse or neglect, please call Centralized Intake at 855-444-3911.

Training

MDHHS will provide training to mandated reporters regarding their requirement to report suspected child abuse and/or neglect. Contact information for your local MDHHS office can be found online at www.michigan.gov/contactMDHHS.

Appendix

Specific questions need to be answered during the complaint process to provide the most complete and comprehensive description of the alleged abuse or neglect.

The following is a guide for what information reporting persons should have available when placing a call to Centralized Intake. In many cases not all of the questions can be answered, but gather as much information as possible; it will enable Centralized Intake to make an informed decision as to whether or not to assign the complaint for investigation. Be alert to the following specific information, but do not complete an interview of the child(ren).

- What is the name and contact information of the non-custodial parent(s)?
- What is the visitation schedule between the child(ren) and the non-custodial parent(s)?
- How did you learn this information?
- If you learned this information from a different source, would you be willing to provide that source's name and contact information? Would that individual be willing to speak with someone from Centralized Intake regarding these concerns?
- What is the location of the child (at the time that complaint is being made)?
- What school/daycare does the child(ren) attend?
- What time does the school start? What time does the school end?
- Does the child/victim have a disability?
- Does any household member have Native American Heritage?
- Does the family reside on a Native American Reservation or Trust Land?
- Are there any safety issues or concerns for the worker to know about (weapons/pets/violent people)?
- Have the police ever been contacted regarding this family?
- Does the family have any language barriers?
- Is there anyone else who would have additional information regarding these concerns?
- Is anyone in the home a licensed foster care provider, licensed day care provider or relative provider?

I. Physical Neglect

A. If the allegations involve a **dirty house**, describe how the house is dirty. **Be very specific.**

- When was the last time you were in the house?
- Describe what you see when you walk in the house.
- The words "dirty" or "filthy" are vague and have different meanings to different people. "Garbage on the floor" or "animal feces throughout the house" would be more specific and descriptive.
- Does the home have an odor?
- What does the kitchen look like?
- Are there open containers of food lying around?
- Is there furniture in the home?
- Do the children have beds? If so, do the mattresses have bedding on them?
- Is there running water in the home?

B. If the allegations are regarding a **child not being fed properly**:

- Is there any food in the home right now? How do you know?
- When was the last time you saw food in the home?
- What exactly is in the refrigerator and cupboards?
- Do the children complain about being hungry?
- Does anybody else buy food for the home?
- Is there less food during specific times of the month?

C. If your concerns are regarding a child's hygiene (including oral hygiene):

- Is the child generally clean? If he/she is dirty, describe how he/she is dirty.
- How often is he/she dirty--twice a week, four or five times a week, every day, etc.?

- Does the child bathe on a regular basis?
- Is his/her clothes and/or body dirty?
- Does he/she have an odor?
- Does the family have animals?
- Are the animals indoor pets?
- Does the home have bugs or rodents (cockroaches, flies, mice, etc.)?
- How does this effect the child's peer-to-peer relationships? - Do others notice and/or treat the child differently due to the odor or hygiene issues?
- Does the child have any unmet dental needs?
- Is the child currently reporting any tooth/mouth pain?
- Does the child have any broken, discolored or missing teeth?

D. If the allegations are concerning **no water or heat in the home**:

- How are you aware of the situation?
- How long has the water and/or heat been off?
- Do the parents have a plan to have the water and/or heat turned back on?
- Does the family have access to water?
- Is the family bringing water into the home?
- Are the children sleeping at the residence or staying elsewhere at night?
- Are the children bathing elsewhere?

E. If the allegations involve **parental drug use**:

- How does the parent's drug use affect the care of the children?
- How do you know the parents are using drugs?
- What kind of drugs are they using?
- Does the parental use of substances in front of the child impact the child's safety and well being?
- Are the parents selling drugs out of the home?
- Are the parents allowing other people to use drugs in the home or to sell drugs out of the home?

II. Medical Neglect

- What type of injury or medical need does the child have?
- What type of care does the child require?
- How has the parent failed to meet the child's needs?
- If the child has missed medical appointments, how many?
- When is the last time the child was seen by a doctor?
- How has the parent's failure to provide medical care affected the child?
- Any identifying information about the child's health care provider would be extremely helpful in these types of situations.

III. Failure to Protect

- How has the child been abused or neglected?
- How do you know that the parent is aware of the abuse/neglect?
- Has the parent taken any steps to protect the child?
- Has the parent threatened the child not to talk about the abuse/neglect?
- Did the abuse occur in the past and the parent continued to allow the alleged perpetrator to have contact with the child?
- What type of emotional tie does the parent have with the alleged perpetrator?

IV. Improper Supervision

- If the child is being left home alone, how old is he/she?
- How often is he/she left home alone?
- Is he/she left alone during the daytime or in the evenings?
- How long is he/she usually left alone?

- Is there a phone in the home?
- Does the child know what to do in case of emergency?
- Are any of the children in the home mentally or physically handicapped?
- Has the child ever been left alone overnight?
- Is the child home alone right now?

Please note: According to the Child Protection Law, there is no legal age that a child can be left home alone. It is determined on a case-by-case basis, but as a general rule, a child 10 years old and younger is not responsible enough to be left home alone. A child over the age of 10 and under the age of 12 will be evaluated, but the case may not always be assigned for a CPS investigation.

V. Abandonment

- If a parent leaves the child with the non-custodial parent without making prior arrangements, an assessment will be made to determine if that parent is willing or able to assume responsibility for the child.

VI. Physical Abuse

A. If the allegations involved physical abuse:

- How is the child being abused?
- Who is abusing the child?
- With what is the child being abused?
- Has the child ever had marks and/or bruises?
- Has the child ever had any other type of injuries from the abuse?
- When is the last time you observed the child having marks and/or bruises?

B. If the child currently has marks or bruises:

- How does the child explain them?
- What do the marks look like (burns, welts, scalds, etc.)?
- What color, size, and shape are they?
- Was the skin broken?
- When does the child say he/she was last struck?
- Is the child afraid to go home?
- Did the parent threaten to hit the child again?
- Is the child complaining of pain and/or discomfort?

VII. Sexual Abuse

- Be specific as to why you suspect sexual abuse.
- What has the child done or said to make you suspect sexual abuse?
- When and to whom did the child disclose the sexual abuse?
- Who is the suspected perpetrator?
- Does the perpetrator live in the home?
- Does the perpetrator still have access to the child?
- Is a parent aware?
- What action has the parent taken to protect the child if he/she is aware?
- Has the parent sought medical attention for the child?

Confidentiality

Strict *state and federal* confidentiality laws govern CPS investigations. The identity of a reporting person is confidential under the law. The identity of a reporting person is subject to disclosure only with the consent of that person, by judicial process, or to those listed under Section 5 of the Child Protection Law (MCL 722.625). The alleged perpetrator may infer from the information in the report who made the complaint and confront mandated reporters, however, CPS will not disclose the identity of a reporting person.

The amount and type of information to provide the reporting person is based on the following principles:

- The child's and family's confidentiality must be protected.
- The child's and family's safety must be protected.
- Regular care providers need information which will help them enhance the child's physical and emotional well-being.
- Person's providing diagnoses and treatment to a child or member of a child's household need information which will help them enhance the child's and family's physical and emotional well-being.
- The role of the reporting person must be respected and acknowledged. In some cases, it is appropriate to ask the reporting person to work with CPS to help protect the child.
- The protection and safety of the child is enhanced by close working relationships between CPS and members of the community.

Due to federal laws and regulations, domestic violence providers and substance abuse agencies can only provide the information required for reporting by the Child Protection Law unless the client signs a concern for release of information to MDHHS for a CPS investigation.

Substance abuse agencies must comply with the Child Protection Law by reporting suspected child abuse and/or neglect and subsequently filing a written report. Complaints of suspected child abuse or neglect received from substance abuse treatment agencies may be investigated by the department. However, stringent federal confidentiality regulations govern the handling of information received from a substance abuse agency. Federal regulations apply to licensed substance abuse agencies in the state. The department must comply with these regulations when information is received from a substance abuse agency.

All law enforcement documents, reports, materials and records pertaining to an **ongoing** law enforcement investigation of suspected child abuse or neglect must be considered confidential and must not be released by MDHHS.

A perpetrator's conviction or circuit court finding (including termination of parental rights) is of public record. This information must be used when disclosing perpetrator history to the parent. Only information from a criminal conviction or circuit court finding can be shared. If a perpetrator has been placed on the central registry **only**, this information cannot be shared.

Medical information obtained during an open CPS investigation may only be released to the prosecuting attorney, law enforcement agencies, or the court in order to investigate child abuse or neglect. Information may only be released to a court when contained in a petition and relevant to the allegations made in the petition. In all other cases, confidential medical records may not be released without client consent, valid court-issued subpoena or court order.

Federally assisted substance abuse treatment records that are a part of a children's services case record may only be shared with the person(s) identified in a properly executed DHS-1555-CS or court order. This information may not be used to criminally investigate or prosecute a patient. Federally assisted treatment records may only be released if there is: (1) a properly executed DHS-1555-CS; (2) a court order authorizing (but not compelling) release and subpoena or (3) a court order compelling release.

Mental Health Treatment Records (that have been obtained to determine whether child abuse or neglect has occurred, to gauge risk to children and to provide appropriate services) can be released to 1) a legally mandated public or private child protective agency; (2) a police or law enforcement agency; (3) a person legally authorized to place a child in protective custody when the information is necessary to determine whether or not to place a child in protective custody; (4) a person, agency or organization authorized to diagnose, care for, treat or supervise a child or family that is the subject of a report or record under the child protection law; (5) to others only in response to the client's consent, a valid court-issued subpoena or a court order in order to investigate a report of known or suspected child abuse or neglect.

HIV/AIDS/ARC Records can be released to CPS if the information is part of a report required under the Child Protection Law. Information regarding a child with HIV/AIDS can be released to the director or licensee of a family foster home, family foster group home, child caring institution or child placing agency for the purpose of placing the child or to licensed foster parents and child care organization staff (1) to care for or protect the child or (2) to prevent a reasonably foreseeable risk of transmission to other children or staff.



CHILD CARE TIME AND ATTENDANCE RECORD

| Day / Date | Sun mm/dd/yy | Mon mm/dd/yy | Tues mm/dd/yy | Wed mm/dd/yy | Thur mm/dd/yy | Fri mm/dd/yy | Sat mm/dd/yy |
|-----------------|---|---|---|---|---|---|---|
| Child Full Name | | | | | | | |
| Time In | : A/P | : A/P | : A/P | : A/P | : A/P | : A/P | : A/P |
| Time Out | : A/P | : A/P | : A/P | : A/P | : A/P | : A/P | : A/P |
| Absent? | Mark if Absent <input type="checkbox"/> | Mark if Absent <input type="checkbox"/> | Mark if Absent <input type="checkbox"/> | Mark if Absent <input type="checkbox"/> | Mark if Absent <input type="checkbox"/> | Mark if Absent <input type="checkbox"/> | Mark if Absent <input type="checkbox"/> |
| CACFP Meals | B A L P D E | B A L P D E | B A L P D E | B A L P D E | B A L P D E | B A L P D E | B A L P D E |
| Parent Initials | | | | | | | |
| Child Full Name | | | | | | | |
| Time In | : A/P | : A/P | : A/P | : A/P | : A/P | : A/P | : A/P |
| Time Out | : A/P | : A/P | : A/P | : A/P | : A/P | : A/P | : A/P |
| Absent? | Mark if Absent <input type="checkbox"/> | Mark if Absent <input type="checkbox"/> | Mark if Absent <input type="checkbox"/> | Mark if Absent <input type="checkbox"/> | Mark if Absent <input type="checkbox"/> | Mark if Absent <input type="checkbox"/> | Mark if Absent <input type="checkbox"/> |
| CACFP Meals | B A L P D E | B A L P D E | B A L P D E | B A L P D E | B A L P D E | B A L P D E | B A L P D E |
| Parent Initials | | | | | | | |
| Child Full Name | | | | | | | |
| Time In | : A/P | : A/P | : A/P | : A/P | : A/P | : A/P | : A/P |
| Time Out | : A/P | : A/P | : A/P | : A/P | : A/P | : A/P | : A/P |
| Absent? | Mark if Absent <input type="checkbox"/> | Mark if Absent <input type="checkbox"/> | Mark if Absent <input type="checkbox"/> | Mark if Absent <input type="checkbox"/> | Mark if Absent <input type="checkbox"/> | Mark if Absent <input type="checkbox"/> | Mark if Absent <input type="checkbox"/> |
| CACFP Meals | B A L P D E | B A L P D E | B A L P D E | B A L P D E | B A L P D E | B A L P D E | B A L P D E |
| Parent Initials | | | | | | | |
| Child Full Name | | | | | | | |
| Time In | : A/P | : A/P | : A/P | : A/P | : A/P | : A/P | : A/P |
| Time Out | : A/P | : A/P | : A/P | : A/P | : A/P | : A/P | : A/P |
| Absent? | Mark if Absent <input type="checkbox"/> | Mark if Absent <input type="checkbox"/> | Mark if Absent <input type="checkbox"/> | Mark if Absent <input type="checkbox"/> | Mark if Absent <input type="checkbox"/> | Mark if Absent <input type="checkbox"/> | Mark if Absent <input type="checkbox"/> |
| CACFP Meals | B A L P D E | B A L P D E | B A L P D E | B A L P D E | B A L P D E | B A L P D E | B A L P D E |
| Parent Initials | | | | | | | |

Comments:

- I certify that the above information is correct.
- I understand that if benefits are overpaid for any program or any reason, the extra benefits received will have to be repaid. If intentional errors caused the overpayment, any and all responsible parties may be disqualified from the program and/or prosecuted for fraud.

| | | | |
|---------------------|-------|----------------------|--------------------|
| Provider Name: | ID #: | Pay Period Number: | Page Number: _____ |
| Provider Signature: | Date: | Confirmation Number: | |

This form is accepted as an official attendance record for the following programs:
Child Development and Care (CDC) Child and Adult Care Food Program (CACFP) Licensing and Regulatory Affairs (LARA)

Please record all of the following:

Date: Enter the date next to each day of the week.

Child Full Name: Enter the full name of each child. Enter them in alphabetical order by last name. (Do not enter multiple children on one line.)

Time In/Out: Enter the time in hours and minutes. Circle A for A.M. or P for P.M. Use the second line if the child leaves and returns in the same day.

Absent?: When the child is absent but would normally have been in care, write a check mark or "X" in the "Mark if Absent" box.

For CDC, child absences may be billed when the child is not in care but normally would have been in care, either when the child is absent while the provider is open or when the provider is closed (such as holidays or snow days). Child absences may not be billed after a child's last day in care. If you bill for a child's absence, you may not enter more hours than the child would have normally been in care that day. In I-Billing, enter the begin and end time the child would normally be in care, and mark the absent box.

To avoid payment of absences that don't reflect a child's normal attendance, CDC reimbursement is limited to 360 hours per fiscal year (October 1 to September 30) and 10 days of absences when no regular care time has been billed.

Meals: For the Child and Adult Care Food Program (CACFP), circle the meals each day that were served to each child.

Meal types are as follows: B = breakfast, A = A.M. snack, L = lunch, P = P.M. snack, D = dinner, E = evening snack.

Parent Initials: For CDC, the parent (or authorized representative) must initial daily for each child to indicate that the entries are correct.

Note: CDC suggests acquiring parent initials for absence days as a best practice.

Comments: Space is available to make notes regarding reasons for a child's absences, building closures, or any detail not entered in the records.

Provider Name: Enter the provider or facility name.

ID #: Enter the provider's seven-digit Bridges Provider ID number (listed on the DHS-198 form) or the childcare license number.

Pay Period Number: For CDC, enter the number of the pay period that corresponds to the billing dates. Use a separate page for each week.

Page Number: Enter the page number to keep track of multiple pages.

Provider Signature and Date: The person authorized to complete CDC billing must sign and date the form, certifying that the information is accurate.

Confirmation Number: For CDC, after you have submitted your billing, write the invoice confirmation number from your billing invoice.

Additional CDC Information:

At the end of each pay period, providers must bill for child care hours by using I-Billing at: www.michigan.gov/childcare. You will need your Bridges Provider ID number and PIN. For questions about billing, refer to the CDC Handbook. If you still need help, call CDC at 1-866-990-3227.

Providers must keep complete and accurate records for each approved CDC child in care for four years, showing time of arrival and departure for each child on a daily basis.

Please note: Parents are responsible for childcare expenses that are not paid by CDC, including expenses incurred while a parent or provider's eligibility is being determined.



Michigan Department of Education CDC 2021 PAYMENT SCHEDULE

The Child Development and Care (CDC) Payment Schedule gives you the Pay Period Dates, Pay Period Numbers, Billing Deadline Dates, and the estimated Check/EFT Date for the CDC program.

| Pay Period Begin Date | Pay Period End Date | Pay Period Number | Billing Deadline Date | Check/EFT Issue Date |
|-----------------------|---------------------|-------------------|-----------------------|----------------------|
| 12/20/2020 | 1/2/2021 | 101 | 01/07/2021 | 01/14/2021 |
| 1/3/2021 | 1/16/2021 | 102 | 01/21/2021 | 01/28/2021 |
| 1/17/2021 | 1/30/2021 | 103 | 02/04/2021 | 02/11/2021 |
| 1/31/2021 | 2/13/2021 | 104 | 02/18/2021 | 02/25/2021 |
| 2/14/2021 | 2/27/2021 | 105 | 03/04/2021 | 03/11/2021 |
| 2/28/2021 | 3/13/2021 | 106 | 03/18/2021 | 03/25/2021 |
| 3/14/2021 | 3/27/2021 | 107 | 04/01/2021 | 04/08/2021 |
| 3/28/2021 | 4/10/2021 | 108 | 04/15/2021 | 04/22/2021 |
| 4/11/2021 | 4/24/2021 | 109 | 04/29/2021 | 05/06/2021 |
| 4/25/2021 | 5/8/2021 | 110 | 05/13/2021 | 05/20/2021 |
| 5/9/2021 | 5/22/2021 | 111 | 05/27/2021 | **06/04/2021 |
| 5/23/2021 | 6/5/2021 | 112 | 06/10/2021 | 06/17/2021 |
| 6/6/2021 | 6/19/2021 | 113 | 06/24/2021 | 07/01/2021 |
| 6/20/2021 | 7/3/2021 | 114 | 07/08/2021 | 07/15/2021 |
| 7/4/2021 | 7/17/2021 | 115 | 07/22/2021 | 07/29/2021 |
| 7/18/2021 | 7/31/2021 | 116 | 08/05/2021 | 08/12/2021 |
| 8/1/2021 | 8/14/2021 | 117 | 08/19/2021 | 08/26/2021 |
| 8/15/2021 | 8/28/2021 | 118 | 09/02/2021 | **09/10/2021 |
| 8/29/2021 | 9/11/2021 | 119 | 09/16/2021 | 09/23/2021 |
| 9/12/2021 | 9/25/2021 | 120 | 09/30/2021 | 10/07/2021 |
| 9/26/2021 | 10/9/2021 | 121 | 10/14/2021 | 10/21/2021 |
| 10/10/2021 | 10/23/2021 | 122 | 10/28/2021 | 11/04/2021 |
| 10/24/2021 | 11/6/2021 | 123 | 11/11/2021 | 11/18/2021 |
| 11/7/2021 | 11/20/2021 | 124 | *11/23/2021 | 12/02/2021 |
| 11/21/2021 | 12/4/2021 | 125 | 12/09/2021 | 12/16/2021 |
| 12/5/2021 | 12/18/2021 | 126 | *12/21/2021 | **12/29/2021 |

Billing deadlines on days before holidays are at 4:00pm on the indicated date (*). Otherwise, they are at the end of the day (midnight). Please plan for delays in payments (**) during holidays when State offices and post offices are closed.

CDC 2021 PAYMENT SCHEDULE

The CDC Payment Schedule gives you the Pay Period Dates, Pay Period Numbers, Reporting Deadline Dates, and the estimated Check/EFT Date.

| Pay Period Dates | Pay Period Number | Reporting Deadline | Check/EFT Date |
|-------------------------|-------------------|--------------------|---------------------|
| 12/20/2020 – 01/02/2021 | 101 | 01/07/2021 | 01/14/2021 |
| 01/03/2021 – 01/16/2021 | 102 | 01/21/2021 | 01/28/2021 |
| 01/17/2021 – 01/30/2021 | 103 | 02/04/2021 | 02/11/2021 |
| 01/31/2021 – 02/13/2021 | 104 | 02/18/2021 | 02/25/2021 |
| 02/14/2021 – 02/27/2021 | 105 | 03/04/2021 | 03/11/2021 |
| 02/28/2021 – 03/13/2021 | 106 | 03/18/2021 | 03/25/2021 |
| 03/14/2021 – 03/27/2021 | 107 | 04/01/2021 | 04/08/2021 |
| 03/28/2021 – 04/10/2021 | 108 | 04/15/2021 | 04/22/2021 |
| 04/11/2021 – 04/24/2021 | 109 | 04/29/2021 | 05/06/2021 |
| 04/25/2021 – 05/08/2021 | 110 | 05/13/2021 | 05/20/2021 |
| 05/09/2021 – 05/22/2021 | 111 | 05/27/2021 | **06/04/2021 |
| 05/23/2021 – 06/05/2021 | 112 | 06/10/2021 | 06/17/2021 |
| 06/06/2021 – 06/19/2021 | 113 | 06/24/2021 | 07/01/2021 |
| 06/20/2021 – 07/03/2021 | 114 | 07/08/2021 | 07/15/2021 |
| 07/04/2021 – 07/17/2021 | 115 | 07/22/2021 | 07/29/2021 |
| 07/18/2021 – 07/31/2021 | 116 | 08/05/2021 | 08/12/2021 |
| 08/01/2021 – 08/14/2021 | 117 | 08/19/2021 | 08/26/2021 |
| 08/15/2021 – 08/28/2021 | 118 | 09/02/2021 | **09/10/2021 |
| 08/29/2021 – 09/11/2021 | 119 | 09/16/2021 | 09/23/2021 |
| 09/12/2021 – 09/25/2021 | 120 | 09/30/2021 | 10/07/2021 |
| 09/26/2021 – 10/09/2021 | 121 | 10/14/2021 | 10/21/2021 |
| 10/10/2021 – 10/23/2021 | 122 | 10/28/2021 | 11/04/2021 |
| 10/24/2021 – 11/06/2021 | 123 | 11/11/2021 | 11/18/2021 |
| 11/07/2021 – 11/20/2021 | 124 | *11/23/2021 | 12/02/2021 |
| 11/21/2021 – 12/04/2021 | 125 | 12/09/2021 | 12/16/2021 |
| 12/05/2021 – 12/18/2021 | 126 | *12/21/2021 | **12/29/2021 |

Billing deadlines on days before holidays are at 4:00pm on the indicated date (*). Otherwise, they are at the end of the day (midnight). Please plan for delays in payments (**) during holidays when state offices and post offices are closed