DEPARTMENT OF **HEALTH AND** HUMAN SERVICES

~~DIVISION OF CHILD WELFARE LICENSING~~ **CHILDREN’S SERVICES AGENCY**

**DIVISION OF CHILD WELFARE LICENSING**

CHILD CARING INSTITUTIONS

Filed with the secretary of state on

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

(By authority conferred on the director of the ~~Michigan D~~**d**epartment of **health and** ~~H~~**h**uman ~~S~~**s**ervices by sections 2, 5, 10, and 14 of 1973 PA 116, ~~and the Executive Reorganization Orders No. 1996-1, No. 1996-2, 2003-1 and 2004-4~~, MCL 722.112, 722.115, 722.120, **and** 722.124, ~~330.3101, 445.2001, 445.2011 and 400.226~~ and Executive **Reorganization Order No. 2015-1, MCL 400.227**~~.of the Michigan Compiled Laws~~)

# R 400.4139, R 400.4141, R 400.4164, R 400.4420, R 400.4601, R 400.4602, R 400.4604,

# R 400.4605, R 400.4606, R 400.4608, R 400.4612, R 400.4613, R 400.4615, R 400.4617, R 400.4618, R 400.4620, R 400.4621, R 400.4623, R 400.4632, R 400.4635, R 400.4638,

# R 400.4639, R 400.4640, R 400.4643, R 400.4652, R 400.5657, R 400.4660, and

# R 400.4666 of the Michigan Administrative Code are rescinded, R 400.4436, R 400.4437,

# R 400.4438, R 400.4439, and R 400.4400 are added, and R 400.4101, R 400.4102,

# R 400.4103, R 400.4104, R 400.4105, R 400.4106, R 400.4107, R 400.4108, R 400.4109,

# R 400.4110, R 400.4111, R 400.4112, R 400.4113, R 400.4114, R 400.4115, R 400.4116,

# R 400.4117, R 400.4118, R 400.4119, R 400.4120, R 400.4121, R 400.4122, R 400.4123,

# R 400.4124, R 400.4125, R 400.4126, R 400.4127,R 400.4128, R 400.4129, R 400.4130,

# R 400.4131, R 400.4132, R 400.4133, R 400.4134,R 400.4135. R 400.4136, R 400.4137,

# R 400.4138, R 400.4140, R 400.4142, R 400.4143, R 400.4144, R 400.4145, R 400.4146,

# R 400.4147, R 400.4148, R 400.4149, R 400.4150,R 400.4151, R 400.4152, R 400.4153,

# R 400.4154, R 400.4155, R 400.4156. R 400.4157. R 400.4158, R 400.4159, R 400.4160.

# R 400.4161. R 400.4162, R 400.4163, R 400.4165, R 400.4166, R 400.4167, R 400.4401, R 400.4407, R 400.4409, R 400.4411, R 400.4414, R 400.4417, R 400.4426, R 400.4428,

# R 400.4431, R 400.4435, R 400.4501, R 400.4504, R 400.4505,R 400.4506, R 400.4508, R400.4510, R 400.4512, R 400.4515, R 400.4517, R 400.4520, R 400.4522, R 400.4523,

# R 400.4524, R 400.4527, R 400.4532, R 400.4535, R 400.4538, R 400.4540, R 400.4543,

# R 400.4545, R 400.4546, R 400.4548, R 400.4550, R 400.4552, R 400.4554, R 400.4555,

# R 400.4557, R 400.4559, R 400.4560, R 400.4562, R 400.4563, R 400.4564,R 400.4566, and R 400.4568 are amended, as follows:

# PART 1. GENERAL PROVISIONS

R 400.4101 Definitions**.**

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

 (a) “Accredited college or university” means a college or university recognized by the United States **D**~~d~~epartment of **E**~~e~~ducation.

 (b) “Act” means 1973 PA 116, ~~as amended, being §§~~ MCL 722.111 to 722.128, ~~and~~ known as the child ~~care~~ **caring** organization**s** ~~licensing~~ act.

 ~~(c) “~~~~Audit” means a review done by an auditor that conforms with generally accepted accounting principles.~~

 (~~d~~**c)** "Case record" means the individual file, **including electronic records**, kept by an institution concerning a ~~child~~ **youth** who has been placed at the institution.

 **(d) “Chemical restraint” means a drug that meets all the following:**

 **(i) Is administered to manage a youth’s behavior.**

 **(ii) Has the temporary effect of restricting the youth’s freedom of movement.**

 **(iii) Is not a standard treatment for the youth’s medical or psychiatric condition.**

 (e) "Chief administrator" means the person designated by the licensee as having the onsite day-to-day responsibility for the overall administration of a child caring institution and for assuring the care, safety, and protection of ~~residents~~ **youth.**

 (~~f) “Chief administrator designee” means a person above the level of the supervisor who approved an action, and who was not involved in the decision being reviewed.~~

 (~~g~~) ~~"Child caring institution," hereinafter referred to as "institution" or CCI, means an institution as defined in section 1 of 1973 PA 116, MCL 722.111.~~

(~~h~~**f**) “Child caring institution staff member” means an individual who is 18 years or older, and to whom any of the following apply:

 (i) Is employed by a child caring institution for compensation, including adults who do not work directly with children.

 (ii) Is a contract employee or self-employed individual working with a child caring institution.

 (iii) Is an intern**, volunteer**, or other person who provides specific services under these rules.

 ~~(h) "Child placing agency" means an agency as defined in section 1 of 1973 PA 116, MCL 722.111.~~

 **(**~~i~~**g)** “Corporal punishment” means hitting, paddling, shaking, slapping, spanking, or any other use of physical force as a means of behavior management.

~~(l)~~~~“Detention facility” means an institution that primarily provides care and supervision for youth pending adjudication for status or criminal offenses or pending placement in a treatment facility post-adjudication.~~

 **(**~~k~~**h)** "Department" means the Michigan department of health and human services.

 ~~(n) "Developmentally disabled" means an individual who has an impairment of general intellectual functioning or adaptive behavior which meets all of the following criteria~~

 ~~(i) It originated before the person became 18 years of age.~~

 ~~(ii) It has continued since its origination or can be expected to continue indefinitely.~~

 ~~(iii) It constitutes a substantial burden to the impaired person's ability to perform normally in society.~~

 ~~(iv) It is attributable to 1 or more of the following:~~

 (~~A) Significant cognitive impairment, cerebral palsy, epilepsy, or autism.~~

 (~~B) Any other condition of a person found to be closely related to significant cognitive impairment because it produces a similar impairment or requires treatment and services similar to those required for a person who is significantly cognitively impaired.~~

 (~~n) “Developmental disability” means that term as defined in section 1100a of the Mental Health Code, 1974 PA 258, MCL 330.1100a.~~

 **(**~~m~~**i)** "Direct care worker" means a person who provides direct care and supervision of ~~children~~ **youth** in an institution.

 **(j) “Emergency restraint or safety intervention” means use of personal restraint as an immediate response to an emergency safety situation.**

 **(k) “Emergency restraint or safety situation” means the onset of an unanticipated or severely aggressive behavior that places the youth or others at serious threat of violence or injury if no immediate intervention occurs.**

 **(l) “Gender” means a person’s internal identification or self-image as a man, boy, woman, girl, or another gender identity. Gender identity may or may not correspond to the sex that is listed on the person’s birth certificate.**

 **(m) “Gender expression” means how a person publicly expresses or presents their gender, which may include behavior and outward appearance such as dress, hair, make-up, body language, and voice. Components of gender expression may or may not align with gender identity.**

 **(n) “Gender identity” means an individual’s self-conception as being male, female, both, or neither. One’s gender identity can be the same or different from their sex assigned at birth.**

 **(**~~n~~**o)** “Human behavioral science” means ~~a course of study producing a degree from an accredited college or university in any of the following:~~

~~(i) Social work.~~

~~(ii) Psychology.~~

~~(iii) Guidance and counseling.~~

~~(iv) Consumer or community services.~~

~~(v) Criminal justice.~~

(~~vi) Family ecology.~~

~~(vii) Sociology.~~

**a course of study producing a degree from an accredited college or university that is approved by the department for the specific positions when required by the act and these rules.**

 (~~o~~**p**) “Juvenile justice youth” means a youth pending adjudication**, or has been adjudicated**, ~~for status or criminal offenses or a youth who has been~~ ~~adjudicated~~ under section 2~~(~~a~~)~~ of chapter XIIA of the probate code of 1939, 1939 PA 288, MCL 712A.2a, or section 1 of chapter IX of **T**~~t~~he **C**~~c~~ode of **C**~~c~~riminal **P**~~p~~rocedure, 1927 PA 175, MCL 769.1.

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

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

 ~~(r) “Licensee designee” means the individual who is authorized by the licensee, board of directors, or the governing body for a public institution, to act on behalf of the corporation or organization on licensing matters.~~

 (~~r~~**s**) "Licensing authority" means the administrative unit of the ~~department~~ **entity** ~~that has~~ ~~the responsibility~~ **responsible** for making licensing and approval recommendations for an institution.

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

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

 ~~(u)~~~~“Misconduct” is conduct by a resident that affects the safety and security of residents, staff, or the community~~.

 (v) "**Nonsecure** ~~Open~~ institution" means an institution or facility, or portion thereof, ~~which~~ **that** is used to house ~~residents~~ **youth** and ~~which~~ **that** is not locked against egress**.**~~, except for an approved behavior management room.~~

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

 **(x)** **“Personal restraint” means the application of physical force without the use of a device, that restricts the free movement of a youth’s body. Personal restraint does not include:**

**(i) The use of a protective or adaptive device.**

**(ii) Briefly holding a minor child without undue force in order to calm or comfort him or her.**

**(iii) Holding a minor child's hand, wrist, shoulder, or arm to safely escort him or her from 1 area to another.**

**(iv) The use of a protective or adaptive device or a device primarily intended to provide anatomical support.**

 ~~(x) "Protection" means the continual responsibility of the licensee to take reasonable action to ensure the health, safety, and well-being of a resident while under the supervision of the licensee or an agent or employee of the licensee, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation.~~

 ~~(y) "Resident" means a child who is admitted to and resides in an institution.~~

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

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

 (aa) "Secure institution" ~~means an institution, or portion thereof, other than a seclusion room, used to house residents that is secured against egress from the building~~ **means any public or private licensed child caring institution where the movement and activities of residents is restricted and locked against egress from the building.**

 ~~(bb) “Serious injury” means any significant impairment of the physical condition of the minor child as determined by qualified medical personnel. This includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs, whether self-inflicted or inflicted by someone else.~~

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

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

 (~~cc~~**dd**) “Shelter care facility” means an institution ~~which~~ **that** primarily provides ~~care for residents,~~ short-term ~~supportive~~ ~~care~~ **assessment and planning**. ~~or placement planning.~~

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

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

 **(gg) “SOGIE” means an individual’s sexual, orientation, gender, identity, and expression.**

 (~~ff~~**hh**) "Terms of license" ~~or "terms of approval"~~ means those designations noted on an institution's license ~~or certificate of approval~~ for which the institution is authorized or approved. ~~Such designations include the following:~~

 ~~(i) Short-term institution.~~

 ~~(ii) Residential treatment institution.~~

 ~~(iii) Secure institution.~~

 ~~(iv) Open institution.~~

 ~~(v) Age of children to be accepted for care.~~

 ~~(vi) Sex of children to be accepted for care.~~

 ~~(vii) Number of children to be accepted for care.~~

 ~~(viii) Effective and expiration dates.~~

 ~~(ix) “Treatment institution" means an institution whose primary purpose and function is to provide habilitative or rehabilitative services.~~

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

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

R 400.4102 Inspection and approval of institution.

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

R 400.4103 Space and equipment requirements.

 Rule 103. ~~An~~**A child caring institution** ~~shall~~**must** provide all of the following to ~~assure~~ **ensure** delivery of licensed services:

 **(a) Sufficient** ~~resident~~**youth living space, as set forth in R 400.4510.**

 **(b) Office space for performance of services provided by the child caring institution.**

 **(c) Access to outdoor recreational space.**

(~~c~~**d**) Equipment to **ensure** ~~assure~~ delivery of licensed services.

R 400.4104 Rules compliance.

 Rule 104. (1) Before being licensed as a~~n~~ **child caring** institution, an original applicant must comply with ~~1973 PA 116~~, ~~MCL 722.111 et seq.~~ **the act** and the rules for the type of **child caring** institution the applicant proposes to operate, and for which compliance can be achieved prior to beginning operation. ~~and shall demonstrate intent to comply with those rules for which~~ **C**~~c~~ompliance ~~can~~ **may** only be demonstrated after the **child caring** institution has become fully operational.

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

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

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

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

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

R 400.4105 Rule variance.

 Rule 105. (1) Upon written request of an applicant or licensee, the department may grant a variance from an administrative rule if ~~there is clear and convincing evidence~~ **the alternative proposed ensures that the health, care, safety, protection, supervision, and needed services of youth are maintained and** that the alternative ~~to the rule complies~~ **aligns** with the intent of the administrative rule. ~~from which a variance is sought~~.

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

R 400.4106 **Orientation;** ~~O~~**o**riginal licensure; application.

 Rule 106. ~~An applicant applying for an original license shall provide documentation of all of the following:~~

 ~~(a) Need for the type of program the institution proposes to provide.~~

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

 ~~(c) A plan of financial accounting developed in accordance with generally accepted accounting practices.-~~

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

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

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

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

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

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

 **(e) Articles of incorporation.**

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

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

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

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

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

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

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

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

R 400.4107 Deemed status.

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

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

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

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

 ~~(3)~~**(c)** The acceptance of accreditation in subrule (1) of this rule does not prohibit the department from conducting on-site investigations or requiring environmental health and fire safety inspections at intervals determined by the department.

R 400.4108 Financing and audit.

 Rule 108. A licensee ~~shall~~ **must** do all ~~of~~ the following:

 (a) Obtain an annual audit of all financial accounts. Audits for nongovernmental institutions ~~shall~~ **must** be conducted by an independent certified public accountant who is not administratively related to the agency. **The audit must conform with generally accepted accounting principles.**

 (b) Annually develop and implement a plan to correct any deficiencies identified.

 (c) Demonstrate sufficient ~~financing~~ **financial resources, on an ongoing basis,** to ~~assure~~ **ensure** that ~~proper care of~~ ~~residents~~ **youth** ~~is~~ **are** provided proper **care and treatment intervention, in addition to ensuring the** ~~and that~~ licensing rules are followed.

 (d) Develop a budget that includes projected income and expenditures.

R 400.4109 Program statement.

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

 (a) The types of ~~children~~ **youth** to be admitted for care **and treatment intervention**.

 (b) The services provided to ~~residents~~ **youth** and parents directly by the **child caring** institution and the services provided by outside resources.

 (c) Policies and procedures pertaining to admission, care, safety, and supervision~~,~~**;** methods for addressing ~~residents~~ **youths’** needs~~,~~**;** implementation of treatment plans~~,~~**;** and discharge of ~~residents~~ **youth**.

 (2) The program statement ~~shall~~ **must** be ~~made available~~ **provided** to ~~residents~~ **youth,** parents, and referral sources.

R 400.4110 Employees qualified under prior rules.

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

R 400.4111 Job description.

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

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

 qualifications.

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

 (a) A criminal record check as referenced in R 400.4113(f), including a fingerprint-based check of national crime information databases, unless an alternative criminal history check has been approved by the federal government.

 (b) A check of Michigan’s child abuse and neglect central registry or Canadian provincial agency. ~~as referenced in R 400.4113(i).~~ **The documentation must be completed not more than 30 days prior to the start of employment and every 12 months thereafter**.

 (c) A check of other states’ child abuse ~~registry~~ **registries** ~~that~~ **where** the person has lived ~~in~~ within the preceding ~~five~~ **5** years.

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

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

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

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

 (~~2~~**3**) A person who has unsupervised contact with children ~~shall~~ **must** not have been convicted of either of the following:

 (a) Child abuse or neglect.

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

 (~~3~~**4**) A person ~~who has unsupervised contact with children shall not be a person~~ who ~~is listed on the central registry as a perpetrator~~ **with a** **confirmed case or cases** of child abuse or child neglect **may not be present in the child caring institution** **unless the department has determined the person no longer presents a risk of harm to children.**

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

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

 (4**7**) ~~A person with ongoing duties shall have both of the following:~~

 ~~(a) Ability to perform duties of the position assigned.~~

 ~~(b) Experience to perform the duties of the position assigned~~ **A staff member will**

**conduct himself or herself in a manner that is conducive to the welfare of children and be able to meet the needs of children and provide for their care, supervision, and protection.**

 (~~5~~**~~8~~**) ~~An~~ **U**~~u~~nsupervised volunteer**s** who perform~~s~~ work, including adults who do not work directly with ~~children~~**youth**, ~~is~~ **are** subject to the requirements of subrules (1)(a) and (b) of this rule.

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

R 400.4113 Employee records.

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

 (a) Name **of the employee**.

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

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

 (d) Work history.

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

 (f) A record of ~~any convictions other than minor traffic violations from either of the following entities~~**~~:~~ the results of the background checks as required under R 400.4112.**

 ~~(i) Directly from the Michigan state police or the equivalent state law enforcement agency, or Canadian province, or other country where the person usually resides or has resided in the previous 5 years.~~

 (~~ii) From an entity accessing either Michigan state police records or equivalent state,~~ **~~or~~** ~~Canadian provincial, or other country law enforcement agency where the person usually resides or has resided in the previous 5 years.~~

 ~~(g) If the employee has criminal convictions, the institution shall complete a written evaluation of the convictions that addresses the nature of the conviction, the length of time since the conviction, and the relationship of the conviction to regulated activity for the purpose of determining suitability for employment in the institution.~~

 ~~(h) A statement from the employee regarding any convictions~~.

 ~~(i) Documentation from the Michigan department of human services, the equivalent state or Canadian provincial agency, or equivalent agency in the country where the person usually resides, that the person has not been determined to be a perpetrator of child abuse or child neglect. The documentation shall be completed not more than 30 days prior to the start of employment. and every 12 months thereafter.~~

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

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

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

R 400.4114 ~~Tuberculosis screening for employees and volunteers.~~ **Infectious and**

 **communicable disease control.**

 Rule 114. ~~(1) The licensee shall document, prior to employment, that each employee and volunteer who has contact with youth 4 or more hours per week for more than 2 consecutive weeks is free from communicable tuberculosis. Freedom from communicable tuberculosis shall be verified within the 1~~**~~-~~**~~year period before employment.~~ ~~and shall be verified every 1 year after the last verification or prior to the expiration of the current verification.~~

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

R 400.4115 First aid; CPR.

 Rule 115. A ~~person~~ **licensee must have all direct care and supervisory staff with current certification on both** ~~certified within the preceding 36 months in~~ first aid and ~~within the preceding 24 months in~~ age-appropriate cardiopulmonary resuscitation**. Certification shall be made** by the American Red Cross, the American Heart Association, or an equivalent organization or institution approved by the department**.** ~~shall be on duty at all times when 1 or more children are present.~~

R 400.4116 Chief administrator; responsibilities.

 Rule 116. (1) A~~n~~ ~~agency~~ **child caring institution** ~~shall~~ **must** ~~assign~~ **designate** ~~the~~ **a** chief administrator**.**~~, responsibility for~~ **A chief administrator must demonstrate the administrative capability to oversee** the on-site day-to-day operation of the **child caring** institution and ~~for~~ ensur**e**~~ing~~ compliance with these rules**.**

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

 (~~2~~**3**) A~~n institution’s~~ chief administrator ~~shall~~ **must** ~~be administratively responsible~~ annually**:** ~~for all of the following functions:~~

 (a) ~~Not less than once annually,~~ **C**~~c~~onduct a written assessment and verify the ~~agency’s~~ **child caring institution’s** compliance with these rules.

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

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

R 400.4117 Chief administrator; qualifications.

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

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

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

 (2) A~~n~~ ~~organization~~ **child caring institution** ~~shall~~ **must** notify the licensing authority of a change of chief administrator. ~~within 30 days of the change~~.

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

R 400.4118 Social service supervisor; qualifications.

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

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

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

R 400.4119 Social service worker; qualifications.

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

R 400.4120 Supervisor of direct care workers; qualifications.

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

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

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

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

R 400.4121 Direct care worker; qualifications.

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

R 400.4122 ~~Resident~~ **Youth** and ~~parent visitation~~ **family time**.

 Rule 122. A~~n~~ **child caring** institution~~shall~~ **must** **have the capability to** provide for ~~visits~~ **family time**, **both in-person and virtual**, between each ~~resident~~ **youth** and the ~~resident's~~ **youth’s** parents **or guardian,** **and siblings, provided the child caring institution offers sibling family time. Family time** **must be provided** unless parental rights have been terminated, ~~or the resident's record contains documentation that visitation is detrimental to the residen~~t, **the child's service plan prohibits visitation, or there is a court order restricting the family time.**

R 400.4123 Education.

 Rule 123. (1) A~~n~~ **child caring** institution ~~shall~~ **must** ~~not admit a child for care unless~~ **provide** an appropriate educational program ~~can be~~ ~~provided~~**, in accordance with the individual needs of the youth, including any special education needs.**

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

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

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

R 400.4124 Communication.

 Rule 124. **(1)** A~~n~~ **child caring** institution ~~shall~~ **must** have and follow a written policy regarding communication that ensures that a child is able to communicate with family and**, if the facility permits**, friends**,** **in addition to the child’s legal guardian ad litem or attorney,** **and the child’s caseworker**, in a manner appropriate to the child’s functioning and consistent with the child’s treatment plan and security level.

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

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

 Rule 125. (1) A licensee ~~shall~~ **must** ~~have~~ **do** ~~a written policy that designates~~ all ~~of~~ the following:

 **(a)** ~~The method used to~~ **S**~~s~~afeguard ~~residents’~~ **youths'** personal possessions and money.

 (b) ~~The method used to~~ **A**~~a~~ccurately account for and return possessions and money to the ~~resident~~ **youth** or guardian upon discharge.

 (c) ~~The method for~~ ~~ensuring~~ **Ensure** that each ~~resident~~ **youth** has sufficient clean, properly fitting, seasonal**ly appropriate** clothing.

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

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

R 400.4126 Sufficiency of staff.

 Rule 126**.** The licensee ~~shall~~ ~~have a sufficient number of administrative, supervisory, social service, direct care, and other staff on duty to~~ **must staff the facility in a manner that enables the child caring institution to successfully** perform the prescribed functions required by these administrative rules and in the agency’s program statement**,** and to provide for the continual needs, protection, and supervision of ~~residents~~ **youth**.

R 400.4127 Staff-to-~~resident~~ **youth** ratio.

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

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

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

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

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

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

R 400.4128 Initial staff orientation and ongoing staff training.

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

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

(**3**) The orientation ~~shall~~ **must** include the following:

 (a) The **child caring** institution's purpose, policies, and procedures, including ~~discipline,~~ crisis **prevention and** intervention **and de-escalation** techniques, and emergency and safety procedures.

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

 (~~2~~**4**) The licensee ~~shall~~ **must** provide a written plan of ongoing staff training related **to the role of the** individual ~~job functions~~ ~~and~~ **within** the **child caring** institution's program.

 (~~3~~**5**) The licensee ~~shall~~ **must** document that each ~~staff person~~ **employee** whose function is covered by these rules has participated in a minimum of 50 ~~clock~~ hours of planned training within the first year of employment and a minimum of 25 ~~clock~~ hours of training annually thereafter related to the employee’s job function. At least 16 of the 50 hours provided in the first year ~~shall~~ **must** be orientation provided prior to the assumption of duties.

 ~~(4~~**6**) Training ~~opportunities~~ **topics** for direct care staff ~~shall~~ **must** include~~,~~**:**~~but are not limited to, all of the following~~

 (a) Developmental needs of children.

 (b) ~~Child management techniques~~ **Ethics and boundaries of staff with youth.**

 (c) Basic group dynamics.

 (d) ~~Appropriate discipline~~, **C**~~c~~risis **prevention and** intervention, and ~~child handling~~ **de-escalation** techniques.

 (e) The direct care ~~worker's~~ and ~~the~~ social service ~~worker’s~~ **workers’** roles in the **child caring** institution.

 (f) Interpersonal communication.

 **(g) Trauma-informed practice.**

 **(h) Diversity, equity, and inclusion methods of service delivery, including diverse SOGIE identity.**

 (~~g) Proper and safe methods and techniques of restraint and seclusion if the agency has an approved seclusion room.~~

 (~~h~~**i**) **CPR and** ~~F~~**f**irst aid.

 **(j) Human trafficking.**

 ~~(5~~**7**) An employee ~~shall~~ **may** not participate in restraining a ~~resident~~ **youth** or placing ~~a resident~~ **a youth** in seclusion prior to receiving training on those topics. The training model ~~shall~~ **must** be approved, in writing, by the department.

R 400.4129 **Child caring** ~~I~~**i**nstitutions serving developmentally disabled youth; written

 procedures.

 Rule 129. A~~n~~ **child caring** institution providing care to **youth with** developmental~~ly~~ ~~disabled~~ **disabilities** ~~residents~~ ~~shall~~ **must** require staff to follow written procedures ~~for bathing, feeding, toilet training, and daily activities of residents.~~  **that address the services required for the youth.**

R 400.4130 Privacy and confidentiality **of youth.**

 Rule 130. (1)~~An institution shall~~ **The licensee must** ~~assure~~ **ensure**~~resident~~ **youth** and parent privacy and confidentiality**,** and ~~shall~~ **must** protect ~~residents~~ **youth** from exploitation.

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

 (a) The parent has consented.

 (b) The ~~resident~~ **youth** has consented if the ~~resident~~ **youth** is capable of consent.

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

 Rule 131. The licensee ~~shall develop and implement a written plan to assure compliance with~~ **must** **comply with** the child protection law, 1975 PA 238, MCL 722.621 to 722.638**,** **including mandated reporting requirements.**

R 400.4132 Grievance procedures.

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

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

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

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

 (2) The procedure ~~shall~~ **mus**t provide ~~for~~ all ~~of~~ the following:

 (a) ~~Safeguarding the legal rights of residents and their families.~~ **Who may initiate the grievance.**

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

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

 **(d) Documentation.**

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

 ~~(b) Addressing matters that relate to compliance with the act, rules promulgated under the act, and the agency's written policies and procedures regarding services covered by these rules.~~

 ~~(c)~~ ~~Delineating the method of initiating the procedure.~~

 ~~(d) Specifying time frames for decisions.~~

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

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

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

 (c) A meaningful process of appeal.

 (4) A~~n~~ ~~agency shall~~ **child caring institution must** provide a grievant with a written copy of the grievance resolution.

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

 Rule 133. A child under ~~6~~ **10** years of age ~~shall~~ **may** not remain in a~~n~~ **child caring** institution for more than 30 days~~,~~ unless this stay is documented to be in the best interest of the child.

R 400.4134 Religious~~/~~**or** spiritual policy and practices.

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

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

 (b) ~~A resident~~ **Youth** ~~shall~~ **may** not be compelled to attend religious services or religious education nor be disciplined for failing to attend.

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

R 400.4135 ~~Resident~~ **Youth** work experience.

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

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

 (b) Means of protection from exploitation.

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

 (2) Work experiences for ~~a resident~~ **youth** ~~shall~~ **must** be appropriate to the age, health, and abilities of the ~~resident.~~ **youth, and used in conjunction with the youth’s treatment plan.**

 (3) ~~Residents~~ **Youth** ~~shall~~ **are** not ~~be~~ permitted to work for staff members’ personal gain and ~~shall~~ **must** be protected from personal exploitation.

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

 Rule 136. (1) A~~n~~ **child caring** institution ~~shall~~ **will** have and follow a written policy regarding recreational activities, equipment maintenance, ~~appropriate supervision related to age of youth and developmental level of youth,~~ and training of staff involved in recreational activities.

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

 (~~2~~**3**) ~~Residents~~ **Youth** ~~shall~~ **must** be provided a variety of indoor and outdoor recreational activities designed to meet the ~~residents’~~ **youths'** needs. **Youth must be given the opportunity of an outside activity at least once a day** **unless there is inclement weather.**

 (~~3~~**~~4~~**) A~~n~~ **child caring** institution shall provide appropriate recreation supplies and equipment.

 (~~4~~**5**) Swimming ~~shall~~ ~~be~~ **is** permitted only where and when a qualified lifeguard**, who is not counted in the staffing ratio,** is on duty ~~and who is not counted in the staffing ratio~~.

 (~~5~~**6**) As used in this rule, high adventure activity means a program that requires specially trained staff or special safety precautions to reduce the possibility of an accident. If the **child caring** institution provides high adventure activities, including swimming, the **child caring** institution ~~shall~~ **must** have and follow a program statement that covers all ~~of~~ the following:

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

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

 (c) Classifications and limitations for ~~resident~~ **youth** participation.

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

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

 (f) Safety precautions.

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

 (~~2~~**7**~~)~~ If **child caring** institution staff take youth away from the **child caring** institution for or more overnights, the institution ~~shall~~ **must** keep a travel plan on file at the institution. The travel plan ~~shall~~ **will** include an itinerary and pre-established check-in times.

R 400.4137 Sleeping rooms.

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

 (2) ~~Residents of the opposite sex, if either is over 5 years of age, shall not sleep in the same sleeping room.~~ **The presumption for diverse SOGIE youth is that they are placed consistently with their gender identity. In addition to the information relevant to placement of all youth, the child caring institution must consider all the following:**

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

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

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

 (~~3~~**4**) In new and converted **child caring** institutions, single occupant sleeping rooms ~~shall~~ **must** not be less than 70 square feet, exclusive of closet space.

 (~~4~~**5**) In new and converted **child caring** institutions, multi-occupant sleeping rooms ~~shall~~ **must** not be less than 45 square feet per occupant, exclusive of closet space.

 (~~5~~**6**) In new or converted secure **child caring** institutions, locked ~~resident~~ **youth** sleeping rooms ~~shall~~ **must** be equipped with a 2-way monitoring device.

 (~~6~~**7**) In programs that accept **youth who are minor parents who have children placed together**, **the child caring institution must follow the department’s safe sleep practices located at** [**www.michigan.gov/dhhs**](http://www.michigan.gov/dhhs) **for** children **who are** less than ~~2~~ **1** year~~s~~ of age**.** ~~, the following safe sleep conditions shall be followed.~~

 ~~(a) Infants, birth to 12 months of age, shall rest alone in a crib that meets all of the following conditions:~~

 ~~(i) Has a firm, tight-fitting mattress with a waterproof, washable covering.~~

 ~~(ii) Does not have any loose, missing, or broken hardware or slats.~~

 ~~(iii) Has not more than 2 3/8 inches between slats.~~

 ~~(iv) Has no corner posts over 1/16 inches high.~~

 ~~(v) Has no cutout designs in the headboard or footboard.~~

 ~~(vi) Has a tightly fitted bottom sheet that covers the mattress with no additional padding placed between the sheet and mattress~~.

~~(vii) Blankets shall not be draped over cribs or bassinets.~~

 ~~(viii) Soft objects, bumper pads, stuffed toys, blankets, quilts or comforters, and other objects that could smother a child shall not be placed with or under a resting or sleeping infant. An infant’s head shall remain uncovered during sleep.~~

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

 ~~(c) Infant car seats, infant seats, infant swings, highchairs, playpens, pack-n-play, waterbeds, adult beds, soft mattresses, sofas, beanbags, or other soft surfaces are not approved sleeping equipment for children 24 months of age or younger.~~

 ~~(d) Children 24 months or younger who fall asleep in a space that is not approved for sleeping shall be moved to approved sleeping equipment appropriate for their size.~~

 ~~(e) Children birth to 24 months of age shall sleep alone in a crib or toddler bed that is appropriate and sufficient for the child’s length, size, and movement. An infant shall be placed on his or her back for resting and sleeping.~~

 ~~(g) An infant unable to roll from stomach to back, and from back to stomach, when found facedown, shall be placed on his or her back.~~

 ~~(h) An infant who can easily turn over from his or her back to his or her stomach shall initially be placed on his or her back, but allowed to adopt whatever position he or she prefers for sleep.~~

 ~~(i) For an infant who cannot rest or sleep on his or her back, the institution shall have written instructions, signed by a physician, detailing an alternative safe sleep position and/or other special sleeping arrangements for the infant.~~

 (~~j~~**9**) The **child caring** institution shallmaintain supervision and frequently monitor infant’s breathing, sleep position, and bedding for possible signs of distress. Baby monitors ~~shall~~ **mus**t not be used exclusively to ~~comply~~ **adhere** with this **subrule** ~~subdivision~~.

R 400.4138 Bedding and linen.

 Rule 138. (1) Each ~~resident~~ **youth** ~~shall~~ **must** be provided with an individual bed with a clean pillow~~,~~ **and** mattress ~~and sufficient clean blankets~~.

 (2) **Unless otherwise indicated by the youth’s safety plan**, ~~E~~**e**ach ~~resident~~ **youth** ~~shall~~ **must** be provided with clean sheets**,** ~~and~~ a pillowcase**,** **and sufficient clean blankets** at least weekly and more often if soiled.

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

~~R 400.4139 Driver’s license.~~ **Rescinded.**

 ~~Rule 139. The institution shall document that the driver of any vehicle transporting residents at the request of or on behalf of the licensee shall be an adult and possess a valid operator or chauffeur license with endorsement appropriate to the vehicle driven and the circumstances of its use.~~

R 400.4140 Transportation.

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

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

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

 (~~3~~**4**) ~~Each resident~~ ~~transported~~ **Transported youth** ~~shall~~ **must** occupy a manufacturer's designated seat. ~~A resident~~ **Youth** ~~shall~~ **may** not be transported in any portion of any vehicle not specifically designed by the manufacturer for passenger transportation.

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

 (~~4~~**6**) Infants and children ~~shall~~ **must** use age-appropriate child safety seats as required by state law.

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

~~R 400.4141 Safety belts.-~~**Rescinded.**

 ~~Rule 141. The driver and all passengers shall be properly restrained with safety belts while the vehicle is being operated.~~

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

 Rule 142. (1) A~~n~~ **child caring** institution **must provide timely health services. In case of an accident or sudden adverse change in a youth's physical condition or adjustment, the child caring institution must immediately obtain needed care.**

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

 (a) Routine and emergency medical, ~~and~~ dental, **and behavioral health care.**

 (b) Health screening procedures.

 (c) Documentation of ~~medical~~ **health** care and maintenance of health records.

 (d) Storage of medications.

 (e) Dispensing medication**,** **including methods for dispensing medication when the youth will be off site, for example, all-day outings, parenting time, and court appearances.** **Prescription medication, including dietary supplements, or individual,**

**special medical procedures must be given, taken, or applied only as prescribed by a**

**licensed medical practitioner or dentist.**

(f) ~~Definition and training of personnel authorized to dispense medications.~~

 (~~g~~)  ~~Methods for dispensing medication when the resident will be off site~~. **Procedures for communicating youth health care needs at the child caring institution and during any transition of care, for example, at admission, visitation, discharge, and transfer for inpatient medical or psychiatric care, or both.**

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

 (~~2~~**3**) ~~Resident~~ **Youth** medications ~~shall~~ **must** be kept in the original pharmacy supplied container until dispensed, **and** ~~shall~~ **must** be kept with the equipment to administer it in a locked area, and refrigerated, if required.

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

 **(a) Medications the child is taking on admission.**

 **(b) Medications recommended during treatment.**

R 400.4143 Medical treatment; supervision.

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

R 400.4144 Admission health screening; physical examinations.

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

 (2) An institution ~~shall~~ **must** ~~have the following documentation of an admission physical examination for each resident, unless an earlier examination is medically indicated:~~ **identify health needs within 3 days of admission by any of the following**:

 **(a) Reviewing documentation of the most recent examination completed under department policy.**

 **(b) Completing a comprehensive examination appropriate to the youth’s age per department policy.**

 **(c)**  **Conducting an** **examination** **earlier than the deadline** **if medically indicated.**

 ~~(a) For a resident under 3 years of age, a physical examination shall have been completed within 90 calendar days prior to admission or a new physical examination shall be completed within 30 calendar days after admission.,~~

 ~~(b) For a resident 3 years of age or older, a physical examination shall have been completed within 1 year prior to admission or a new physical examination shall be completed within 30 calendar days after admission.~~

 (3) ~~Sufficient health history information shall be documented for each resident to assure proper medical care.~~ **The admission comprehensive health examination must follow, at a minimum, the recommendations by the American Academy of Pediatrics Bright Futures Guidelines.**

 (4) Nothing in the rules adopted under the act ~~shall~~ authorize**s** or require**s** a medical or physical examination or treatment for any child whose parent objects on religious grounds. If a parent objects to medical or physical examinations or treatments on religious grounds, the objection ~~shall~~ **must** be made in writing to the institution and retained in the resident’s file.

R 400.4145 Periodic physical examinations.

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

 (a) At least once every 3 months for ~~residents~~ **youth** under 1 year of age.

 (b) At least once every 14 months for ~~residents~~ **youth** 1 year of age or older.

 (2) Nothing in the rules adopted under ~~1973 PA 116 shall~~ **the act** authorize**s** or require**s** a medical or physical examination or treatment for any ~~child~~ **youth** whose parent objects on religious grounds. If a parent objects to medical or physical examinations or treatments on religious grounds, the objection ~~shall~~ **must** be made in writing to the institution and retained in the ~~resident’s~~ **youth’s** file.

R 400.4146 Immunizations.

 Rule 146. (1) A ~~resident~~ **youth** shall have current immunizations as required by the department ~~of community health~~.

 (2) ~~If documentation of immunizations is unavailable,~~ **I**~~i~~mmunizations ~~shall~~ **must** begin within 30 calendar days of admission, unless a statement from a ~~physician~~ **licensed health care provider** indicat~~ing~~**es** **there is any of the following:**

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

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

 **(c)** **A statement that** immunizations are contraindicated **is** included in the ~~resident’s~~ **youth’s** record.

 (3) ~~A written statement from a physician, referring agency, parent, or guardian indicating immunizations are current is sufficient documentation of immunizations~~ **Documentation of immunizations from the Michigan Care Improvement Registry is the primary source to determine if immunizations are up to date**.

 (4) Nothing in the rules adopted under ~~1973 PA 116~~ **the act** ~~shall~~ authorize**s** or require**s** immunizations for any **youth** whose parent objects on religious grounds **unless the youth is a temporary court ward, a motion is heard, and an order is entered by the circuit court for the youth’s case.** If a parent objects to immunizations on religious grounds, the objection ~~shall~~ **mus**t be made in writing to the institution and retained in the ~~resident’s~~ **youth’s** file.

R 400.4147 Dental care**.**

 Rule 147. (1) ~~A~~ ~~licensee~~ **Child caring institution staff** ~~shall~~ **must** provide for and document dental examinations and treatment for each ~~resident3~~ **youth** **1** year~~s~~ of age and older.

 (2) A dental examination within~~12~~ **3** months prior to admission ~~shall~~ **must** be documented or there ~~shall~~ **must** be an examination not later than 90 calendar days following admission.

 (3) Reexamination ~~shall~~ **must** be provided at least every ~~14~~ **6** months unless greater frequency is indicated.

R 400.4148 Personal hygiene**.**

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

R 400.4149 ~~Resident~~ **Youth** nutrition.

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

 (2) Meals ~~shall~~ **must** be of sufficient quantity to meet the nutritional allowances recommended by USDA guidelines:[**https://health.gov/news/202012/usda-and-hhs-just-released-dietary-guidelines-americans-2020**](https://health.gov/news/202012/usda-and-hhs-just-released-dietary-guidelines-americans-2020)**.** ~~(www.healthierus.gov/dietaryguidelines)~~

 (3)~~A resident who has been prescribed a special diet by a physician shall be provided such a diet~~. **A child caring institution must provide any special diet that has been prescribed by a licensed medical practitioner.**

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

 (~~4~~**5**) Menus, including snacks if provided, ~~shall~~ **must** be written and posted prior to the serving of the meal. Any change or substitution ~~shall~~ **must** be noted and considered as part of the original menu. ~~Menus shall be retained for 1 year~~.

R 400.4150 Incident reporting.

 Rule 150. (1) ~~Any incident resulting in serious injury of a resident or illness requiring inpatient hospitalization, shall be reported, to the parent/legal guardian, responsible referring agency, and the licensing authority as soon as possible, but not more than 24 hours after the incident~~**. Child caring institution staff must contact the youth’s parent or legal guardian, the licensing authority, and the caseworker within 12 hours, and provide a written report to the same parties within 24 hours of any of the following:**

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

 **(i) Accident.**

 **(ii) Illness.**

 **(iii) Self-inflicted harm.**

 **(iv) Injury caused by others.**

 **(v) Mental health crisis.**

 **(b) Attempted suicide.**

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

 **(d) Behaviors that result in contacting law enforcement.**

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

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

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

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

 ~~(4) When a resident’s behavior results in contact with law enforcement, the incident shall~~ ~~be reported to the parent/legal guardian, responsible referring agency, and the licensing authority as soon as possible, but not more than 24 hours after the incident.~~

R 400.4151 Emergency; continuity of operation procedures.

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

 (a) Fire.

 (b) Severe weather.

 (c) Medical emergencies.

 **(d) Transmission of communicable diseases.**

 (~~d~~**~~e~~**) Missing persons.

 (f) Disasters.

 (~~f~~**~~g~~**) Utility failures.

 **(h) Environmental hazards**.

 (2) The procedures ~~shall~~ **must** explain~~, in detai~~l~~,~~ all ~~of~~ the following:

 (a) Staff roles and responsibilities.

 (b) Evacuation procedures.

 (c) Required notifications, including**,** but not limited to, **the parent or legal guardian**, ~~and~~ thelicensing authority, the referring agency, and law enforcement.

 (d) Methods for maintaining continuity of services.

R 400.4152 Initial documentation.

 Rule 152. At the time of admission, all ~~of~~ the following ~~shall~~ **must** be in the ~~resident's~~ **youth’s** ~~case~~ **family service plan** record:

 (a) Name, address, birth date, sex, gender, **SOGIE identity**, race, height, weight, hair color, eye color, identifying marks, religious preference, and school status.

 (b) A photograph taken within the previous 12 months.

 (c) A ~~brief~~ description of the ~~resident's~~ **youth’s** preparation for ~~placement~~ **care and treatment in a child caring institution.**

 **(d)** **A description and documentation of the** ~~and~~ general physical and emotional state at the time of admission**, immediate medical and mental health needs, and immediate safety planning for the protection of the youth and others in the child caring institution.**

 **(e) Documentation of health information including current medications, both prescribed and over the counter, medical examinations, mental health assessment and treatment plan, if applicable, and laboratory data from the prior year.**

 (~~d~~**f**) Name, address, and marital status of parents and name and address of legal guardian, if known. **If unknown , that information must be obtained and entered into the youth’s youth and family service plan record within 7 calendar days.**

 (~~e~~**g**) Date of admission and legal status.

 (~~f~~**h**) Documentation of legal right to provide care**,** **either through consent of a parent or legal guardian, or by court order.**

 (~~g~~**i**) Authorization to provide medical, dental, and surgical care and treatment as provided in section 14a(1), (2), and (3) of ~~1973 PA 116~~**the act**, MCL 722.124a.

 (~~h~~**j**) A brief description of the circumstances leading to the need for care.

 (~~i~~**k**) Documentation that the grievance policy was provided as required in R 400.4132.

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

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

 (a) The reason for care **and treatment**.

 (b) An assessment of the ~~resident’s~~ **youth’s** immediate and specific needs**, including input by the youth and parent or legal guardian.**

 (c) The specific services to be provided by the **child caring** institution.

 (d) Other resources to meet the ~~resident’~~s **youth’s** needs.

 **(2) Copies of the plan shall be maintained at the child caring institution, and provided to the youth, parent or legal guardian, and the referring agency**.

R 400.4154 Shelter care and detention institutions; service plans.

 Rule 154. (1) Within 30 calendar days after admission and every 15 calendar days thereafter, a~~n~~ **child caring** institution ~~shall~~ **must** complete a written service plan. The service plan ~~shall~~ **must** include all ~~of~~ the following:

 (a) The reason for continued care.

 (b) Evaluation of service needs **including input by the youth and parent or legal guardian.**

 (c) Ongoing service needs.

 (d) How service needs will be met.

 (e) Unmet service needs and the reasons those needs are unmet.

 (2) Copies of the plan ~~shall~~ **must** be maintained at the **child caring** institution**, and provided to the youth, parent or legal guardian, and the referring source**.

R 400.4155 **Child caring** ~~I~~**i**nstitutions not detention ~~institution~~s or shelter care ~~institutions~~;

 **facilities**; initial treatment plan.

 Rule 155. (1) The social service worker shallcomplete~~, sign, and date~~ an initial treatment plan for each ~~resident~~ **youth** within 30 calendar days of admission.

 (2) The initial treatment plan ~~developed by the social worker~~ ~~shall~~ **must** document input from the ~~resident~~ **youth**~~,~~**;** the ~~resident’s~~ **youth’s** parents~~,~~**;** **the youth’s medical or mental health provider or clinician, or both; independent accessor;** direct care staff~~,~~**;** and the referral source, unless documented as inappropriate.

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

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

 (b) Plans for parent and ~~child visitation~~ **youth family time.**

 (c) Treatment goals to ~~remedy the problems of the~~ ~~resident~~  **improve youth** and family **functioning**, and time frames for achieving the goals.

 (d) Indicators of goal achievement.

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

 (f) Staff techniques for achieving the ~~resident’s~~ **youth’s** treatment goals, including a specific ~~behavior management~~ plan. The plan ~~shall~~ **must** be designed to ~~minimize~~ **promote healing and** **prevent** seclusion and restraint and include a continuum of **crisis prevention and intervention and de-escalation** responses to ~~problem~~ **the youth’s** behaviors.

 (g) Projected length of stay and next placement.

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

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

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

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

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

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

R 400.4156 **Child caring** ~~I~~**i**nstitutions not detention ~~institutions~~ or shelter care ~~institutions~~

 **facilities**; updated treatment plan.

 Rule 156. (1) The social service worker ~~shall~~ **must** complete~~, sign, and date~~ an updated treatment plan for each ~~resident~~ **youth** at least once every 90-calendar days following the initial treatment plan.

 (2) The updated treatment plan ~~developed by the social worker~~ ~~shall~~ **must** document input from the ~~resident~~ **youth**~~,~~**;** the ~~resident's~~ **youth’s** parents**~~;~~** **the youth’s medical or mental health provider or clinician**, **or both;** direct care staff~~,~~**;** and the referral source, unless documented as inappropriate.

 (3) The updated treatment plan ~~shall~~ **must** include all ~~of~~ the following information:

 (a) Dates, persons contacted, type of contact, and place of contact.

 (b) Progress made toward achieving the goals established in the previous treatment

plan, **including input by the youth and parent or legal guardian.**

 (c) Changes in the treatment plan, including new problems and new goals to ~~remedy~~

~~the problems~~ **improve youth and family and functioning**. Indicators of goal achievement and time frames for achievement ~~shall~~ **must** be specified along with a specific ~~behavior management~~ **behavioral and calming** plan designed to ~~minimize~~ **promote healing and****prevent** seclusion and restraint and that includes a continuum of **crisis prevention and intervention and de-escalation techniques** ~~responses~~ **to** **respond** to ~~problem~~ **the youth’s** behaviors.

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

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

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

 (5) The social service supervisor ~~shall~~ **must**, **within 14 days of receipt of the worker’s updated treatment plan**, approve, countersign, and date the updated treatment plan.

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

R 400.4157 Behavior**al** ~~management~~ **and calming plan.**

 Rule 157. (1) A~~n~~ **child caring** institution shall ~~establish and follow~~ **develop** written policies and ~~procedures that describe the institution’s behavior management system. The policies and procedures shall be reviewed annually and updated as needed. These shall be available to all residents, their families, and referring agencies.~~ **implement a behavioral and calming plan that includes all the following:**

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

 **(i) On-site, sensory-based interventions that will be made available to youth.**

 **(ii) A physical environment that promotes comfort and healing.**

 **(iii) Access to a youth’s support team, which may include peer support.**

 **(iv) Youth engagement with family.**

 **(v) In the absence of family, developing a community of support for youth.**

 **(vi) Opportunities to teach youth dispute resolution, conflict mediation, and negotiation skills.**

 **(vii) Staff awareness and inclusion in each youth’s behavior and calming plan that is updated regularly, as needed.**

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

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

 **(i) Safety and calming strategies unique for each youth, including options for support tools.**

 **(ii) Utilizes trauma responsive and best practices.**

 **(iii) A youth-centered behavioral and calming plan incorporating input and ideas from the youth and family.**

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

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

 (2) ~~At a minimum, the behavior management system shall include all of the following:~~

 ~~(a) A structured system designed to reward the positive behavior of individual residents based upon the effort put forth.~~

 ~~(b) Positive intervention strategies to assist residents in developing improved problem solving, self-management, and social skills.~~

 ~~(c) Written guidelines for informally resolving minor misbehavior.~~

 ~~(d) Written rules of conduct that specify all of the following:~~

 ~~(i) Expected behavior.~~

 ~~(ii) Acts that are prohibited in the institution.~~

 ~~(iii) The range of interventions that may be imposed for violation of those rules.~~

 ~~(e) Scheduled training for institution personnel in the behavior management system.~~

 ~~(f) A provision for resident input into the proper application of the behavior management system~~

**The child caring institution must continually educate and support workforce competency and skill development to effectively implement the institution’s behavioral and calming plan approach.**

 **(3) The agency written behavioral and calming plan policies must be reviewed annually and updated as needed. The plans must be provided to the department for review.**

 (~~g~~**~~4~~**) ~~A provision for the distribution of behavior management policies and procedures to~~ Upon admission, the ~~agency~~ **child caring institution mus**t ~~shall~~ provide each ~~residents, parents~~, **youth, family**, and referral agenc**y**~~ies.~~ **a handbook that includes the institution’s written behavioral and calming plan policies summarized in appropriate language. The actual policies must be available and provided upon request**.

R 400.4158 ~~Discipline~~ **Intervention standards and prohibitions**.

 Rule 158. (1) A~~n~~ **child caring** institution shall establish and follow written policies and procedures ~~regarding discipline. These shall be available to all residents, their families, and referring agencies~~. **that prohibit the following forms of intervention:**

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

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

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

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

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

 **(v) Peer-on-peer discipline.**

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

 **(i) Food or creating alternative menus.**

 **(ii) Family time or any type of communication~~s~~ with family.**

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

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

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

 (2) ~~An institution shall prohibit all cruel and severe discipline, including any of the following:~~

 ~~(a) Any type of corporal punishment inflicted in any manner.~~

 ~~(b) Disciplining a group for the misbehavior of individual group members.~~

 ~~(c) Verbal abuse, ridicule, or humiliation.~~

 (~~d) Denial of any essential program services, including adoption planning.~~

 ~~(e) Withholding of food or creating special menus for behavior management purposes.~~

 ~~(f) Denial of visits or communications with family.~~

 ~~(g) Denial of opportunity for at least 8 hours of sleep in a 24-hour period.~~

 ~~(h) Denial of shelter, clothing, or essential personal needs~~**. An agency will provide a list of these prohibited practices to all youth, their families, and referring agencies upon admission.**

 ~~(3) Residents shall not be permitted to discipline other residents.~~

R 400.4159 ~~Resident~~ **Youth** restraint; pregnant youth; **reduction, prevention; prohibited**

 **restraints; elimination of restraints.**

 Rule 159. (1) ~~An~~**A child caring** institution, **including private secure juvenile justice facilities**, ~~must~~ **shall** establish ~~and follow written policies and procedures regarding restraint~~ **a process improvement and restraint reduction/elimination plan that:** ~~these policies and procedures shall be available to all residents, their families, and referring agencies.~~

 **(a) Includes documentation of each restraint.**

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

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

 **(ii) Conflict management.**

 **(iii) Minimizing trauma.**

 **(iv) Staff emotional self-regulation techniques.**

 **(c) Training must be conducted by certified trainers.**

 **(d) Staff must complete refresher training annually or more frequently as needed.**

 **(e) The agency must maintain documentation verifying staff training.**

 **(f)** **The agency will review all restraints at least monthly.**

 **(g) The agency shall establish a restraint reduction committee, including youth and family representation, for the purpose of analysis, process improvement, communication, and recognition of efforts to eliminate the use of restraints.**

 (2) ~~Resident restraint must be performed in a manner that is safe, appropriate, and proportionate to the severity of the minor child’s behavior, chronological and developmental age, size, gender, physical condition, medical condition, psychiatric condition, and personal history, including any history of trauma, and done in a manner consistent with the resident’s treatment plan.~~ **The following restraints are strictly prohibited:**

 **(a) Use of chemical restraints as defined in section 2b of the act, MCL 722.112b.**

 **(b) Use of pressure point control and pain adherence techniques at the facility.**

 **(c) Use of straightjackets, hogtying, and restraint chairs.**

 **(d) Restraining youth to fixed objects, including beds or walls.**

 **(e) Restraining youth in a prone position or any restraint that restricts the youth’s airway.**

 **(f) Using restraints for punishment, discipline, retaliation, or humiliation.**

 **(g) Peer-on-peer discipline or utilizing the assistance of another youth to implement a restraint.**

 (3) ~~Subrules (4) and (5) apply to those public or private licensed child caring institutions for which the primary purpose is to serve juveniles that have been accused or adjudicated delinquent for having committed an offense, other than a juvenile accused or adjudicated under section 2 of chapter XIIA of the probate code of 1939, 1939 PA 288, MCL 712A.2.~~ **For a youth who is pregnant, including a youth who is in labor, delivery, or post-partum recovery, mechanical restraints are prohibited. In addition, the following restraints are prohibited for use on pregnant youth:**

 **(a) Abdominal restraints.**

 **(b) Leg and ankle restraints.**

 **(c) Wrist restraints behind the back.**

 **(d) Four or five-point restraints.**

 (4) ~~Mechanical restraints must not be used on pregnant youth, including youth who are in labor, delivery, and post-partum recovery, unless credible, reasonable grounds exist to believe the youth presents an immediate and serious threat of hurting self, staff, or others.~~ **Only the least restrictive intervention necessary to prevent immediate harm to the youth or others may be used and follows an individualized set of graduated interventions that avoid the use of restraints.**

 (5) ~~The following restraints are prohibited for use on pregnant youth unless reasonable grounds exist to believe the youth presents an immediate and credible risk of escape that cannot be reasonably minimized through any other method:~~

 ~~(a) Abdominal restraints.~~

 ~~(b) Leg and ankle restraints.~~

 ~~(c) Wrist restraints behind the back.~~

 ~~(d) Four-point restraints on known pregnant juveniles.~~ **In the event a restraint occurs, it must be performed in a manner that is safe, appropriate, and proportionate to the severity of the youth’s behavior, chronological and developmental age, size, gender, physical condition, medical condition, psychiatric condition, and personal history, including any history of trauma, and must be done in a manner consistent with the youth’s treatment plan.**

 ~~(6) The written policy must include all of the following:~~

 ~~(a) Procedures for the review of an incident of restraint within 48 hours by a level of supervision above the staff ordering or conducting the restraint to determine if the requirements of the institution’s procedures were adhered to in directing and conducting the restraint.~~

 ~~(b) Procedures for the provision of sufficient and adequate training for all staff members of the institution who may use or order the use of restraint using the institution’s written procedures.~~

 ~~(c) Procedures for recording restraints as an incident report.~~

 ~~(d) Procedures for the review and aggregation of incident reports regarding restraints at least biannually by the institution’s director or designee.~~

 (~~7~~**6**) ~~The written policy must only permit the licensee to restrain a child for the following circumstances:~~

 ~~(a) To prevent injury to the child, self-injury, or injury to others.~~

 ~~(b) As a precaution against escape or truancy.~~

 ~~(c) When there is serious destruction of property that places a child or others at serious threat of violence or injury if no intervention occurs.~~ **Restraint must not last longer than the minimal duration of time it takes for a youth to calm down and to restore safety.**

 (~~8~~**7**) ~~The written policy must prohibit, at a minimum, any of the following aversive punishment procedures:~~

 ~~(a) The use of noxious substances.~~

 ~~(b) The use of instruments causing temporary incapacitation.~~

 ~~(c) Chemical restraint as defined in the act.~~ **Staff must continuously monitor the youth’s breathing and other signs of physical distress and take appropriate action to ensure adequate respiration, circulation, and overall well-being.**

 (~~9~~**8**) ~~Restraint equipment and physical restraint techniques must not be used for punishment, discipline, or retaliation~~. **When an emergency health situation occurs or the youth exhibits sign of physical distress occurs during the restraint, staff must immediately obtain treatment for the youth.**

(~~10~~**9**) ~~The use of a restraint chair is prohibited~~. **All restraints for child caring institutions, with the exception of those restraints allowed in R 400.4160 and R 400.4161, will be prohibited effective May 1, 2022.**

 ~~(11) Resident restraint must only be applied for the minimum time necessary to accomplish the purpose for its use as specifically permitted in subrule (2) of this rule. Approval of a supervisor must be obtained when the restraint lasts more than 20 minutes.~~

 ~~(12) The approval of the administrator or his or her designee must be obtained before any use of material or mechanical restraints. A staff member shall be present continuously while material or mechanical restraint equipment is being used on a resident, and the staff member shall remain in close enough proximity to the restraint to intervene immediately in case of emergency to protect the safety of the resident.~~

 ~~(13) A staff person shall document each use of material or mechanical restraint equipment in a written record and shall include all of the following information:~~

 ~~(a) The name of the resident.~~

 ~~(b) The name of the administrator or designee who authorized the use of the equipment, and the time of the authorization.~~

 ~~(c) The time the restraint equipment was applied.~~

 ~~(d) The name of the staff member who was responsible for the application.~~

 ~~(e) A description of the specific behavior that necessitated its use.~~

 ~~(f) The name of the staff person who was continuously with the resident~~.

 ~~(g) The date and time of removal of the equipment and the name of the person removing the equipment~~.

R 400.4160 ~~Seclusion rooms; department approval required~~. **Emergency restraint.**

 Rule 160. ~~(1) Prior to establishing a seclusion room, an institution shall obtain written approval from the department’s licensing authority and the department of licensing and regulatory affairs, bureau of fire services.~~ **The use of emergency restraint as a lifesaving response of a youth will be limited to:**

 **(a) An emergency response to protect the youth or others froman unanticipated or severely aggressive behavior that places the youth or others at serious threat of violence, or injury if no immediate intervention occurs.**

 **(b) When all other interventions in the agency crisis prevention and intervention plan and the youth’s individual safety and calming plan have been utilized but fail to protect the youth or others from ~~serious physical harm~~. unanticipated or severely aggressive behavior that places the youth or others at serious threat of violence, for injury if no immediate intervention occurs.**

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

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

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

 ~~(2) Prior to changing policies related to the use of a seclusion room, an institution shall obtain written approval from the department’s licensing authority~~.

 R 400.4161 ~~Seclusion rooms; policies and procedures~~. **Secure juvenile justice facilities.**

 **mechanical restraint; policies and procedures; prohibitions.**

 Rule 161. ~~An institution approved to use a seclusion room shall establish and follow written policies and procedures specifying its use. The policy shall include, at a minimum, all of the following provisions:~~

 ~~(a) Seclusion shall be performed in a manner that is safe, appropriate, and proportionate to the severity of the minor child’s behavior, chronological and developmental age, size, gender, physical condition, medical condition, psychiatric condition, and personal history, including any history of trauma.~~

 ~~(b) The room may only be used if a resident is in danger of jeopardizing the safety and security of himself, herself, or others.~~

 ~~(c) The room shall be used only for the time needed to change the behavior compelling its use.~~

 ~~(d) Not more than 1 resident shall be placed in a room at 1 time.~~

 ~~(e) Staff shall observe the resident at intervals of 15 minutes or less and shall record the~~

~~observation in a seclusion room log. Video surveillance shall not be the only means of observation.~~

~~(f) The log shall include all of the following information:~~

(~~i) Name of resident.~~

~~(ii) Time of each placement.~~

~~(iii) Name of staff person responsible for placement.~~

~~(iv) Description of specific behavior requiring use or continued use of the room and interactive strategy for removal.~~

~~(v) Medical needs addressed during seclusion, including medication administration.~~

~~(vi) Time of each removal from the room.~~

~~(g) The room shall be equipped to minimize suicide risk and risk of physical injury. Break-resistant glass glazing and/or security screening shall be provided.~~

~~(h) The monitoring device or devices in a seclusion room shall be on and monitored by an employee when a resident is in the room.~~

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

 **(2) Staff are prohibited from doing the following:**

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

 **(b) Leave sleeping youth in restraints.**

 **(c) Leaving a restrained youth alone.**

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

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

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

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

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

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

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

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

 **(11)** **Written policies notifications must be posted publicly in visiting areas and provided in writing, in their entirety, to referral agencies and legal guardians.**

R 400.4162 Seclusion ~~rooms~~ **within secure and nonsecure facilities; seclusion plan;**

 **prohibitions; reduction and elimination.**~~;~~ ~~administrative oversight~~.

 Rule 162. ~~(1) The chief administrator or chief administrator designee shall be informed of all instances of placement into a seclusion room within 24 hours.~~

 ~~(2) The chief administrator or chief administrator designee shall track all instances of the use of a seclusion room, the length of each confinement, the frequency of individual residents confined, the reason for the confinement, and the staff person who initiated the confinement for the purpose of analyzing the effectiveness of the intervention for controlling behavior in the program~~.

 ~~(3) For each instance in which a resident remains in the room for more than an hour, the log shall contain documentation of supervisory approval and the reasons for continued use.~~

 ~~(4) For each instance in which a resident remains in the room for more than 2 hours, the log shall contain hourly supervisory approval and the reasons for continued use.~~

 ~~(5) When the seclusion room is used for more than 3 hours, administrative review above the level of the supervisor who approved the extended use shall be completed and documented within 48 hours.~~

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

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

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

 **(ii) Conflict management.**

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

 **(b) Training must be conducted by certified trainers.**

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

 **(d) Access to youth support team members.**

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

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

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

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

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

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

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

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

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

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

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

R 400.4163 ~~Secure facilities serving juvenile justice youth; seclusion room~~. **Health status**

 **assessment; notification; debriefing; reporting.**

 Rule 163. ~~(1) A child caring institution shall not confine a resident in a room as punishment for misconduct except within a secure facility serving exclusively juvenile justice youth.~~

 ~~(2) The institution shall establish and follow a written policy, which, at a minimum, includes all of the following~~:

 (~~a) Supervisory approval prior to use of seclusion as punishment~~.

 ~~(b) A process that allows the resident all the following:~~

 ~~(i) Written notice of the alleged misconduct.~~

 ~~(ii) Written notice of actions that can be taken to be released.~~

 (~~iii) Items in subrule (2)(b)(i) and (ii) of this rule shall be provided to the resident before the seclusion begins.~~

 ~~(iv) If a resident is originally placed in seclusion for a reason other than a sanction and the institution determines that the confinement will also be used as a sanction, the items in subrule (2)(b)(i) and (ii) of this rule shall be provided not later than 24 hours after the resident is placed into seclusion.~~

 ~~(c) All sanctions of room confinement shall be for specific periods of time.~~

 ~~(d) A sanction of room confinement shall not exceed 72 hours inclusive of any time spent in seclusion for out-of-control behavior at the time of the incident itself. Sanctions of 72 hours shall be reserved for only the most serious misconduct.~~

 (~~e) Staff shall observe the resident at intervals of 15 minutes or less and shall record the observation in a seclusion room log.~~

 ~~(f) The log shall include all of the following information:~~

 (~~i) Name of resident.~~

 ~~(ii) Time of each placement.~~

 ~~(iii) Name of staff person responsible for each placement.~~

 (~~iv) Description of specific behavior requiring use of room.~~

 ~~(v) Time of observations of resident.~~

 ~~(vi) Time of each removal from room.~~

 ~~(vii) Addressing of medical needs, including medication administration.~~

 ~~(g) An institution shall not implement a resident reintegration behavior plan that extends the period of room confinement. A resident shall be released from room confinement at the end of the specified period.~~

 ~~(3) Prior to establishing or changing a policy under this rule, an institution shall have written approval from the department licensing authority.~~

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

 **(2) Health status screening of the youth will occur immediately after seclusion or restraint by staff assigned to this screening as defined in agency policy. If the youth has any physical complaints or if the screening staff has any concerns, depending on the severity of the complaint or concerns, the staff will arrange for the youth’s health needs to be met immediately by any of the following actions:**

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

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

 **(c) Contacting emergency medical services.**

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

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

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

 **(ii) The youth’s child and family caseworker.**

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

 **(iv) The youth’s advocate, if applicable.**

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

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

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

 **(ii) The youth’s child and family caseworker.**

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

 **(iv) The youth’s advocate, if applicable.**

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

 **(c) The notification shall include all the following:**

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

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

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

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

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

 **(a) Consistent with trauma-informed principles.**

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

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

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

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

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

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

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

 **(b) Time of the authorization.**

 **(c) Specific rationale for use.**

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

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

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

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

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

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

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

R 400.4164 ~~Secure facilities serving juvenile justice youth; reintegration~~**~~.~~ Rescinded.**

 ~~Rule 164. A secure facility that serves juvenile justice youth may have policies and~~

 ~~procedures used to reintegrate youth who have been placed in seclusion back into the program.~~

 ~~A facility shall not use reintegration in conjunction with seclusion that has been used as a~~

 ~~sanction for misconduct, if that would extend a resident’s confinement for more hours than the~~

 ~~original sanction or more than 72 total hours. The policy for reintegration shall include, at a~~

 ~~minimum, all of the following:~~

 ~~(a) The room may only be used for the time needed to change the behavior compelling its use~~

 ~~(b) When a resident has been in seclusion for more than 2 hours, the reintegration plan shall be developed at the supervisory level and shall include all of the following:~~

 ~~(i) A clear statement of the out-of-control behavior or risk to others that requires continued seclusion.~~

 ~~(ii) Target behavioral or therapeutic issues that must be resolved.~~

 ~~(iii) Specific reintegration requirements or behavioral or therapeutic intervention assignments and goals that must be completed while the resident is in the seclusion room, listed in writing, and shared with the resident.~~

~~(iv) If intermittent removal from the seclusion room is required for the resident to work on the specific behavioral/therapeutic intervention goals, the level of restriction from the program and goals for the period of time out of the room must be listed in writing and shared with the resident~~.

~~(v) The strategies staff are to use to aide the resident in resolving the issues requiring seclusion and reintegrating into the program.~~

~~(c) The secure facility serving juvenile justice youth shall comply with R 400.4162.~~

~~(d) A reintegration plan shall not last longer than 72 hours.~~

R 400.4165 Secure facilities serving juvenile justice youth; lockdowns.

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

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

 (a) Who may order a lockdown.

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

 (c) How the problem is to be contained.

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

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

R 400.4166 Discharge plan.

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

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

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

 (c) An assessment of the ~~resident’s~~ **youth’s** needs that remain to be met.

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

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

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

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

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

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

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

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

R 400.4167 Case record maintenance.

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

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

 **(b) Medication administration records.**

 **(c) Laboratory records.**

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

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

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

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

PART ~~4~~**2**. ENVIRONMENTAL HEALTH AND SAFETY

R 400.4401 Applicability.

 Rule 401. The rules set forth in this part apply to all **child caring** institution**s** ~~facilities~~ unless specifically noted otherwise.

R 400.4407 **Child caring institution** ~~Facility~~ and premises maintenance.

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

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

 (~~2~~**3**) Hazardous areas ~~shall~~ **must** be guarded or posted as appropriate to the age and capacity of the ~~residents~~ **youth**.

 (~~3~~**4**) The ~~facility~~ **child caring institution,** including main and accessory structures, ~~shall~~ **must** be maintained ~~so as~~ to prevent and eliminate rodent and insect harborage.

 (~~4~~**5**) Rooms, exterior walls, doors, skylights, and windows ~~shall~~ **must** be weathertight and watertight and ~~shall be~~ kept in sound condition and in good repair.

 (~~5~~**6**) Floors, interior walls, and ceilings ~~shall~~ **must** be sound and in good repair and ~~shall~~ be maintained in a clean condition.

 (~~6~~**7**) Plumbing fixtures and water and waste pipes ~~shall~~ **must** be properly installed and maintained in good working condition.

 (~~7~~**8**) ~~Water closet compartments,~~ **B**~~b~~athroom, and kitchen floors ~~shall~~ **must** be constructed and maintained**,** ~~so as~~ ~~to be reasonably impervious to water,~~ **waterproof,** and be composed of a slip resistant material.

 (~~8~~**~~9~~**) Equipment~~, including~~ **and** recreation devices, **with the exception of playground equipment**, ~~shall~~ **must** be inspected periodically for defects. Proper maintenance ~~shall~~ **must** be carried out to keep equipment in a safe operating condition.

 (~~9~~**10**) Water heaters ~~shall~~ **must** have an operable thermostatic temperature control and a pressure relief valve.

 (~~10~~**11**) Stairways, porches, and elevated walkways ~~shall~~ **must**have structurally sound and safe handrails.

R 400.4409 Ventilation.

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

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

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

R 400.4411 Natural light.

 Rule 411. ~~(1)~~ Every sleeping room occupied by ~~residents~~ ~~shal~~l **youth must** have natural light from a source ~~which~~ **that** is equal to not less than 8% of the floor area for that room. A skylight, louver, glass-blocked panel, or similar light-transmitting device ~~shall~~ **may** not be counted for more than 50% of the required area in place of conventional windows and glass doors.

 ~~(2) Every habitable room shall have artificial light capable of providing not less than 20 footcandles of illumination at a height of 3 feet above the floor~~.

R 400.4414 Water supply.

 Rule 414. (1) The water supply for a~~n~~ **child caring** institution ~~shall comply~~ **must adhere** ~~with~~ **to** ~~the requirements of~~ ~~the department of public health~~ **drinking water standards established by the department of environment, great lakes and energy, or local requirements.** Installation of new wells or repairs on existing wells ~~shall~~ **must** be done by water drilling contractors registered under sections 12701 to 12721 of **the public health code,** ~~Act No. 368 of the Public Acts of~~ 1978 **PA 368**, ~~as amended,~~ ~~being S~~ **MCL** 333.12701 to 333.12721. ~~of the Michigan Compiled Laws.~~

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

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

R 400.4417 Toilet and bathing facilities.

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

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

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

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

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

R 400.4420 ~~Food service establishment and facilities, equipment, and procedures.~~ **Rescinded.**

 ~~Rule 420. Facilities, equipment, and procedures used in the preparation, storage, and service of food shall comply with the applicable provisions of sections 12901 to 12922 of Act No. 368 of the Public Acts of 1978, as amended, being SS333.12901 to 333.12922 of the Michigan Compiled Laws. 12909 The facilities, equipment, and procedures required shall depend on the amount of food service and the type of food service operation.~~

R 400.4426 Garbage and refuse.

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

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

R 400.4428 Sewage disposal.

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

R 400.4431 Heating equipment.

 Rule 431. (1) Heating equipment ~~shall~~  **must** be capable of maintaining a **minimum** temperature of not less than ~~68~~ **65** degrees Fahrenheit at a point ~~4~~ **2** feet above the floor. **Cooling measures must occur at a maximum 82 degrees.** An accurate thermometer ~~shall~~ **must** be provided.

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

R 400.4435 Swimming beaches and pools.

 Rule 435. (1) The water and beach area of a natural swimming area of a~~n~~ **child caring** institution ~~shall~~ **must** be free from contamination by garbage, refuse, sewage pollution, and hazardous foreign or floating materials. A survey or evaluation of the quality of the water at the swimming area ~~shall~~ **must** be made in accordance with sections 12541 to ~~12563~~ **12546 of the public health code, 1978**  ~~of Act No.~~ **PA** 368**,** ~~of the Public Acts of 1978, as amende~~d~~, being~~ ~~SS~~ **MCL** 333.12541 to 333.~~12563~~**12546**. ~~of the Michigan Compiled Laws,~~ and the rules promulgated thereunder.

 (2) A~~n~~ **child caring** institution's artificial swimming pool ~~shall~~ **must**be constructed and maintained in accordance with sections 12521 to 12534 of ~~Act No. 368 of the Public Acts of~~ 1978 **PA 368**, ~~as amended, being~~ ~~SS~~ **MCL** 333.12521 to 333.12534 ~~of the Michigan Compiled Laws~~, and the rules promulgated thereunder.

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

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

**R 400.4437 Food preparation areas.**

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

 **(2) Carpeting is prohibited in food preparation areas.**

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

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

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

 **(6) The use of deep fryers is prohibited.**

 **(7) Live animals are prohibited in food preparation and eating areas.**

**R 400.4438 Food and equipment storage.**

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

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

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

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

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

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

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

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

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

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

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

**R 400.4439 Food preparation.**

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

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

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

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

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

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

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

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

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

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

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

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

 **(d) As part of the conventional cooking process.**

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

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

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

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

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

**R 400.4440 Sanitization.**

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

 **(2) Enamelware utensils are prohibited.**

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

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

 **(a) A commercial dishwasher.**

 **(b) A residential dishwasher with sanitizing capability.**

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

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

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

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

 **(b) Thoroughly wash in detergent and water.**

 **(c) Rinse in clear water.**

 **(d) Sanitize using 1 of the following methods:**

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

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

 **(e) Air dry.**

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

# PART ~~5~~3 FIRE SAFETY FOR SMALL, LARGE, AND SECURE INSTITUTION FACILITIES

R 400.4501 Definitions.

 Rule 501. As used in this part:

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

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

 (c)"Basement" means a story of a building or structure having ½ or more of its clear height below average grade for at least 50% of the perimeter of the story.

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

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

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

 (g) "Escape window" in new construction, remodeled, or converted facilities means an approved side-hinged window with a minimum net clear opening of 5.*7* square feet with a net clear opening height of 24 inches and width of 20 inches*.* Grade floor openings ~~shall~~ **must** have a minimum net clear opening of 5.7 square feet. The window ~~shall~~ **must** be operable from the inside with a single motion and ~~shall~~ be equipped with non-locking-against- egress hardware. The window ~~shall~~ **must** be operable without the use of special tools. The sill height ~~shall~~ **must** not be greater than 36 inches from the floor, unless an approved substantial permanent ledge or similar device not less than 12 inches wide is provided under the window, in which case the sill height may be increased to 44 inches from the floor. In an existing facility, "escape window" means a window acceptable to the fire inspecting authority.

 (h) "Existing facility" means a building, accessory buildings**,** and surrounding grounds ~~which~~ **that** is licensed or approved by the department as an institution at the time these rules take effect**,** and ~~which~~ **that** is not unoccupied for more than ~~90 days~~ **1 year**. Where an increase in capacity or change in use affects fire safety requirements, the facility ~~shall comply~~ **must comply** with all applicable requirements prior to the increase or change in use.

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

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

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

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

**Table 1**



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

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

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

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

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

 **(i) Common path of travel. Max length 75’.**

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

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

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

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

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

 (~~r~~**u**) "Remodeled" means changes in a facility that modify existing conditions and includes renovation and changes in the fire alarms, sprinkler systems, and hood suppression systems. Remodeled and affected areas of a child caring institution ~~shall~~ **must** ~~conform to the provisions of~~ **comply with** these rules for fire safety for remodeled and converted facilities. Unaffected areas of a facility are not required to conform to the required provisions for remodeled and converted facilities.

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

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

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

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

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

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

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

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

R 400.4504 Adoption by reference.

 Rule 504. The department adopts **by reference** the following fire safety codes and standards. These codes and standards are available for inspection **at no cost through the department and at the National Fire Protection Association website,**  <https://www.nfpa.org>. ~~distribution to the public~~ **The codes and standards are available** at cost **through** ~~at cost~~ ~~at~~ the **Michigan** Department of **Health and** Human Services, ~~201 N. Washington Square, PO Box 30650~~, **333 S Grand Avenue, P.O. Box 30195, Lansing, Michigan 48909**~~.~~**or** ~~Copies of the codes and standards may also be obtained~~ from the appropriate agency, organization, or association **at the prices** listed below.

 ~~(a) Standard E-84-07, "Standard Tests Method for Surface Burning Characteristics of Building Materials," 2014, American Society for Testing and Materials, 100 Bar Harbor Dr., West Conshohocken, PA 19428-2959, $69.00.~~

 ~~(b) Standard No. 13, "Standard for the Installation of Sprinkler Systems," 2013, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, $95.00.~~

 ~~(c) Standard No. 22, "Standard for Water Tanks for Private Fire Protection," 2013, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269~~

~~-9101, $46.50.~~

 ~~(d) Standard No. 70, "National Electric Code," 2014, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269(-9101,) $89.50.~~

 ~~(e) Standard No. 72 “National Fire Alarm Code”, 2013, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, $80.10.~~

 ~~(f) Standard No. 80, “Standard for Fire Doors and Other Opening Protectives,” 2013, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, $46.50.~~

 ~~(g) Standard No. 82, "Standard on Incinerator and Waste and Linen Handling Systems and Equipment, Rubbish Handling," 2014~~*~~,~~* ~~National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269 (9101,~~*~~)~~* ~~$42.00.~~

 ~~(h) Standard No. 90A, "Installation of Air Conditioning and Ventilating Systems," 2015, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269 (9101) $45.00.~~

 ~~(i) Standard No. 96, "Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations” 2014, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269 – (9101,)~~ *~~$~~*~~42.00.~~

 ~~(j) Standard No. 220, "Standard on Types of Building Construction," 2015, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269 - (9101,~~*~~)~~*

~~$36.50.~~

 ~~(k) Standard No. 255, "Standard Method of Test of Surface Burning Characteristics of Building Materials," 2006, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269 (9101,) $36.50.~~

 ~~(l) Standard 723, "Test for Surface Burning Characteristics of Building Materials” 2008, Underwriters Laboratories, Inc., 1414 Brook Dr., Downers Grove, Ill. 60513,~~

~~$631.00.~~

 ~~(m) "Life Safety Code 101," 2015, National Fire Protection Association, Batterymarch Park, Quincy, Massachusetts 02269, 93.00.~~

 ~~(n) Standard E-1590 13, “Standard Method for Fire Testing of Mattresses” American Society for Testing and Materials, 100 Bar Harbor Dr., West Conshohocken, PA 19428-2959, $48.00.~~

 ~~(o) Standard No. 10, “Standard for Portable Fire Extinguishers”, 2013 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9109,~~

~~$46.50.~~

 ~~(p) Standard No. 25, “Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems”, 2014, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, $54.50.~~

 ~~(q) Standard No. 252, “Standard Methods of Fire Tests of Door Assemblies”, 2012, National Fire Protection Association, 1 Batterymarch Park, Quincy Massachusetts 02269- 9101, $36.50.~~

 ~~(r) Standard No. 257, “Standard on Fire Test for Window and Glass Block Assemblies”, 2012, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, $36.50.~~

 ~~(s) Standard No. 261, “Standard Method of Test for Determining Resistance of Mock-Up Upholstered Furniture Material Assemblies to Ignition by Smoldering Cigarettes”, 2013 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9109, $36.50.~~

 ~~(t) Standard No. 701 entitled “Standard Methods of Fire Tests for Flame Propagation of Textiles and Films,” 2010 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9109, $36.50~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

 **(i) Chapter 1, Administration.**

 **(ii) Chapter 3, Definitions.**

 **(iii) Chapter 4, General.**

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

 **(v) Chapter 7, Means of Egress.**

 **(vi) Chapter 8, Features of Fire Protection.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

R 400.4505 Plans and specifications.

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

 (2) The plans ~~shall comply~~ **must comply** with all ~~of~~ the following provisions:

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

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

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

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

 **(3) Plans for residential facilities for not more than 6 youth do not require the seal of a registered architect or engineer.**

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

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

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

R 400.4506 Fire drills and telephone.

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

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

 (~~2~~**3**) A telephone or other suitable means of communicating an alarm of fire to the fire department ~~shall~~ **mus**t be provided. Pay stations are not a suitable means of communicating alarms. The telephone number of the fire department ~~shall~~ **must** be posted conspicuously by all phones designated for outside service.

R 400.4508 Facility location.

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

R 400.4510 Sleeping rooms; **sleeping rooms** **above second floor**.

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

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

 (3) All facilities with sleeping rooms above the second floor ~~shall comply~~ **must comply** with the requirements of a secure facility~~,~~**.** ~~with the exception of R 400.4522(c).~~

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

R 400.4512 Combustible materials, decorations, furnishings, and bedding; **facility and**

 **residential group home**.

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

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

 (3) ~~Newly introduced upholstered furniture shall be tested in accordance and comply with the provisions of NFPA-261 unless located in an area having approved automatic sprinkler protection~~**~~.~~ Personal artwork and personal decorations made or owned by youth in a residential group home are permitted up to 6 square feet of wall space in each room or area other than means of egress or hazardous areas.~~.~~**

 ~~(4) Newly introduced mattresses shall be tested in accordance with ASTM E 1590 unless located in an area having approved automatic sprinkler protection.~~

R 400.4515 Electrical installation.

 Rule 515. (1) In a newly constructed, converted, or remodeled facility, the electrical wiring and equipment ~~shall~~ **must** be installed in accordance with the provisions of ~~the~~ ~~national fire protection association standard No.~~ **NFPA** 70~~, entitled "National Electrical Code," 2014~~ *.* A final electrical certificate of approval for the electrical installation ~~shall~~ **must** be obtained from a qualified local electrical inspecting authority or state electrical inspecting authority.

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

R 400.4517 Facility construction.

 Rule 517. (1) A new, substantially remodeled or converted large or secure facility ~~shall~~ **must** **meet these minimum construction requirements**. **Large or secure facilities will be limited to the building construction types specified in NFPA 101, 2018 edition, Table 32.3.1.3 (see 8.2.1), based on the number of stories in height as defined in 4.6.3**. ~~be 1 of the following types of construction~~ as specified in ~~the national fire protection association standard No.~~ **NFPA** 220, ~~entitled~~ "Standard on Types of Building Construction, ~~2015~~ **2018**:”

****

 ~~(a) Type I 442 or 332 or type II 222.~~

 ~~(b) Type II 111, type III 211, type IV 2HH.~~

 ~~(c) Type II 000, type III 200, or type V 000 up to 2 stories.~~

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

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

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

R 400.4520 Interior **wall and ceiling** finish **materials; tested in accordance with ASTM**

 **E84 or ANSI/UL 723.**

 Rule 520. (1) ~~The following alphabetical classification of finished materials for flame spread and smoke development, as determined by the tunnel test in accordance with the national fire protection association, standard No. 255, 2006; American society of testing materials E-84-07, 2014, or underwriters laboratories standard No. 723, 2008, shall be used to determine interior finishes~~ **Interior wall and ceiling finish materials will be classified in accordance with ASTM E84, “Standard Test Method for Surface Burning Characteristics of Building Materials,” or ANSI/UL 723, “Standard Test Method for Surface Burning Characteristics of Building Materials,” except as indicated in 10.2.3.4 and 10.2.3.5, and must be grouped in the following classes in accordance with their flame spread and smoke developed indexes:**

Class Flame Spread Smoke Developed

A 0 - 25 0 – 450

B 26 –75 51 – 450

C 76 -200 126 – 450

~~The same alphabetical classification is also used for combustibility of prefabricated acoustical tile units, only under federal test number SS-5-118a.~~

 (2) ~~Interior finish includes the plaster, wood, or other interior finish materials of walls; partition~~*~~s~~*~~, fixed or movable; ceiling; and other exposed interior surfaces of the facility, other than nominal wood trim~~**. Interior finish must follow the requirements of NFPA 101, Chapter 10, Section 10.1 and 10.2**

 ~~(3)~~ ~~The classification of interior finish materials as to their flame spread and smoke development shall be that of the basic material used, without regard to subsequently applied paint or other coverings, except where such paint or other covering is of such a character or thickness where applied so as to affect the material classification. Finishes such as lacquer, polyurethane-based materials, or unapproved wall coverings shall not be used~~.

 (~~4~~**3**) In a new constructed, remodeled, or converted facility, an interior finish classification ~~shall~~ **must** be that of the basic material used, without regard to subsequently applied paint or other covering in an attempt to meet the classification.

 (~~5~~**4**) Interior finish materials in facilities ~~shall~~ **must conform** ~~be~~ as follows:

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

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

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

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

R 400.4522 Fire protection.

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

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

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

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

 (d) ~~In~~ **N**~~n~~ewly constructed facilities, conversions**,** and additions ~~shall~~ **must have** ~~be provided with~~ automatic sprinkler protection ~~in accordance with national fire protection pamphlet 13.~~ **as follows:**

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

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

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

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

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

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

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

 (b) Be installed and maintained in accordance with the manufacturer's and test specifications.

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

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

 (2) Any battery-operated device required by subrule (1) of this rule ~~which~~ **that** signals power is low or a battery is missing ~~shall~~ **must** be immediately serviced and restored to full power. There ~~shall~~ **may** ~~be~~ not **be** less than a ~~1~~**2**0% supply of extra batteries maintained at the facility at all times for the total number of battery-operated devices in the facility.

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

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

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

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

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

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

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

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

R 400.4524 Fire detection; large facilities.

 Rule 524. (1) An existing licensed large facility electing to provide fire protection by fire detection ~~shall~~ **must** be equipped with a 100% coverage fire detection system ~~which~~ **that** is tested and listed by a nationally recognized, independent testing laboratory and ~~which is~~ installed in compliance with ~~the national fire protection association standard No.~~ **NFPA** 72~~, entitled “National Fire Alarm Code”, 2013~~ and these rules except that the installing of wiring and equipment ~~shall~~ **must**comply with ~~national fire protection association standard No.~~ **NFPA** 70~~, entitled "National Electric Code," 2014~~.

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

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

 (a) Be installed in all areas; that is, all rooms, lofts, closets, stairways, corridors, basements, attics, and like areas. Spacing of detection devices ~~shall~~  **must**be **used** as recommended by the manufacturer to provide complete coverage. Small bathrooms containing a single ~~water closet and~~ lavatory, small closets ~~which~~ **that** are not more than 20 square feet, and similar spaces are exempted from this requirement.

 (b) Be smoke detectors, except that heat detectors may be installed in attics, kitchens, bathrooms, attached garages, and heating plant rooms instead of smoke detectors. Heat detectors ~~shall~~ **must** be the fixed temperature rate of rise type.

 (4) In a new, remodeled, or converted large facility, an automatic fire detection system ~~shall~~ **must** be an electrical, closed circuit, self-supervised system ~~which~~ **that** gives a distinctive signal in a staff-occupied area when trouble occurs in the system, including loss of the main power supply and ~~shall be in compliance~~ **must comply** with NFPA 72 **and follow the requirements of R 400.4535.**

 (5) In a new, remodeled, or converted large facility, complete final plans and specifications of the automatic fire detection or alarm system, where such a system is to be installed, ~~shall~~ **must** be submitted to the department and approved prior to installation. The plan ~~shall~~ **must** show facility floor plans and locations and types of detection devices, pull-stations, and sounding units. Newly required systems ~~shall~~ **must** have a panel or annunciator located in an area regularly occupied by staff.

 (6) In large facilities, licensed prior to November 30, 1983*,* fire detection systems ~~shall~~ **must** continue to be approved until the facility is converted or a portion thereof is remodeled, then the portion of the facility remodeled or converted ~~shall~~ **must** meet the appropriate requirements of this rule. Where the required new system cannot be added to the existing systems maintaining a single signaling alarm system, the total system ~~shall~~ **must** be replaced and ~~shall~~ comply with this rule for remodeled and converted facilities.

 (7) Automatic fire detection systems, fire alarm systems, and fire detection devices ~~shall~~ **must** be maintained in proper working condition. When problems occur, they ~~shall~~ **must** be immediately remedied. When the system is rendered inoperable, staff ~~shall~~ **must** be awake and on duty until the system is again operable.

 (8) Fire alarm systems ~~shall~~ **must** be tested and maintained on an annual basis in accordance with NFPA 72. Smoke detector calibration ~~shall~~ **must** be done as recommended. The licensee shall keep a record of fire alarm maintenance.

R 400.4527 Sprinkler systems.

 Rule 527. (1) A sprinkler system in a new or converted facility or an addition*,* ~~shall comply~~ **must comply** with the ~~2013~~ **2019** national fire protection association pamphlet No. **13D, 13R,** **or** 13 **under R 400.4522(d).**  ~~entitled "Standard for the Installation of Sprinkler Systems."~~ ~~Where there is no adequate water from a community water system to supply a sprinkler system and where the area to be protected does not exceed 20,000 square feet, a special pressure tank supply for sprinklers, as specified in the 2013 edition of national fire protection association standard No. 22, entitled "Standard for Water Tanks for Private Fire Protection," shall be provided~~. **The sprinkler system is required to meet the following:**

 **(a) Valves controlling the water supply for automatic sprinkler systems, pumps, tanks, water levels and temperatures, critical air pressures, and waterflow switches on all sprinkler systems must be electrically supervised by a listed fire alarm control unit.**

 **(b) Alarm, supervisory, and trouble signals must be distinctly different and be automatically transmitted to an approved supervising station.**

 (2) All required sprinkler systems ~~shall~~ **must** be inspected and tested**,** and all other maintenance performed as specified in ~~the 2014 national fire protection association standard No.~~ **NFPA** 25 ~~entitled “Standard for the Inspection, Testing , and Maintenance of Water-Based Fire Protection Systems~~*~~”~~* at least once a year by a sprinkler contractor. The licensee ~~shall~~ **must** maintain documentation of the last inspection and test.

 (3) A sprinkler system in an existing facility approved before these rules take effect ~~shall~~ **will** continue to be approved until the facility or portion thereof is remodeled, converted, or expanded. The system ~~shall~~ **must** be maintained in accordance with the standards applicable at the time it was originally approved.

 (4) When an existing facility is remodeled, converted, expanded**,** or modified which results in the existing sprinkler system not providing adequate protection, fire protection ~~shall~~ **will** be provided by extension of the current system where it is possible to extend the system and maintain its integrity or a new sprinkler system ~~shall be~~ **is** installed in the affected area.

 (5) The sprinkler piping for any isolated hazardous area ~~which~~ **that** can be adequately protected by not more than 2 sprinklers may be connected directly to the domestic water system at a point where a minimum 1-inch supply is available. An approved automatic sprinkler control valve and check valve ~~which~~ **that** is locked ~~shall~~ **must** be installed between the sprinklers and the connection to the domestic water supply.

R 400.4532 Fire extinguishers.

 Rule 532. (1) All required fire extinguishers ~~shall~~ **must** be subjected to a maintenance check at least once a year. Each fire extinguisher ~~shall~~ **must** have a tag or label attached indicating the month and year maintenance was performed and identifying the person or company performing the service, as specified by NFPA ~~Standard~~ 10.

 (2) All required extinguishers ~~shall~~ **must** be recharged after use.

 (3) A minimum of 1 approved fire extinguisher ~~shall~~ **must** be provided on each floor and in or immediately adjacent to kitchens, rooms housing combustion-type heating devices, and incinerators. Additional fire extinguishers may be required at the discretion of the fire safety inspector to ~~assure~~ **ensure** that it is not necessary to travel more than 75 feet to a fire extinguisher.

 (4) All fire extinguishers ~~shall~~ **must** be located not less than 4 inches off the floor and the top of the extinguisher ~~shall~~ **must** not be higher than 5 feet off the floor in a special cabinet or on a wall rack ~~which~~ **that** is easily accessible at all times, unless programmatically contraindicated. Where programmatically contraindicated, the required extinguishers may be kept behind locked doors if both of the following conditions are met:

 (a) The locations are clearly labeled "Fire Extinguisher."

 (b) All staff carry keys to the doors.

 (5) In new, remodeled, or converted facilities, a fire extinguisher ~~shall~~ **must** be at least type 2-A-10BC.

 (6) In existing small facilities, previously approved fire extinguishers other than type 2-A-10BC will continue to be approved if they are maintained in the area for which approved.

R 400.4535 Fire alarm.

 Rule 535. (1) All new, **remodeled**, and converted large and secure facilities ~~shall~~ ~~have a fire alarm with fire alarm pull-stations at each exit on each floor unless otherwise permitted by the following:~~ **must be provided with a fire alarm system in accordance with NFPA 101, Section 9.6, except as modified by the following:**

 ~~(a) Manual fire alarm boxes may be locked, provided that staff is present within the area when it is occupied and all staff have keys readily available to unlock the boxes.~~

 ~~(b) Manual fire alarm boxes may be permitted in a secure staff location, provided that both of the following criteria are met:~~

 ~~(i) The staff location is attended when the building is occupied.~~

 ~~(ii) The staff attendant has direct supervision of the sleeping area.~~

 **(a) Initiation of the required fire alarm system must be by manual means in accordance with 9.6.2, by means of any required detection devices or detection systems, and by means of waterflow alarm in the sprinkler system required by R 400.4527, unless otherwise permitted by the following:**

 **(i) Manual fire alarm boxes will be permitted to be locked, provided that staff is present within the area when it is occupied, and staff has keys readily available to unlock the boxes.**

 **(ii) Manual fire alarm boxes must be located in a staff location, provided that both of the following criteria are met:**

 **(A) The staff location is attended when the building is occupied.**

 **(B) The staff attendant has direct supervision of the sleeping area.**

 **(b) An approved automatic smoke detection system must be in accordance with Section 9.6, throughout all youth sleeping areas and adjacent day rooms, activity rooms, or contiguous common spaces.**

 **(c) ~~Occupant Notification.~~ Occupant notification will be accomplished automatically in accordance with NFPA 101, 9.6.3, and the following will also apply:**

 **(i) A positive alarm sequence must be permitted in accordance with 9.6.3.4.**

 **(ii) Any smoke detectors required by this chapter must be arranged to alarm at a constantly attended location only and may not be required to accomplish general occupant notification.**

 **(iii) Fire department notification must be accomplished in accordance with 9.6.4.**

 (2) Fire alarm systems ~~shall~~ **must** be installed and **comply** ~~in compliance~~ with NFPA~~-~~72. **All fire alarms must be monitored by an approved supervising station in accordance with NFPA 72.**

 (3) All new and converted small facilities with ~~resident~~ **youth** sleeping on only 1 floor ~~shall~~ **must** have at least a fire alarm device. All new**,** ~~and~~ converted, **and remodeled** small facilities with sleeping on more than 1 floor ~~shall~~ **must** have a fire alarm system with ~~at least 1 pull-station on each level.~~ **notification throughout the facility and pull stations as required by NFPA 72.**

 (4) Fire alarm systems and devices in existing facilities ~~shall~~ **will** be maintained in proper working order and shall continue to be approved until the facility is remodeled or converted.

 **(5) A residential group home facility must be equipped with a fire alarm device. The device must be used only to sound an alarm of fire, for practice fire drills, and other emergencies requiring evacuation of the facility.**

R 400.4538 Means of egress.

 Rule 538. (1) Means of egress ~~shall~~ **must** be considered the entire way and method of passage to free and safe ground outside a facility. All required means of egress ~~shall~~ **must** be maintained in an unobstructed, easily traveled condition at all times.

 (2) In an existing facility, each ~~resident~~ **youth**-occupied room ~~shall~~ **must** have access to not less than 2 independent, properly separated, approved means of egress or have a doorway leading directly to the outside at grade.

 (3) In existing licensed multistory secure and large facilities, at least 1 means of egress from each floor ~~shall~~ **must** be direct to the outside or ~~shall be~~ through an enclosed stairway ~~which~~ **that** is properly separated from exposure from floors below and ~~which~~ **that** exits direct to the outside at grade or a previously approved escape window.

 (4) In a small facility where ambulatory ~~residents~~ **youth** use a floor above the street level, 1 of the 2 required means of egress may be an approved escape window from each resident-occupied room ~~which~~ **that** provides direct access to the ground and ~~which~~ **that** has a sill height not more than 5 feet above the ground below or ~~which~~ **that** provides access to an approved fire escape.

 (5) In a newly constructed, remodeled, or converted facility, each ~~resident~~ **youth -**occupied story, including a ~~resident~~ **youth**-occupied basement, ~~shall~~ **must** have not less than 2 independent approved means of egress separated by not less than 50% of the longest dimension of the story. All ~~child~~ **youth**-occupied rooms ~~shall~~ **must** be situated between ~~two~~ **2** approved exits unless the ~~child~~ **youth**-occupied room has an exit leading directly to the outside at grade. One adjacent intervening room ~~shall~~ **must** be permitted between a sleeping room and an approved exit access corridor that leads to ~~two~~ **2** approved exits in opposite or perpendicular directions.

 (6) In a newly constructed, remodeled, or converted large or secure facility, additional means of egress, in addition to the minimum of 2 required from each story, are required if the maximum possible occupancy exceeds 100 ~~residents~~ **youth** per story. There ~~shall~~ **must** be at least 1 additional means of egress for each 100 additional ~~residents~~ **youth** per story. Means of egress ~~shall~~ **will** be of such number and so arranged that it is not necessary to travel more than 100 feet from the door of a ~~resident~~ **youth**-occupied room to reach the nearest approved protected exit-way from that story.

 (7) An elevator ~~shall~~ **is** not ~~be~~ approved as a required means of egress.

 (8) A means of egress ~~shall~~ **must** not be used for the housing of ~~residents~~ **youth** or storage of any kind and ~~shall~~ **must** not be obstructed or hidden from view by ornamentation, curtains, or other appurtenances.

 (9) Each required means of egress from floors where non-ambulatory ~~residents~~ **youth** are permitted ~~shall~~ **must** discharge at grade or ~~shall~~ be equipped with a ramp ~~which~~ **that** terminates at grade level. Ramps ~~shall~~ **must** not exceed 1 foot of rise in 12 feet of run and ~~shall~~ **must** have sturdy handrails. Once at grade, there ~~shall~~ **must** be a surface sufficient to permit occupants to move a safe distance from the facility.

 (10) In a small facility housing 1 or more non-ambulatory or wheelchair ~~residents~~**youth**, required exit-ways forming part of a required means of egress from portions of the facility housing such ~~residents~~ **youth** ~~shall~~ ~~be~~ **must** not **be** less than 48 inches wide in a new facility and not less than 44 inches wide in a converted facility, with doors a minimum of 36 inches wide.

 **(11) In a secure facility, exits must be permitted to discharge into a fenced or walled courtyard if the following are met:**

 **(a) Provided that not more than 2 walls of the courtyard are the building walls from which egress is being made.**

 **(b) Enclosed yards or courts used for exit discharge must be of sufficient size to** **accommodate all occupants at a distance of not less than 50 ft (15 m) from the building while providing a net area of 15 ft2 (1.4 m2) per person.**

 **(c) All exits must be permitted to discharge through the level of exit discharge.**

 **(d) The requirements of NFPA 101, Section 7.7.2 may be waived, provided that not more than 50% of the exits discharge into a single fire compartment separated from other compartments by construction having not less than a 1-hour fire resistance rating.**

 **(12) Residential group homes must meet the following means of egress requirements:**

 **(a) Means of egress must be considered the entire way and method of passage to free and safe ground outside a facility. All required means of egress must be maintained in unobstructed, easily traveled condition at all times.**

 **(b) There may not be less than 2 means of egress from the street floor story. At least 1 of the 2 means of egress must be through a side-hinged door. The door must be a minimum of 30 inches wide, except as provided in R 400.4639. The second means of egress may be a sliding glass door.**

 **(c) A second story must only be used by ambulatory youth and comply with 1 of the following requirements:**

 **(i) Two open stairways separated by not less than 50% of the longest dimension of the story.**

 **(ii) One open interior stairway and 1 exterior stairway or fire escape separated by not less than 50% of the longest dimension of the story. An exterior stairway or fire escape does not require protection from fire in the building. An exterior stairway or fire escape must be constructed of not less than 2-inch nominal lumber and be in good repair.**

 **(iii) One interior stairway and all floors separated by materials that afford at least a 3/4-hour fire resistance rating. The doors separating floors must be at least 1 3/4-inch solid wood core and be equipped with positive latching hardware and approved self- closing devices. Each sleeping room on the second story must have a window of not less than 5 square feet with no dimension less than 22 inches to allow for emergency rescue.**

 **(d) A basement used by youth requires 1 means of egress, which may be a stairway. The stairway may be an open stairway, except as required by subrule (3)(c) of this rule.**

 **(13) A residential group home facility providing care to 1 or more non-ambulatory youth must comply with all the following provisions:**

 **(a) House such youth only on the street floor.**

 **(b) Have required exit ways that are not less than 48 inches wide in a new facility and not less than 44 inches wide in an existing or converted facility. Doors must be a minimum of 36 inches wide.**

 **(c) Have required exits discharge at grade level or have required exits equipped with ramps. Ramps may not exceed 1 foot of rise in 12 feet of run and must have sturdy handrails. Once at grade, there must be a surface sufficient to permit occupants to move a safe distance from the facility.**

R 400.4540 Stairways, halls, and corridors.

 Rule 540. (1) In ~~existing and small~~ **new or converted residential group home** facilities, ~~all stairways and other vertical openings shall be enclosed with materials equal in fire resistance to the standard partition construction of the building, if such partition construction is at least standard lath and plaster. There shall be at least 1 3/4-inch solid core wood door with self-closing and latching hardware installed so that there is effective fire and smoke separation between floors or each sleeping room on the second floor shall be equipped with at least 1 1¾- inch solid core wood door with latching hardware.~~ **stairs must have treads of uniform width and risers of uniform heights. In converted facilities, treads may not be less than 9 -1/2 inches deep, exclusive of nosing, and risers may be not more than 7-¾ inches in height. In newly constructed facilities, treads may not be less than 11 inches deep, exclusive of nosing, and risers may not be more than 7 inches in height.**

 **(2) Stairs in an existing residential group home facility approved before these rules take effect must continue to be approved until the portion of the building encompassing the stairs is remodeled.**

 **(3) In existing and small facilities, all stairways and other vertical openings must be enclosed with materials equal in fire resistance to the standard partition construction of the building, if such partition construction is at least standard lath and plaster. There must be at least 1-3/4 -inch solid core wood door with self-closing and latching hardware installed so that there is effective fire and smoke separation between floors or each sleeping room on the second floor must be equipped with at least 1 1-¾- inch solid core wood door with latching hardware.**

 (~~2~~**4**) In all new and converted large and/or secure facilities, stairways and floor- to- floor openings ~~shall~~ **must** be enclosed with materials having at least the fire-resistance rating specified by ~~the national fire protection association standard No.~~ **NFPA** 220~~, “Standard on Types of Building Construction~~*~~”,~~* ~~2015~~~~,~~for the type of construction. All other vertical openings through floors ~~shall~~ **must** be fire-stopped with like materials.

 (~~3~~**5**) Where a facility has 2 or fewer levels, where both levels exit at grade, and where elevations between levels do not exceed 4 feet, the building ~~shall~~ ~~be~~ **is** considered to be 1 story and enclosures ~~shall~~ **are** not ~~be~~ required between levels.

 (~~4~~**6**) In all new and converted facilities, stairs ~~shall~~ **must** have treads and risers of uniform width and height, with treads not less than 11 inches deep, exclusive of nosing, and risers not more than 7 inches in height.

 (~~5~~**7**) Stairs in new, remodeled, and converted facilities ~~shall~~ **must** change direction by use of an intermediate landing and not by a variance in the width of treads. A sturdy and securely fastened handrail located between 34 and 38 inches, measured vertically, above the nose of the treads ~~shall~~ **must** be provided.

 (~~6~~**8**) Stairs in existing facilities approved before these rules take effect ~~shall~~ **will** continue to be approved until the portion of the building encompassing the stairs is remodeled.

 (~~7~~**9**) An outside stairway or fire escape used as part of an approved means of egress ~~shall~~ **must** be protected against fire in the building by blank or closed walls directly under such stairway and for a distance of 6 feet in all directions. Windows may be allowed within this area if they are ~~stationary wire glass~~ **fire-rated glazing** windows.

 (~~8~~**10**) In newly constructed small facilities, halls, corridors, aisles, and stairs used as part of a means of egress ~~shall~~ ~~be~~ **may** not **be** less than 44 inches wide and not less than 36 inches wide in converted small facilities, except as required by R 400.4538(10).

 (~~9~~**11**) In newly constructed and converted large and secure facilities, halls, corridors, and aisles used as part of an exit way ~~shall be~~ **may** not **be** less than 5 feet wide and 90 inches high, and stairs ~~shall be~~ **may** not **be** less than 4 feet wide.

R 400.4543 Doors.

 Rule 543. (1) Doors to required means of egress ~~shall~~ **must** comply with all ~~of~~ the following provisions:

 (a) Be side-hinged and installed at floor level.

 (b) Be not less than 36 inches wide in new and converted large and secure facilities and new small facilities, and not less than 30 inches wide in remodeled and converted small facilities, except as required by R 400.4538(10) **for a small facility or R 400.4538(13) for a residential group home.**

 (c) Be not less than 78 inches high in new, remodeled, and converted facilities.

 (d) In large and secure facilities, doors ~~shall~~ **must** be hung to swing in the direction of egress, except doors to single-occupant rooms and bathrooms.

 (e) Be equipped with at least knob-type, properly operating, approved, positive- latching, nonlocking-against-egress-type hardware ~~which~~ **~~that~~** ~~insures~~ **ensures** the opening of the door with a single motion, such as turning a knob or applying pressure of normal strength on a latch, except as where otherwise provided by subrule (2) of this rule and R 400.4545.

 (2) In secure facilities, locking hardware is permitted if ~~resident~~ **youth** sleeping rooms are equipped with approved electric locks or if there are staff present and awake, fully dressed, on duty, and in possession of keys to release ~~residents~~ **youth** in an emergency.

 (3) Doors entering stairs and other vertical openings and doors to fire rated enclosures ~~shall~~ **may** not be held in an open position at any time by an underdoor wedge or hold-open device.

 (4) Interior doors to any enclosure ~~which~~ **that** is required to have not less than a 1-hour fire resistance rating ~~shall~~ **must** be ~~B-labeled~~ **¾- hour** fire doors ~~fire doors~~ in labeled frames and ~~shal~~l be equipped with positive-latching hardware and self-closing devices.

 **(5) No door in any means of escape, other than those meeting the requirement of subrule (7), (8), or (9) of this rule, will be locked against egress when the building is occupied.**

 **(6) Delayed-egress electrical locking systems complying with NFPA 101, 7.2.1.6.1, are permitted on exterior doors only.**

 **(7) Sensor-release of electrical locking systems complying with NFPA 101, 7.2.1.6.2, are permitted.**

 **(8) Door-locking arrangements are permitted where the clinical needs of youth require specialized security measures or where youth pose a security threat, provided all the following conditions are met:**

 **(a) Staff can readily unlock doors at all times in accordance with subrule (10) of this rule.**

 **(b) The building is protected by an approved automatic sprinkler system.**

 **(9) Doors located in the means of egress and permitted to be locked must comply with all the following:**

 **(a) Provisions must be made for the rapid removal of occupants by means of 1 of the following:**

 **(i) Remote control of locks from within the locked building.**

 **(ii) Keying of all locks to keys carried by staff at all times.**

 **(iii) Other such reliable means available to staff at all times.**

 **(b) Only 1 locking device is permitted on each door.**

 **(10) Forces to open doors must comply with NFPA 101, 7.2.1.4.5.**

 **(11) Door-latching devices must comply with NFPA 101, 7.2.1.5.10.**

 **(12) Floor levels at doors must comply with NFPA 101, 7.2.1.3.**

R 400.4545 Seclusion room.

 Rule 545. (1) A seclusion room ~~shall~~ **must** be approved in writing for use as such by the fire inspecting authority and the licensing authority.

 (2) A seclusion room ~~shall~~ **must** be constructed to allow for both visual and auditory supervision of a ~~resident~~ **youth** in the room.

 (3) A seclusion room ~~shall~~ **must** have walls and ceiling made of noncombustible materials.

 (4) A seclusion room may have 1 approved locking-against-egress device on the door if a staff person is immediately present and awake and is in possession of a key for the door locking device when the room is being used.

 (5) The egress door in a seclusion room ~~shall~~ **must** open in the direction of egress.

 **(6) A locked seclusion room is not permitted in a residential group home facility.**

R 400.4546 Partition construction.

 Rule 546. In new, remodeled, or converted large and secure facilities, rooms ~~shall~~ **must** be separated from corridors used as means of egress with partition construction ~~which~~ **that** extends to the floor or deck above and ~~which~~ **that** affords at least a ¾-hour fire resistance rating. Doors ~~shall~~ **must** be at least 1¾-inch solid wood core. Any glass in these partitions, including doors, ~~shall~~ **must** be wired glass ~~which~~ **that** is not more than 54 inches in any 1 lineal dimension and not more than a total of 1,296 square inches. Where glass breakage is a potential hazard, clear acrylic may be placed directly in contact with and between 2 layers of wired glass to give added strength. Glazing in compliance with ~~national fire protection association~~ **NFPA** pamphlet 257, 2007, and having the required fire resistant rating, may also be used in walls and in doors when tested in accordance with **NFPA**~~national fire protection association standard~~ 252~~, 2012~~. This rule does not apply where the type of construction requires more restrictive separation.

R 400.4548 Large and secure facilities; lighting in means of egress.

 Rule 548. (1) In large and secure facilities, all halls, stairways, and means of egress ~~shall~~ **must** be constantly lighted. Approved exit signs ~~shall~~ **must** be installed over each required exit. Exit directional signs ~~shall~~ **must** be provided where exit signs are not readily visible in means of egress. In new and converted large and secure facilities, emergency light packs and exit lights ~~shall~~ **must** be provided along the means of egress. These devices ~~shall~~ **must** include an electric charging unit that will maintain the batteries fully charged.

 (2) In new and converted multistory large ~~and~~ or multistory secure facilities, there ~~shall~~ **must** be a system of emergency backup capable of maintaining required lighting for not less than 24 hours in the event of power failure.

R 400.4550 Elevators and dumbwaiters.

 Rule 550. Elevator and dumbwaiter shafts ~~shall~~ **must** be completely enclosed by noncombustible materials with a fire-resistance rating of not less than 1 hour. An opening ~~shall~~ **may** not be permitted through the side wall enclosure for ventilation or for any other purpose. Doors and frames servicing elevators and dumbwaiters ~~shall~~ **must** be approved B-labeled fire door assemblies and labeled fire frame construction and ~~shall~~ **must** be hung ~~so as~~ to be reasonably smoketight when the doors are closed. Glass side lights, transoms, and panels above the doors ~~shall~~ **must** be wire glass and ~~shall~~ not exceed 100 square inches.

R 400.4552 Heating devices and flame-producing devices.

 Rule 552. (1) In **residential group homes**~~,~~**;** **small**, large, and secure facilities~~,~~**;** and allnewly constructed and converted facilities, flame-producing-type heating devices, **water heaters**, and incinerators ~~shall~~ **must** be in an enclosure providing at least 1-hour resistance to fire. Adequate combustion air s~~hall~~ **must** be provided directly from the outside through a permanently open louver. Fire dampers are not required in ducts penetrating this enclosure.

 **(2) In residential group homes where flame-producing-type heating devices or incinerator devices are located on a story not used by youth, there must be a separation between the story or stories containing such devices and youth-used stories such that at least a 3/4-hour resistance to fire is provided. Any interior stairway to such a non-youth-used story must have at least a 1-¾ inch solid wood core door that is equipped with latching hardware and a self-closing device separating the nonresident-used story from youth-used stories.**

 (~~2~~**3**) In existing small facilities, flame-producing-type heating devices and incinerators approved under the standards these rules replace ~~shall~~ **will** continue to be approved with regard to enclosure or lack of enclosure until the portion of the facility containing the flame-producing device is remodeled or the facility is converted. This **does** ~~shall~~ not preclude requirements relative to maintaining doors and other safety factors in proper working order.

 (~~3~~**4**) Electric heating ~~shall~~ **must** be installed in accordance with the manufacturer's specifications and ~~shall~~ be approved by a nationally recognized, independent testing laboratory.

 (~~4~~**5**) Portable heaters and space heaters, including solid fuel heaters, are prohibited.

 (~~5~~**6**) A fireplace is permitted if it is masonry and has all ~~of~~ the following components:

 (a) An approved glass door shielding the opening. The door ~~shall~~ **must** be closed at all times except when a fire is being tended.

 (b) A noncombustible hearth extending a minimum of 16 inches out from the front and 8 inches beyond each side of the fireplace opening.

 (c) A noncombustible face extending not less than 12 inches above and 8 inches on each side of the fireplace opening.

 (d) A masonry chimney constructed with approved flue liners.

 (e) The chimney ~~shall~~ **must** be visually inspected every other month while in use and cleaned as needed, but not less than once every 12 months.

 (~~6~~**7**) A heating plant room ~~shall~~ **may** not be used for combustible storage or for a maintenance shop unless the room is provided with automatic sprinkler protection. Flammable liquids or gases ~~shall~~ **must** not be stored in a heating plant room.

 (~~7~~**8**) A furnace and other flame-producing unit ~~shall~~ **must** be installed according to manufacturer and test specifications and ~~shall~~ be vented by metal ducts to a chimney ~~which~~ **that** is constructed of bricks, solid block masonry, or reinforced concrete, which has an approved flue lining, and is properly erected and maintained in a safe condition. A bracket chimney is not permitted. This rule does not prohibit the installation and use of any prefabricated chimney bearing the label of an approved, nationally recognized, independent testing laboratory if the chimney is installed and used in accordance with manufacturer and test specifications and is compatible with the heating unit or units connected to it. Only gas and oil-fired units may be connected to a prefabricated chimney.

 (~~8~~**9**) All furnaces ~~shall~~ **must** be inspected on an annual basis by a licensed inspector. A copy of the inspection must be made available to the qualified fire inspector or the department’s licensing authority upon request.

 (~~9~~**10**) A carbon monoxide detector, bearing a safety certification mark of a recognized testing laboratory such as UL for Underwriters Laboratories or ETL for Electro Technical Laboratory, ~~shall~~ **must** be placed on all levels approved for ~~child~~ **youth** care and in all furnace zones.

R 400.4554 Air-handling equipment.

 Rule 554. (1) In newly constructed or converted large or secure facilities, air-conditioning, warm air heating, air cooling, and ventilating systems ~~shall~~ **must** comply with ~~the national fire protection association standard No.~~ **NFPA** 90A~~, entitled "Installation of Air Conditioning and Ventilating Systems," 2002~~.

 (2) In newly constructed or converted large or secure facilities, fans and air handling equipment used for re-circulating air in more than 1 room or single area ~~shall~~ **must** have an approved automatic smoke detector located in the system at a suitable point in the return air duct ahead of the fresh air intake, the actuating of which ~~shall~~ open**s** the electrical circuit supplying the fan motor and when an approved fire alarm system is installed, ~~be~~ **is** connected to the fire alarm system in accordance with ~~national fire protection association standard No.~~ **NFPA** 72, ~~2013~~*.*

 (3) In existing facilities, fans and air-handling equipment and systems approved in accordance with the standards these rules replace ~~shall~~ **will** continue to be approved until the facility is converted. This ~~shall~~ **does** not preclude requirements relative to maintaining the equipment, including thermostatic or other detection devices*,* and systems, in proper and safe working order.

 (4) Fan rooms ~~shall~~ **may** not be designed or used for any other use except housing other mechanical equipment.

R 400.4555 Smoke barriers.

 Rule 555. (1) Smoke barriers with a 1-hour fire resistance rating ~~shall~~ **must** be provided on each floor used for sleeping rooms for more than 24 ~~residents~~ **youth** and ~~shall~~ be so located as to form an area of refuge on either side that is served with an approved means of egress. The barriers ~~shall~~ **must** be located as close as possible to the middle of the floor to be protected and ~~shall~~ extend from outside wall to outside wall and from the floor through any inter-stud spaces to the roof or floor structure above.

 (2) Doors in the smoke barrier ~~shall~~ **must** be at least 20-minute fire-rated door**s** or 1**-** ¾ inch solid core flush door hung in labeled frames with self-closing devices. Where double doors without mullions are used, synchronizing hardware and astragals ~~shall~~ **must** be installed and maintained regularly. For new construction, additions**,** and conversions these doors ~~shall~~ **must** be arranged so that each door swings in a direction opposite from the other.

 (3) Doors in smoke barrier partition may be held open only by electric hold-open devices designed so that interruption of the electric current or actuation of the fire alarm, sprinkler system, or the heat or smoke detector will cause the release of the doors. The doors ~~shall~~ **must** also be capable of being opened and closed manually.

R 400.4557 Storage rooms.

 Rule 557. Storage rooms larger than 100 square feet used for the storage of combustible materials ~~shall~~ **must** be separated from the remainder of the facility by construction with at least a 1-hour fire resistance rated construction.

R 400.4559 Combustible storage.

 Rule 559. (1) In a new, remodeled, or converted large facility, hazardous areas and rooms for storage of combustible materials, including all janitor rooms and closets, linen rooms, shipping and receiving rooms, kitchens*,* kitchen storage rooms, and maintenance shops ~~shall~~ **must** be separated from the remainder of the building by construction having at least a 1-hour fire resistance rating with a ~~“B”~~ **¾-hour** rated door with an approved hydraulic closer.

 (2) In an existing facility, combustible materials storage rooms and hazardous areas, including janitor rooms and closets, shipping and receiving rooms, kitchen storage rooms, and maintenance shops approved before these rules take effect, ~~shall~~ **will** continue to be approved until the facility or portion thereof is remodeled or converted. All features of fire protection, including fire detection, automatic sprinkler protection, and required fire separations, ~~shall~~ **must** be properly maintained.

R 400.4560 Cooking appliances.

 Rule 560. (1) Cooking appliances ~~shall~~ **must** be ~~suitably~~ installed in accordance with approved safety practices.

 (2) Where metal hoods or canopies are provided over domestic cooking appliances, they ~~shall~~ **must** be equipped with filters ~~which~~ **that**~~shall~~ **are** ~~be~~ maintained in an efficient and clean condition. **Residential group homes must use domestic type cooking appliances installed in accordance with approved safety practices.**

 (3) In a newly constructed, remodeled, or converted large and secure facility, ~~where~~ metal hoods or canopies ~~are~~ provided over commercial kitchen cooking appliances~~, they~~ ~~shall~~ must be designed and equipped in compliance with t~~he national fire protection association standard No.~~ **NFPA** 96~~, entitled "Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations,” 2014~~ ~~,~~ and ~~shall~~ comply with all ~~of~~ the following requirements:

 (a) Filters ~~shall~~ **must** be maintained in an efficient and clean condition.

 (b) Only vapor proof electrical wiring and equipment ~~shall~~ ~~be~~ **are** permitted in hoods or canopies.

 (c) Exhaust ducts from hoods ~~shall~~ **must** be run to the outside by the shortest possible route. When exhaust ducts are run through open spaces between a ceiling and a floor or roof or through any floors above, the ducts ~~shall~~ **must** be enclosed in horizontal or vertical shafts protected from the remainder of the building by construction ~~which~~ **that** affords a 2- hour fire resistance rating.

 (d) Fire extinguishment equipment for the hood and exhaust duct of a cooking appliance in a kitchen ~~shall~~ ~~be in compliance~~ **must comply** with ~~the national fire protection association standard No.~~ **NFPA** 96~~, entitled "Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations,”~~.

 (4) In an existing facility, metal hoods and canopies approved before these rules take effect ~~shall~~ **will** continue to be approved until the facility or portion thereof ~~which~~ **that** incorporates the kitchen is remodeled or converted. When the kitchen is remodeled or the facility is converted, hoods, canopies, and kitchen hood suppression systems for cooking appliances ~~shall~~ **must** comply with the requirements of this rule for new construction. Filters in any hood or canopy in an existing facility ~~shall~~ **must** be maintained in an efficient and clean condition.

R 400.4562 Rubbish handling and incinerators.

 Rule 562. (1) In a newly constructed, remodeled, or converted large or secure facility, rubbish handling and incinerators ~~shall~~ **must** ~~be in accordance~~ **comply** with ~~the national fire protection association standard No.~~ **NFPA** 82~~, entitled “Standard on Incinerators and Waste and Linen Handling Systems and Equipment”, 2014~~. Rubbish chutes and refuse bins or rooms ~~shall~~ **must** comply with the provision of this pamphlet for industrial-type incinerators. Approved 2-bushel or less gas incinerators may be placed in an approved furnace room and ~~shall~~ **must** be equipped with approved automatic 100% shutoff controls, including a safety pilot. Feed doors ~~shall~~ **must** be located in an enclosed room that is provided with automatic sprinkler protection or compartment separated from other parts of the building by walls, floor, and a ceiling having a fire-resistance rating of not less than 1 hour with openings to such rooms or compartments protected by approved B-labeled fire door assembly and fire door frames.

 (2) In a newly constructed, remodeled, or converted large ~~and/or~~ **or** secure facility, **or both,** rubbish chutes ~~shall~~ **may not** extend ~~not~~ less than 4 feet above the roof and ~~shall~~ **must** be covered by a metal skylight glazed with thin pane glass. A sprinkler head ~~shall~~ **must** be installed at the top of rubbish chutes and within the chutes at alternate floor levels in buildings more than 2 stories in height. A rubbish chute ~~shall~~ **must** empty into a separate room, closet, or bin constructed of materials having at least a 1-hour resistance to fire and protected with an automatic sprinkler system.

 (3) In new construction, incinerator rooms ~~shall~~ **must** have at least 1 wall on an outside wall not exposing a closed court.

 (4) In an existing large or secure facility, rubbish handling and incinerators approved before these rules take effect ~~shall~~ **will** continue to be approved until the facility is converted or the portion of the facility ~~which~~ **that** includes the rubbish handling facilities or incinerators is remodeled.

R 400.4563 Laundries.

 Rule 563. (1) In a newly constructed, remodeled, or converted large or secure facility with a laundry, the laundry ~~shall~~ **must** comply with all ~~of~~ the following requirements:

 (a) Be located in a room constructed of materials that have a 1-hour fire resistance rating.

 (b) Have steam lines installed with a 1-inch clearance from combustibles.

 (c) Have dryer vents constructed of rigid metal vented directly to the exterior or through the roof. Lint traps ~~shall~~ **must** be cleaned each time the dryer is used.

 (d) Have 100% automatic and manual shutoff controls for gas appliances other than domestic laundry equipment, which need only have manual shutoff controls.

 (e) Have adequate outside air for combustion where combustion-type equipment is used.

 (2) In a newly constructed, remodeled, or converted facility, laundry chutes ~~shall be in compliance~~ **must comply** with all ~~of~~ the following requirements:

 (a) Be enclosed in shafts constructed of an assemblage of noncombustible materials having at least a 1-hour resistance to fire. If the shaft does not extend through the roof of the building, the top ~~shall~~ **must** be covered with noncombustible material affording at least a 1- hour resistance to fire. There ~~shall~~ **may not** be ~~no~~ openings into the shaft other than those necessary to the intended use of the laundry chute. Feed doors ~~shall~~ **must** be located in an enclosed room that is provided with automatic sprinkler protection or compartment separated from other parts of the building by walls, a floor, and a ceiling having a fire-resistance rating of not less than 1 hour with openings to such rooms or compartments protected by B-labeled fire doors and in labeled frames with self-closing, positive latching hardware.

 (b) Have a sprinkler head installed at the top of the chutes and within the laundry chutes at alternate floor levels in buildings over 2 stores in heights.

 (c) Empty into a separate room, closet, or bin constructed of materials having at least a 1-hour resistance to fire and protected by automatic sprinklers.

 (d) Have an open vent at the top where the shaft extends through the roof of the building, a skylight ~~which~~ **that** is glazed with ordinary glass and ~~which~~ **that** is not less than 10% of the shaft area, or a window of ordinary glass ~~which~~ **that** is not less than 10% of the shaft area and ~~which~~ **that** is set into the side of the shaft with the sill of the window not less than 2 feet above the roof level and 10 feet from any property line or other exposure it faces.

 (3) In an existing facility, laundry facilities and laundry chutes approved before these rules take effect ~~shall~~ **will** continue to be approved until the facility is converted or the portion of the facility ~~which~~ **that** includes the laundry facility or chute is remodeled.

R 400.4564 Motor vehicle housing.

 Rule 564. A motor vehicle or gasoline-powered equipment or devices ~~which~~ **that** may cause or communicate fire and are not necessary for the personal care of ~~residents~~ **youth** ~~shall~~ **may** not be stored within a facility, unless the area housing such equipment is separated from the rest of the facility by materials having at least a 1-hour fire resistance rating.

R 400.4566 Garages.

 Rule 566. (1) Garages located beneath, or attached to*,* a facility ~~shall~~ **must** have walls, partitions, floors, and ceilings separating the garage space from the rest of the facility by construction with not less than a 1-hour fire resistance rating, **and** **¾ hour fire rated doors with self-closing and positive latching hardware.**

 (2) In existing facilities, garages located beneath or attached to the facility approved before November 30, 1983 ~~shall~~ **will** continue to be approved until the facility is converted or the portion of the facility containing the garage is remodeled.

R 400.4568 Assemblage area.

 Rule 568. A ~~resident~~ **youth** use assemblage area in a newly constructed, remodeled, or converted facility, such as a recreation room, dining hall, or chapel, with an occupancy of 51 or more persons, as computed by the public assemblage regulations, ~~shall~~ **must** be maintained and arranged in accordance with ~~national life safety code standard~~ **NFPA**101, ~~2015 ,~~ governing places of public assemblage. ~~These rules may be obtained from the department~~. Each door from an assemblage area occupied by ~~residents~~ **youth** ~~shall~~ **must** enter a corridor between exits or ~~there shall be~~ **have** direct egress to the outside from each room. In an existing facility, assemblage areas approved before these rules take effect ~~shall~~ **will** continue to be approved until the areas are remodeled or converted.

**~~PART 6. FIRE SAFETY FOR RESIDENTIAL GROUP HOME FACILITIES~~**

R 400.4601 ~~Applicability~~*~~.~~* **Rescinded.**

 ~~Rule 601. The rules in this part apply to residential group homes.~~

R 400.4602 ~~Definitions.~~ **Rescinded.**

 ~~Rule 602. As used in this part:~~

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

 ~~(b) "Basement" means a story of a building or structure having ½ or more of its clear height below average grade for at least 50% of the perimeter of the story.~~

 ~~(c) "Combustible" means that any part of a material can ignite and burn when subjected to fire or~~ ~~excessive heat.~~

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

 ~~(e) "Existing facility" means a building, accessory buildings and surrounding grounds which are licensed or approved by the department as an open institution for 6 or fewer residents at the time these rules take effect and which is not unoccupied or unlicensed for more than 90 consecutive days thereafter. Where an increase in capacity or change in use affects fire safety requirements, the facility shall comply with all applicable requirements prior to the increase or change in use.~~

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

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

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

 ~~(i) "Means of egress or exit" means an unobstructed way of departure from any point in a building to safe open air outside at grade.~~

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

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

 ~~(l) "Remodeled" means changes in a facility that modify existing conditions and includes renovation. Remodeled and affected areas of an institution shall conform to these rules for fire safety for remodeled and converted facilities. Unaffected areas of a facility are not required to conform to the required provisions for remodeled and converted facilities.~~

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

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

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

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

R 400.4604 ~~Adoption by reference~~*~~.~~* **Rescinded.**

 ~~Rule 604. The department adopts the fire safety codes and standards in this rule. These codes and standards are available for inspection and distribution to the public at cost at the Department of Human Services, 201 N. Washington Square, P.O. Box 30650, Lansing, Michigan 48909. Copies of the codes and standards may also be obtained from the appropriate agency, organization, or association listed below. The costs indicated are those in effect at the time these rules are promulgated. The codes and standards adopted are as follows:~~

 ~~(a) Standard No. 10, “Standard for Portable Fire Extinguishers”. 2013 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9109,~~

~~$46.50.~~

 ~~(b) Standard No. 13D, “Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes”, 2007 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9109, $33.50.~~

 ~~(c) Standard No. 25, “Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection systems”, 2014 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9109, $54.50.~~

 ~~(d) Standard No. 70, “National Electric Code,” 2014, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, $89.50.~~

 ~~(e) Standard No. 72, “National Fire Alarm Code”, 2013 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, $80.10.~~

 ~~(f) Standard No. 80, “Standard for Fire Doors and Other Opening Protectives”, 2013, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, $46.50.~~

 ~~(g) Standard No. 261, “Standard Method of Test for Determining Resistance of Mock-Up Upholstered Furniture Material Assemblies to Ignition by Smoldering Cigarettes”, 2013 National Fire Protection Association, 1 Battterymarch Park, Quincy, Massachusetts 02269-9101, $36.50.~~

 ~~(h) Standard No. 255, “Standard Method of Test of Surface Burning Characteristics of Building Materials”, 2006, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, $36.50.~~

 ~~(i) Standard No. 701, “Standard Methods of Fire Tests for Flame Propagation of Textiles and Films”, 2010 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, $36.50.~~

 ~~(j) Standard E-1590 2002, “Standard Method for Fire Testing of Mattresses” American Society for Testing and Materials, 100 Bar Harbor Dr., West Conshohocken, PA, 19428-2959.~~

R 400.4605 ~~Plan review.~~ **Rescinded**.

 ~~Rule 605. (1) Plans and specifications shall be submitted to the bureau of fire services for review and approval prior to any remodeling in a residential group home or the construction or conversion of a residential group home.~~

 ~~(2) The plans shall comply with all of the following provisions:~~

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

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

 ~~(3) The plans shall be approved in writing by the bureau of fire services before~~ ~~construction begins.~~

 ~~(4) The plans for residential group homes for not more than 6 residents do not require the seal of a registered architect or engineer.~~

R 400.4606 ~~Evacuation training and telephone.~~ **Rescinded.**

 ~~Rule 606. (1) Staff shall be trained in evacuation of the facility in the event of emergency. A record shall be maintained of the training.~~

 ~~(2) There shall be a telephone for communicating an alarm of fire to the fire department. A pay phone is not acceptable as a phone for communicating an alarm of fire.~~

 ~~(3) The telephone number of the fire department shall be posted by all phones.~~

R 400.4608 ~~Facility location.~~ **Rescinded.**

~~Rule 608. A residential group home facility shall not be established within 300 feet of an aboveground storage tank containing flammable liquids used in connection with a bulk plant, marine terminal, aircraft refueling, or bottling plant of a liquid petroleum gas installation or other similar hazard.~~

R 400.4612 ~~Combustible materials, decorations, furnishings, and bedding.~~ **Rescinded.**

 ~~Rule 612. (1) A residential group home facility shall be kept free of all accumulation of combustible materials other than those necessary for the daily operation of the residential group home~~.

 ~~(2) Easily ignited or rapidly burning combustible decorations are not permitted in a facility. Personal artwork and personal decorations made or owned by residents are permitted up to 6 square feet of wall space in each room or area other than means of egress or hazardous areas.~~

 ~~(3) Newly introduced upholstered furniture shall be tested in accordance with and comply with NFPA-261 unless located in an area having automatic sprinkler protection.~~

 ~~(4) Newly introduced mattresses shall be tested in accordance with ASTM E 1590 unless located in an area having automatic sprinkler protection~~.

R 400.4613  ~~Basement as sleeping room prohibited.~~ **Rescinded.**

 ~~Rule 613. A basement shall not be used for sleeping.~~

R 400.4615 ~~Electrical service.~~ **Rescinded.**

 ~~Rule 615. (1) The electrical service shall be maintained in a safe condition.~~

 ~~(2) Where the inspecting authority believes there is a need for an inspection of the electrical system because of its condition, the electrical service shall be inspected by a qualified electrical inspection service. A copy of the inspection report shall be maintained at the facility for review.~~

 ~~(3) Where an electrical system inspection indicates deficiencies in the electrical system, the deficiencies shall be corrected and a certificate of approval shall be maintained at the facility confirming that all deficiencies related to the electrical system have been corrected.~~

R 400.4617 ~~Residential group home facility construction.~~ **Rescinded.**

~~Rule 617. A residential group home facility shall be at least of ordinary construction, light platform frame, and not over 2 stories high above the highest grade.~~

R 400.4618 ~~Locked seclusion room; prohibition.~~ **Rescinded.**

~~Rule 618. A locked seclusion room is not permitted in a residential group home facility.~~

R 400.4620 ~~Interior finish.~~ **Rescinded.**

 ~~Rule 620. (1) The following alphabetical classification of finished materials for flame spread and smoke development, as determined by the tunnel test in accordance with the national fire protection association, standard No. 255, 2006; American society of testing materials E-84-77A, 2014; or Underwriters Laboratories standard No. 723, 2008, shall be used to determine interior finishes:~~

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

~~The same alphabetical classification is used for combustibility of prefabricated acoustical tile units, only under federal specifications test No. SS-5-118a.~~

 ~~(2) The classification of interior finish materials as to their flame spread and smoke development shall be that of the basic material used, without regard to subsequently applied paint or other coverings, except where such paint or other covering is of such a character or thickness where applied to affect the material classification. Finishes such as lacquer, polyurethane-based materials, or unapproved wall coverings shall not be used.~~

 ~~(3) In a newly constructed, remodeled, or converted residential group home, an interior finish classification shall be that of the basic material used, without regard to subsequently applied paint or other covering in an attempt to meet the classification.~~

 ~~(4) Interior finishes and materials shall be at least class C throughout.~~

R 400.4621 ~~Automatic sprinkler protection.~~ **Rescinded.**

~~Rule 621. All newly constructed residential group homes shall be provided with automatic sprinkler protection in accordance with the requirements of NFPA-13D. Sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25.~~

R 400.4623 ~~Smoke detection equipment.~~ **Rescinded.**

~~Rule 623. (1) Newly constructed or licensed residential group homes shall be protected by interconnected smoke detectors in accordance with NFPA 72.~~

 ~~(2) A residential group home facility shall be protected by at least battery-operated smoke detection devices installed in all of the following areas:~~

 (~~a) Between sleeping areas and the other areas of the facility.~~

 ~~(b) At the top of all interior stairways~~.

 ~~(c) In the immediate vicinity of combustion-type heating and incinerating devices, where such devices are not in an enclosure providing at least 1-hour resistance to fire. Where such devices are in enclosures which provide at least 1-hour resistance to fire, a fire detection device shall be immediately outside of the enclosure~~.

 ~~(d) At least 1 on every floor.~~

 ~~(2) Fire detection devices shall comply with all of the following requirements:~~

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

 ~~(b) Be installed and maintained in accordance with the manufacturer's and test specifications.~~

 ~~(c) Be cleaned and tested at least quarterly.~~

 (~~d) Have the batteries replaced at least annually.~~

 ~~(e) of a type that provides a signal when batteries are not providing sufficient power and where batteries are missing.~~

 ~~(2) Any device required by this rule which signals that power is low or a battery is missing shall be immediately serviced and restored to full power.~~

 ~~(3) A written record shall be maintained in the facility of quarterly cleanings and testing of devices and of annual battery replacements.~~

 ~~(4) Fire detection systems in an existing residential group home facility, approved before November 30, 1983 shall continue to be approved. All fire detection systems in residential group homes shall be maintained in proper working order.~~

R 400.4632 ~~Fire extinguishers.~~ **Rescinded.**

~~Rule 632. (1) All required fire extinguishers shall be subjected to a maintenance check at least once a year. Each fire extinguisher shall have a tag or label attached indicating the month and year maintenance was performed and identifying the person or company performing the service.~~

 ~~(2) All required extinguishers shall be recharged after use.~~

 ~~(3) A minimum of 1 approved fire extinguisher shall be provided on each floor.~~

 ~~(4) All fire extinguishers shall be at least 4 inches off the floor and the top of the extinguisher shall be less than 5 feet off the floor in a special cabinet or on a wall rack which is easily accessible at all times, unless programmatically contraindicated. Where programmatically contraindicated, the required extinguishers may be kept behind locked doors if all staff carry keys to the doors.~~

 ~~(5) In new, remodeled, or converted facilities, a fire extinguisher shall be at least a type 2-A-10BC.~~

 ~~(6) In existing facilities licensed prior to November 30, 1983, previously approved fire extinguishers other than a 2-A-10BC type will continue to be approved if they are maintained in the area for which they are approved.~~

R 400.4635 ~~Fire alarm systems.~~ **Rescinded.**

~~Rule 635. A residential group home facility shall be equipped with a fire alarm device. The device shall be used only to sound an alarm of fire, for practice fire drills, and other emergencies requiring evacuation of the facility.~~

R 400.4638 ~~Means of egress.~~ **Rescinded.**

~~Rule 638. (1) Means of egress shall be considered the entire way and method of passage to free and safe ground outside a facility. All required means of egress shall be maintained in unobstructed, easily traveled condition at all times.~~

 ~~(2) There shall be not less than 2 means of egress from the street floor story. At least 1 of the 2 means of egress shall be through a side-hinged door. The door shall be a minimum of 30 inches wide, except as provided in R 400.4639. The second means of egress may be a sliding glass door.~~

 ~~(3) A second story shall only be used by ambulatory residents and shall comply with 1 of the following requirements:~~

 ~~(a) Two open stairways separated by not less than 50% of the longest dimension of the story.~~

 ~~(b) One open interior stairway and 1 exterior stairway or fire escape separated by not less than 50% of the longest dimension of the story. An exterior stairway or fire escape does not require protection from fire in the building. An exterior stairway or fire escape shall be constructed of not less than 2-inch nominal lumber and be in good repair.~~

 ~~(c) One interior stairway and all floors separated by materials which afford at least a 3/4-hour fire resistance rating. The doors separating floors shall be at least 1 3/4-inch solid wood core and shall be equipped with positive latching hardware and approved self- closing devices. Each sleeping room on the second story shall have a window of not less than 5 square feet with no dimension less than 22 inches to allow for emergency rescue.~~

 ~~(2) A basement used by residents requires 1 means of egress which may be a stairway. The stairway may be an open stairway, except as required by subrule (3)(c) of this rule.~~

R 400.4639 ~~Special requirements for facilities caring for nonambulatory residents.~~ **Rescinded.**

~~Rule 639. A residential group home facility providing care to 1 or more nonambulatory residents shall comply with all of the following provisions:~~

 ~~(a) House such residents only on the street floor.~~

 ~~(b) Have required exitways which are not less than 48 inches wide in a new facility and not less than 44 inches wide in an existing or converted facility. Doors shall be a minimum of 36 inches wide.~~

 ~~(c) Have required exits discharge at grade level or have required exits equipped with ramps. Ramps shall not exceed 1 foot of rise in 12 feet of run and shall have sturdy handrails. Once at grade, there shall be a surface sufficient to permit occupants to move a safe distance from the facility.~~

R 400.4640 ~~Stairs.~~ **Rescinded.**

 ~~Rule 640. (1) In new and converted facilities, stairs shall have treads of uniform width and risers of uniform heights. In converted facilities, treads shall be not less than 9 1/2 inches deep, exclusive of nosing, and risers shall be not more than 7 ¾ inches in height. In newly constructed facilities, treads shall be not less than 11 inches deep, exclusive of nosing, and risers shall be not more than 7 inches in height.~~

 ~~(2) Stairs in an existing facility approved before these rules take effect shall continue to be approved until the portion of the building encompassing the stairs is remodeled.~~

R 400.4643 ~~Doors.~~ **Rescinded.**

~~Rule 643. (1) Doors to required means of egress shall be equipped with at least knob-type, properly operating, positive-latching, nonlocking-against-egress-type hardware which insures the opening of the door with a single motion, such as turning a knob or applying pressure of normal strength on a latch, except that an approved sliding door may be equipped with a non-key locking device.~~

 ~~(2) Required doors entering stairs and doors to fire rated enclosures shall not be held in an open position at any time by an underdoor wedge or hold-open device~~.

R 400.4652 ~~Heating devices and flame-producing devices.~~ **Rescinded.**

~~Rule 652. (1) Flame-producing-type heating devices and incinerator devices on any story used by residents shall be in an enclosure that provides at least 1-hour resistance to fire. Any interior door to the enclosure shall be of at least a B-labeled fire door in a labeled frame equipped with latching hardware and a self-closing device. Adequate combustion air shall be provided to the enclosure directly from the outside through a permanently opened~~ ~~louver or continuous ducts. Fire dampers are not required in ducts penetrating this enclosure~~.

 ~~(2) Where flame-producing-type heating devices or incinerator devices are located on a story not used by residents, there shall be a separation between the story or stories containing such devices and resident-used stories such that at least a 3/4-hour resistance to fire is provided. Any interior stairway to such a nonresident-used story shall have at least a 1¾ inch solid wood core door which is equipped with latching hardware and a self-closing device separating the non-resident-used story from resident-used stories.~~

 ~~(3) Electric heating shall be installed in accordance with the manufacturer's specifications and shall be of a type approved by a nationally recognized, independent testing laboratory.~~

 ~~(4) Portable heaters and space heaters, including solid fuel heaters, are prohibited.~~

 ~~(5) A fireplace is permitted if it is masonry and has all of the following components:~~

 ~~(a) An approved glass door shielding the opening. The door shall be closed at all times except when a fire is being tended.~~

 ~~(b) A noncombustible hearth extending a minimum of 16 inches out from the front and 8 inches beyond each side of the fireplace opening.~~

 ~~(c) A noncombustible face extending not less than 12 inches above and 8 inches on each side of the fireplace opening.~~

 ~~(d) A masonry chimney constructed with approved flue liners.~~

 ~~(e) The chimney shall be visually inspected every other month while in use and cleaned as needed, but at least once every 12 months.~~

 ~~(2) A heating plant room shall not be used for combustible storage or for a maintenance shop unless the room is provided with automatic sprinkler protection.~~

 ~~(3) A furnace and other flame-producing unit shall be installed according to manufacturer and test specifications and shall be vented by metal ducts to a chimney which is constructed of bricks, solid block masonry, or reinforced concrete which has an approved flue lining and is properly erected and maintained in safe condition. A bracket chimney is not permitted. This rule does not prohibit the installation and use of any prefabricated chimney bearing the label of an approved, nationally recognized, independent testing laboratory if it is installed in accordance with manufacturer and test specifications and is compatible with the heating unit or units connected to it. Only gas and oil-fired units may be connected to a prefabricated chimney.~~

 ~~(4) All furnaces shall be inspected on an annual basis by a licensed inspector. A copy of the inspection must be made available to the qualified fire inspector or the department’s licensing authority upon request.~~

R 400.4657 ~~Storage rooms.~~ **Rescinded.**

~~Rule 657. Storage rooms larger than 100 square feet used for the storage of combustible materials shall be separated from the remainder of the facility by construction with at least a 1-hour fire resistance rating and interior door openings protected with minimum B-labeled fire door and frame assemblies that has approved self- closing, latching hardware.~~

R 400.4660 ~~Cooking appliances.~~ **Rescinded.**

 ~~Rule 660. (1) Cooking appliances shall be of the domestic type and shall be installed in accordance with approved safety practices.~~

 (~~2) Where hoods or canopies are provided over the cooking appliances, they shall be equipped with filters which shall be maintained in an efficient and clean condition.~~

R 400.4666 ~~Garages~~. **Rescinded**.

 ~~Rule 666. (1) Garages located beneath a residential group home facility shall have walls, partitions, floors, and ceilings separating the garage from the rest of the facility by construction with not less than a 1-hour fire resistance rating with connecting door openings protected with B-labeled fire door and frame assemblies.~~

 ~~(2) Garages attached to a facility shall be separated from the rest of the facility by construction with not less than a 1-hour fire resistance rating with connecting door openings protected with B-labeled fire door and frame assemblies that has approved self- closing, latching hardware.~~