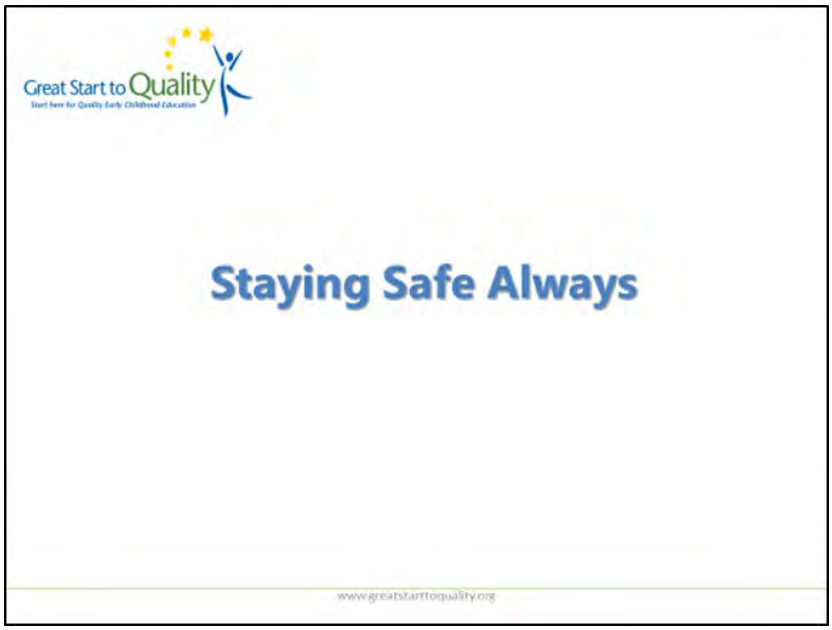

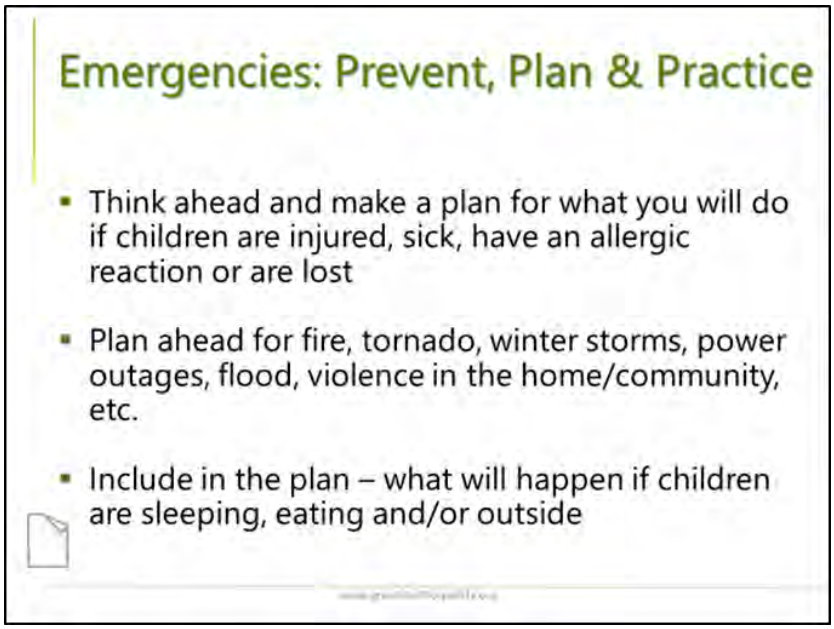

Handouts

Family Preparedness Guide

Be Prepared for a Tornado

Home Fire Escape Plan

Family Preparedness Guide

Prepared by Michigan State Police
Emergency Management and Homeland Security Division

MIREADY
WWW.MICHIGAN.GOV/MIREADY

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

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

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

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

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

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

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

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

Additional Resources

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

Cost of printing 20,000 copies: $7,961.00 or $0.40 each
Revised April 2018

Before Emergencies Happen

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

4 Steps to Preparedness

#1 Be informed

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

#2 Make a Plan

Family Preparedness

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

Home Safety

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

Emergency Contacts

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

Important Documents

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

Safety Measures

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

#3 Build a Kit

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

#4 Practice and Maintain Your Plan and Kit

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

Check Your Local School Emergency Plan

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

When Emergencies Happen

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

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

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

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

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

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

For People with Access and Functional Needs

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

Create a Personal Support Network

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

Complete a Personal Assessment

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

Neighbors Helping Neighbors

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

Power Outage

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

If You Have Pets

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

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

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

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

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

If You Have a Service Animal

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

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

Pets/Service animals should not be left behind.

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

Evacuation and Shelter-In-Place

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

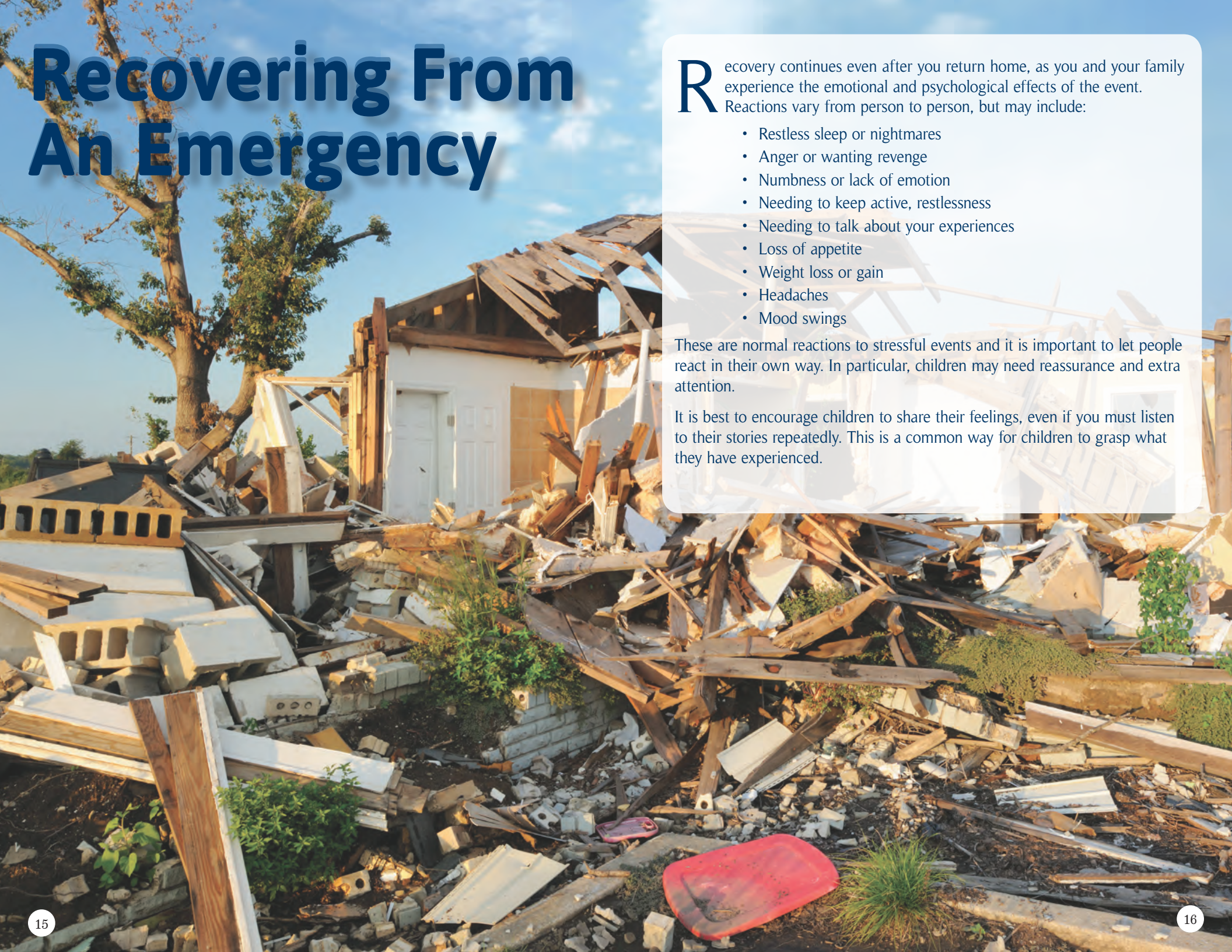
- **Listen to Emergency Personnel**
  - Follow instructions provided by emergency personnel to remain safe.
  - Emergency personnel are trained to respond to emergency situations.
  - Information and instructions on what to do will be provided at the emergency site or through TV and radio stations.

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

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

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

Recovering From An Emergency



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

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

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

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

A Child's Reaction to Disaster

Who is at Risk?

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

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

Child's Emotional Needs

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

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

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

Helping the Child

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

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

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

Common Responses Children May Exhibit

Infant to 2 years

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

2 to 6 years

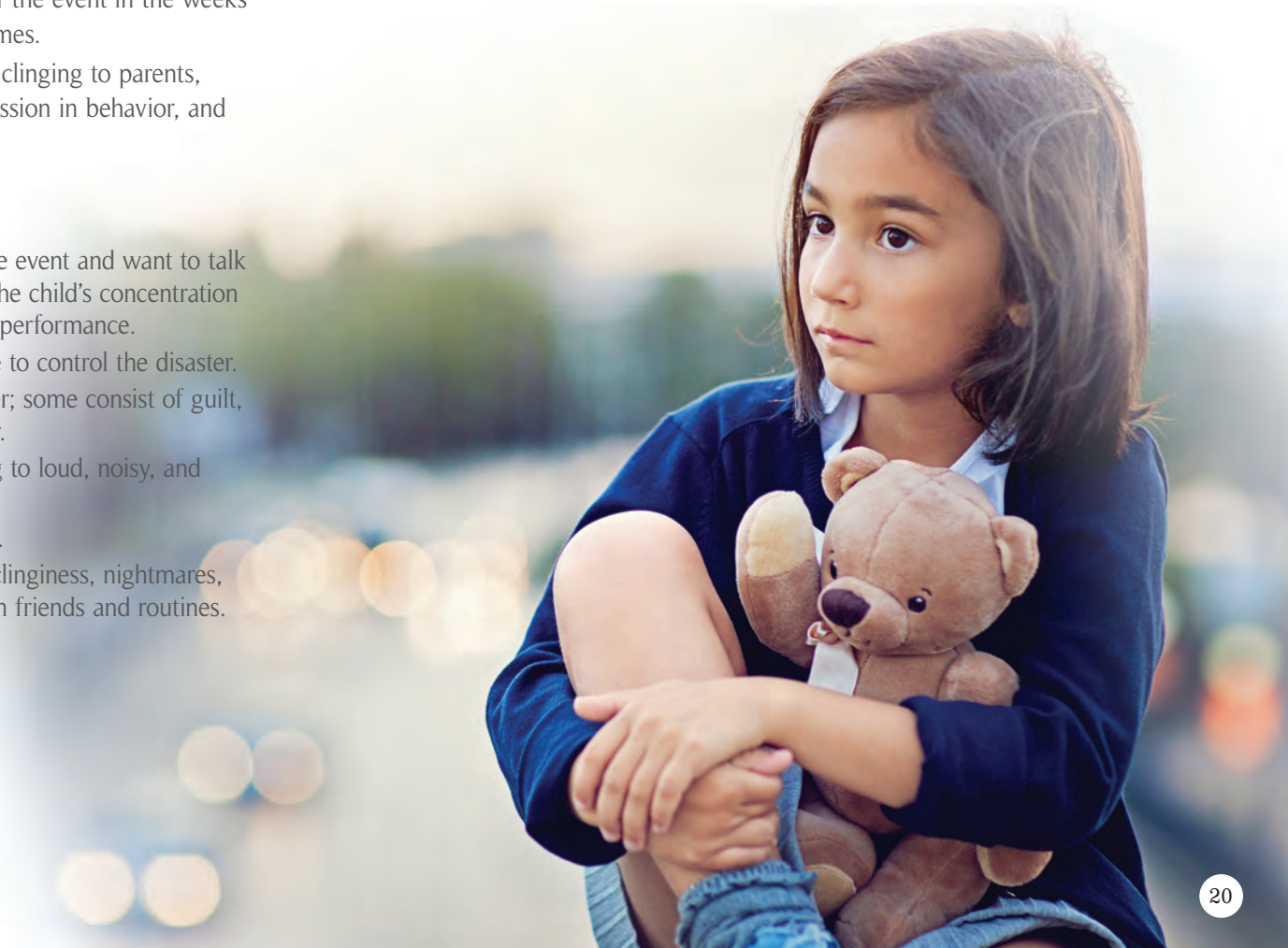
- Preschool aged children often times feel helpless and powerless. They may feel fear and insecurity due to their lack of size.
- Preschoolers cannot grasp the concept of permanent loss. They see consequences as being reversible.
- Preschoolers may play out activities that involve aspects of the event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

8 to 10 years

- School aged children can understand permanent loss.
- Some children become very preoccupied with details of the event and want to talk about it constantly. This preoccupation can interfere with the child's concentration at school thus resulting in a decline in his or her academic performance.
- Children may lose trust in adults because they were unable to control the disaster.
- Children may display a wide range of reactions to a disaster; some consist of guilt, feelings of failure, anger, or fantasies of playing the rescuer.
- A child may change from being quiet, obedient, and caring to loud, noisy, and aggressive.
- A child may change from being outgoing to shy and afraid.
- Some children may experience irritability, aggressiveness, clinginess, nightmares, school avoidance, poor concentration, and withdrawal from friends and routines.

11 to 18 years

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



Michigan Hazards

Severe Weather

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

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

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

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

Flooding

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

Know the Difference:

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

Preparing for a Flood

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

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

When a Flood Threatens

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

During a Flood

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

After a Flood

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

Lightning

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

Safety Tips

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

Tornadoes

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

Know the Difference:

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

When a Tornado Warning is Issued

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

Severe Winter Weather – Heavy Snow and Ice Storms

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

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

Winter Travel Tips

If Travel is Necessary

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

If Traveling and the Power Goes Out

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

If Stranded in a Vehicle

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

Automotive Preparedness

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

Take Protective Measures

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

Automotive Supply Kit

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

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

House or Apartment Fire

Prevention

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

In Case of Fire

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

Man-Made and Technological Hazards

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

Terrorism

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

What Can You Do?

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

8 Signs of Terrorism

#1 Surveillance

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

#2 Elicitation

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

#3 Tests of Security

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

#4 Acquiring Supplies

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

#5 Suspicious Persons Out of Place

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

#6 Dry Run/Trial Run

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

#7 Deploying Assets

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

#8 Financing

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

if you SEE something SAY something™

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

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

Reporting Suspicious Activity in Michigan

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

Internet Safety
For Kids

Tips for Internet Safety:

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

Signs Your Child May be at Risk Online

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

Internet Safety
For Adults

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

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

The Solution

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

Helpful resources:

www.michigan.gov/mspcyber

www.ic3.gov

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

Active Violence Incidents

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

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

When law enforcement arrives:

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

Information to provide to 911 operations:

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

PREVENTION

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

CHARACTERISTICS OF AN ACTIVE VIOLENCE INCIDENT

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

1 RUN

2 HIDE

3 FIGHT

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

You have three options:

1. RUN

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

2. HIDE

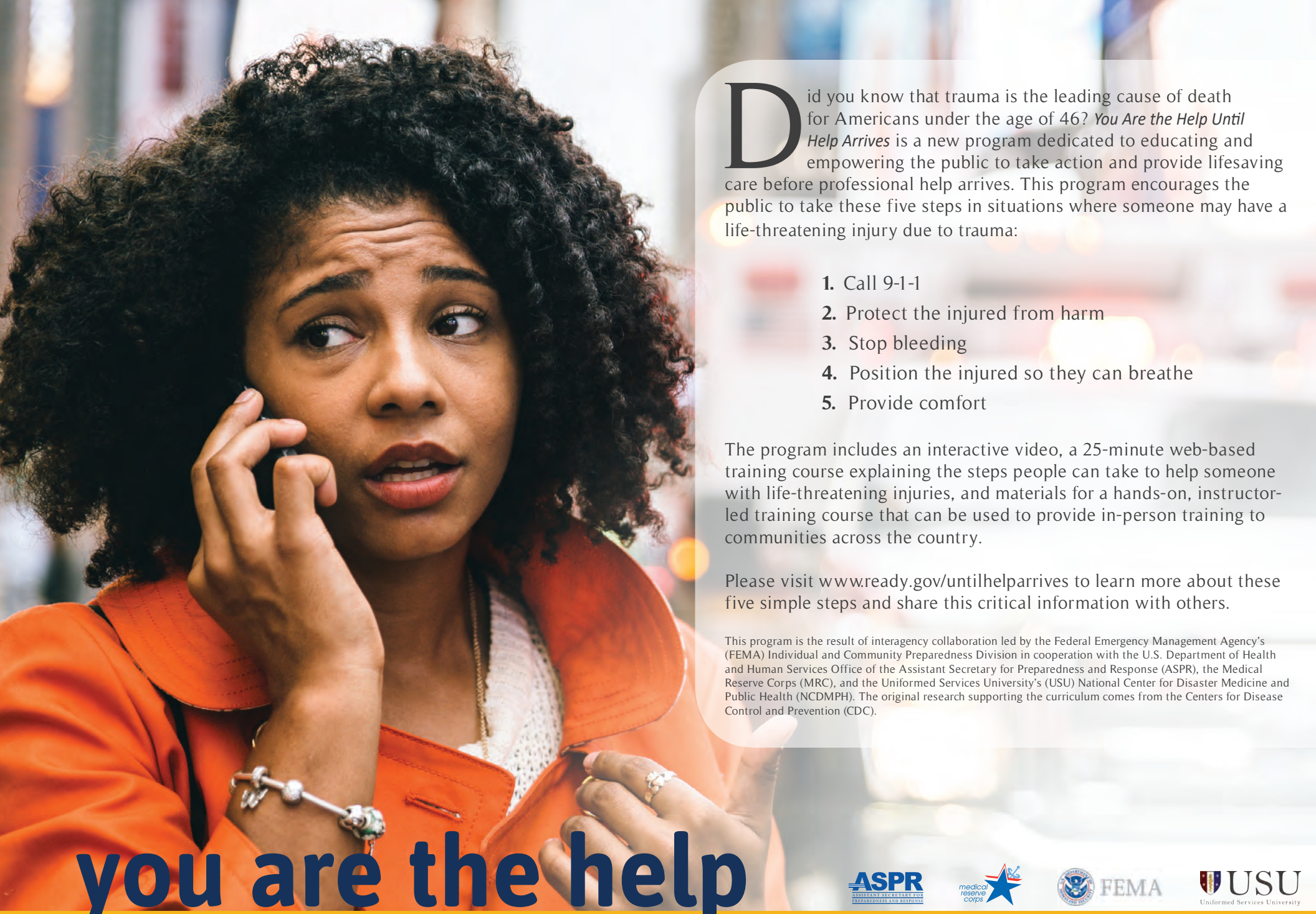
- Hide in an area out of the attacker's view
- Lock door or block entry to your hiding place
- Silence your cell phone (including vibrate mode) and remain quiet

3. FIGHT

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

The first officers to arrive on scene will not stop to help the injured. Expect rescue teams to follow initial officers. These rescue teams will treat and remove injured.

Once you have reached a safe location, you will likely be kept in that area by law enforcement until the situation is under control, and all witnesses have been identified and questioned. Do not leave the area until law enforcement authorities have instructed you to do so.



you are the help until help arrives

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

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

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

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

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

ASPR ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE · medical reserve corps · FEMA · USU Uniformed Services University

OK2SAY

Stop the Silence. Help End the Violence.

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

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

ok2say.com

SUBMIT A TIP

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

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

Submit & Receive

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

1. Confidential tip submitted
2. OK2SAY technicians receive, analyze, and forward tips

Respond & Report

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

3. Officials investigate, respond, and resolve tips
4. Outcome Report completed

FAMILY HOME HAZARD HUNT

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

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

All Rooms

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

Electricity

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

Kitchen

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

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

Garage/Attic/Shed

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

Outside

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

Clothes Washer and Dryer

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

Heating Equipment

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

Smoking and Matches

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

- ◯ Check furniture for smoldering cigarettes, especially after gatherings.

Smoke Detector

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

Fire Extinguisher

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

Carbon Monoxide Hazards

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

Earthquake Hazards

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

Emergency Preparedness Kit Checklist

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

Basic Kit - Recommended Supplies:

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

Clothing and Bedding:

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

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

Additional Items:

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

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

* Can be dangerous

WWW.MICHIGAN.GOV/MIREADY

Family Emergency Plan

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

Evacuation Location:

_____

Out-of-Town Contact:

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

Neighborhood Meeting Place:

_____

_____

Regional Meeting Place:

_____

_____

Family Member Contact Information

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

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

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

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

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

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

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

Workplace & School Information

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

School Information

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

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

Work Information

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

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

Other Important Information

Medical Contacts

Doctor: _____
Address: _____
Phone: _____

Doctor: _____
Address: _____
Phone: _____

Pharmacist: _____
Address: _____
Phone: _____

Veterinarian/Kennel: _____
Address: _____
Phone: _____

Insurance Information

Medical Insurance: _____
Phone: _____
Policy Number: _____

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

Public Emergency Services and Contractors

Fire Department
Name:
Emergency Phone:
Business Phone:

Emergency Medical Services
Name:
Emergency Phone:
Business Phone:

Hospital
Name:
Emergency Phone:
Business Phone:

Public Health Dept.
Name:
Emergency Phone:
Business Phone:

State Environmental Auth.
Name:
Emergency Phone:
Business Phone:

National Response Center (EPA)
Name:
Emergency Phone:
Business Phone:

Electrician
Name:
Emergency Phone:
Business Phone:

Plumber
Name:
Emergency Phone:
Business Phone:

Fire Protection Contractor
Name:
Emergency Phone:
Business Phone:

Elevator Service
Name:
Emergency Phone:
Business Phone:

Hazardous Material Cleanup
Name:
Emergency Phone:
Business Phone:

Cleanup/Disaster Restoration
Name:
Emergency Phone:
Business Phone:

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

ADDITIONAL IMPORTANT PHONE NUMBERS AND INFORMATION

FOLD HERE

ADDITIONAL IMPORTANT PHONE NUMBERS AND INFORMATION

Family Emergency Plan

Emergency Contact Name:
Telephone:
Out-of-Town Contact Name:
Telephone:
Neighborhood Meeting Place:
Telephone:
Other Important Information:

Dial 911 for Emergencies

Family Emergency Plan

Emergency Contact Name:
Telephone:
Out-of-Town Contact Name:
Telephone:
Neighborhood Meeting Place:
Telephone:
Other Important Information:

Dial 911 for Emergencies

Family Communication Plan For Kids

Home:
Parent:
Cell:
Work:

Parent:
Cell:
Work:

My Cell:
Sibling:
Cell:

Sibling:
Cell:

Neighbor:
Home:
Cell:

Neighbor:
Home:
Cell:

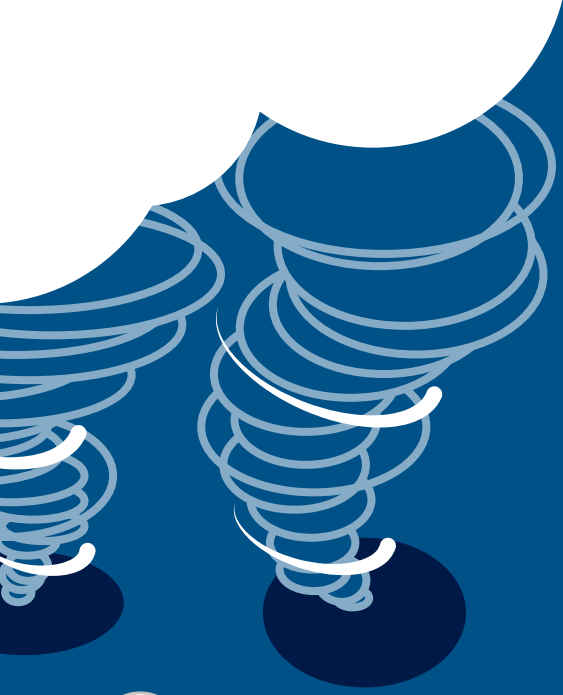
Neighbor:
Home:
Cell:

Out-of-State Friend/Relative:
Home:
Cell:

MIREADY
WWW.MICHIGAN.GOV/MIREADY

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

Rev. 5/22/18
Pr. 6/18
MIREADY_0005



BE PREPARED FOR A TORNADO

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

FEMA

FEMA V-1010/ March 2018

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

- Can happen anytime
- 200+ MPH — Bring intense winds
- Can happen anywhere
- Look like funnels

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

- Go to a safe room, basement, or storm cellar.
- If you can safely get to a sturdy building, do so immediately.
- If there is no basement, get to a small, interior room on the lowest level.
- Do not get under an overpass or bridge. You're safer in a low, flat location.
- Stay away from windows, doors, and outside walls.
- Watch out for flying debris that can cause injury or death.
- Use your arms to protect your head and neck.

HOW TO STAY SAFE

WHEN A TORNADO THREATENS

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

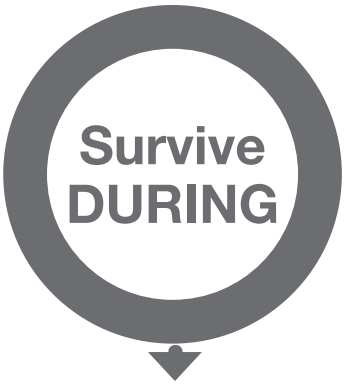
Know the signs of a tornado, including a rotating funnel-shaped cloud, an approaching cloud of debris, or a loud roar—similar to a freight train.

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

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

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

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



Immediately go to a safe location that you identified.

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

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

Do not try to outrun a tornado in a vehicle.

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

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

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

Stay clear of fallen power lines or broken utility lines.

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

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

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

Take an Active Role in Your Safety

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

FEMA
FEMA V-1010
Catalog No. 17233-11

Home Fire Escape Plan

American Red Cross

Use the graph to draw your home's floor plan, and plot your home fire escape routes.

Tips for creating and practicing your escape plan:

- Everyone in your household should know *two* ways to escape from each room in your home.
- Decide where to meet once you get outside.
- If a fire starts, you may have just **two minutes** to get to safety. So time your fire drills and find out: what's your escape time?

  _____

- Smoke is dangerous. Practice low crawling.
- Teach household members what to do if their clothes catch fire: stop, drop and roll.

If a fire starts in your home, get out to safety, then dial 911.

Or call your fire department's emergency phone number:

_____

My address is:

_____

_____

_____

103320-08/14

Handouts

What's on Your Plate

The USDA Child and Adult Care Food Program

Healthy Tips for Picky Eaters

Food Program Sponsor List

Food as a Reward

Sometime or Anytime Foods

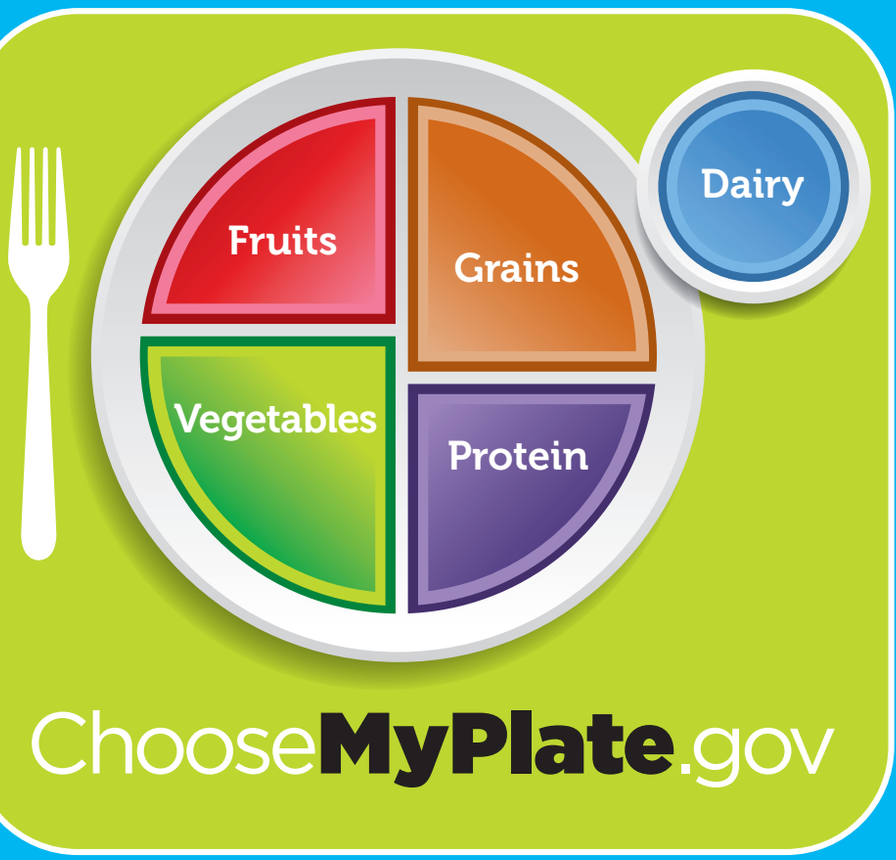
Alternates to Using Food as a Reward

Handouts

Safely Storing and Preparing Common Foods

Storage and Preparation of Breastmilk

What's on your plate?



Before you eat, think about what and how much food goes on your plate or in your cup or bowl. Over the day, include foods from all food groups: vegetables, fruits, whole grains, low-fat dairy products, and lean protein foods.

Make half your plate fruits and vegetables.

Make at least half your grains whole.

Switch to skim or 1% milk.

Vary your protein food choices.

Vegetables	Fruits	Grains	Dairy	Protein Foods
Eat more red, orange, and dark-green veggies like tomatoes, sweet potatoes, and broccoli in main dishes. Add beans or peas to salads (kidney or chickpeas), soups (split peas or lentils), and side dishes (pinto or baked beans), or serve as a main dish. Fresh, frozen, and canned vegetables all count. Choose "reduced sodium" or "no-salt-added" canned veggies.	Use fruits as snacks, salads, and desserts. At breakfast, top your cereal with bananas or strawberries; add blueberries to pancakes. Buy fruits that are dried, frozen, and canned (in water or 100% juice), as well as fresh fruits. Select 100% fruit juice when choosing juices.	Substitute whole-grain choices for refined-grain breads, bagels, rolls, breakfast cereals, crackers, rice, and pasta. Check the ingredients list on product labels for the words "whole" or "whole grain" before the grain ingredient name. Choose products that name a whole grain first on the ingredients list.	Choose skim (fat-free) or 1% (low-fat) milk. They have the same amount of calcium and other essential nutrients as whole milk, but less fat and calories. Top fruit salads and baked potatoes with low-fat yogurt. If you are lactose intolerant, try lactose-free milk or fortified soymilk (soy beverage).	Eat a variety of foods from the protein food group each week, such as seafood, beans and peas, and nuts as well as lean meats, poultry, and eggs. Twice a week, make seafood the protein on your plate. Choose lean meats and ground beef that are at least 90% lean. Trim or drain fat from meat and remove skin from poultry to cut fat and calories.
For a 2,000-calorie daily food plan, you need the amounts below from each food group. To find amounts personalized for you, go to Choose**MyPlate**.gov.				
Eat 2½ cups every day **What counts as a cup?** 1 cup of raw or cooked vegetables or vegetable juice; 2 cups of leafy salad greens	**Eat 2 cups every day** **What counts as a cup?** 1 cup of raw or cooked fruit or 100% fruit juice; ½ cup dried fruit	**Eat 6 ounces every day** **What counts as an ounce?** 1 slice of bread; ½ cup of cooked rice, cereal, or pasta; 1 ounce of ready-to-eat cereal	**Get 3 cups every day** **What counts as a cup?** 1 cup of milk, yogurt, or fortified soymilk; 1½ ounces natural or 2 ounces processed cheese	**Eat 5½ ounces every day** **What counts as an ounce?** 1 ounce of lean meat, poultry, or fish; 1 egg; 1 Tbsp peanut butter; ½ ounce nuts or seeds; ¼ cup beans or peas

U.S. Department of Agriculture • Center for Nutrition Policy and Promotion
August 2011
CNPP-25
USDA is an equal opportunity provider and employer.

Cut back on sodium and empty calories from solid fats and added sugars

Look out for salt (sodium) in foods you buy. Compare sodium in foods and choose those with a lower number.

Drink water instead of sugary drinks. Eat sugary desserts less often.

Make foods that are high in solid fats—such as cakes, cookies, ice cream, pizza, cheese, sausages, and hot dogs—occasional choices, not every day foods.

Limit empty calories to less than 260 per day, based on a 2,000 calorie diet.

Be physically active your way

Pick activities you like and do each for at least 10 minutes at a time. Every bit adds up, and health benefits increase as you spend more time being active.

Children and adolescents: get 60 minutes or more a day.

Adults: get 2 hours and 30 minutes or more a week of activity that requires moderate effort, such as brisk walking.

USDA

United States Department of Agriculture

The USDA Child and Adult Care Food Program (CACFP)

Join the thousands of child care centers and family child care providers already reaping the benefits of CACFP!

All this ...

- **Meal Reimbursement**
- **Free Resources**
- **Training and Guidance**
- **Networking Opportunities**
- **Links to Best Practices**
- **On-Site Assistance**
- **Messages for Parents**

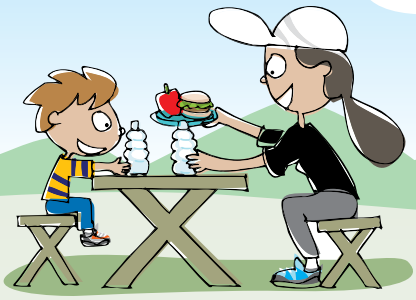
... and more!

Program information:
USDA Food and Nutrition Service
www.fns.usda.gov/cacfp/child-and-adult-care-food-program
or call 866-USDA-CND (866-873-2263)

Resource information:
USDA Team Nutrition
www.fns.usda.gov/tn/team-nutrition

U.S. Department of Agriculture | Food and Nutrition Service | FNS-493 | June 2015 | USDA is an equal opportunity provider and employer.

Healthy Tips for Picky Eaters



Do any of the statements below remind you of your child?

"Ebony will only eat peanut butter sandwiches!"
"Michael won't eat anything green, just because of the color."
"Bananas used to be Matt's favorite food, now he won't even touch them!"

Your child may eat only a certain type of food or refuse foods based on a certain color or texture. They may also play at the table and may not want to eat. Don't worry if your child is a picky eater. Picky eating behavior is common for many children from the age of 2 to 5 years. As long as your child has plenty of energy and is growing, he or she is most likely eating enough to be healthy. If you have concerns about your child's growth or eating behavior, talk to your child's doctor.

How to cope with picky eating

Your child's picky eating is temporary. If you don't make it a big deal, it will usually end before school age. Try the following tips to help you deal with your child's picky eating behavior in a positive way. Check the ones that work for you and your child.

☐ **Let your kids be "produce pickers."** Let them pick out fruits and veggies at the store.

☐ **Have your child help you prepare meals.** Children learn about food and get excited about tasting food when they help make meals. Let them add ingredients, scrub veggies, or help stir food.

☐ **Offer choices.** Rather than ask, "Do you want broccoli for dinner?" ask "Which would you like for dinner, broccoli or

☐ **Enjoy each other while eating family meals together.** Talk about fun and happy things. If meals are times for family arguments, your child may learn unhealthy attitudes toward food.

☐ **Offer the same foods for the whole family.** Don't be a "short-order cook," making a different meal for your child. Your child will be okay even if he or she does not eat a meal now and then.

ChooseMyPlate.gov

United States Department of Agriculture
FNS-455
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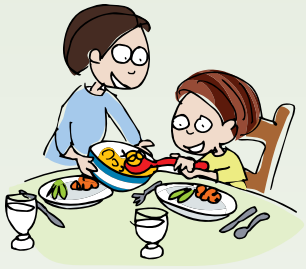
Revised May 2012

Trying new foods

Your child may not want to try new foods. It is normal for children to reject foods they have never tried before. Here are some tips to get your child to try new foods:



Let them learn by serving themselves. Teach them to take small amounts at first. Tell them they can get more if they are still hungry.

- **Small portions, big benefits.** Let your kids try small portions of new foods that you enjoy. Give them a small taste at and be patient with them. When they develop a taste for more types of foods, it's easier to plan family meals.
- **Offer only one new food at a time.** Serve something that you know your child likes along with the new food. Offering more new foods all at once could be too much for your child.
- **Be a good role model.** Try new foods yourself. Describe their taste, texture, and smell to your child.
- **Offer new foods first.** Your child is most hungry at the start of a meal.

They learn from watching you. Eat fruits and vegetables and your child will too.

- **Sometimes, new foods take time.** Kids don't always take to new foods right away. Offer new foods many times. It may take up to a dozen tries for a child to accept a new food.

Make food fun!

Help your child develop healthy eating habits by getting him or her involved and making food fun! Get creative in the kitchen with these cool ideas. Check the ones you try at home, and be sure to add your own ideas, too!

Make meals and memories together. It's a lesson they'll use for life.

- ☐ **Cut a food into fun and easy shapes with cookie cutters.**
- ☐ **Encourage your child to invent and help prepare new snacks.** Create new tastes by pairing low-fat dressings or dips with vegetables. Try hummus or salsa as a dip for veggies.
- ☐ **Name a food your child helps create.** Make a big deal of serving "Maria's Salad" or "Peter's Sweet Potatoes" for dinner.
- ☐ **Our family ideas to make food fun:**

_____

_____

_____

For more great tips on these and other subjects, go to:
ChooseMyplate.gov/preschoolers/

Child and Adult Care Food Program
Family Day Care Home Sponsors

To participate in the Child and Adult Care Food program (CACFP), as an eligible Family Day Care Home (FDCH) provider, the provider must be approved, unlicensed or licensed to provide day care services. The individual must sign a provider/sponsor agreement with an eligible FDCH Sponsor. FDCH Sponsors provides training, conducts monitoring, assists with planning menus, and submits requests for meal reimbursements.

Interested in participating in CACFP as a FDCH provider in Michigan, contact one of the FDCH Sponsors listed below.

SPONSOR NAME	COUNTIES SERVED BY SPONSOR
Association for Child Development P.O. Box 1491 East Lansing, MI 48826 517-332-7200 800-234-3287 Association for Child Development (ACD) (http://www.acdkids.org/)	All Counties
Camp Fire West Michigan 4C 233 E. Fulton, Suite 107 Grand Rapids, MI 49503-3262 616-451-8281 800-448-6995 Camp Fire West Michigan 4C (http://www.campfirewestmi.org/)	Allegan, Barry, Calhoun, Clare, Clinton, Eaton, Gratiot, Ingham, Ionia, Isabella, Jackson, Kalamazoo, Kent, Lake, Mason, Mecosta, Missaukee, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, Shiawassee, VanBuren, and Wexford
Mid-Michigan Child Care Centers, Inc. 7375 Midland Road, Suite A PO Box 610 Freeland, MI 48623 989-695-2683 800-742-3663 Mid-Michigan Child Care Centers, Inc. (http://www.midmichigancc.com/)	All Counties

MICHIGAN Department of Education

Sometime & Anytime Foods

"Anytime" Foods These are foods that are good to eat anytime. They are the healthiest foods with nutrients to help you grow up healthy. Examples: fruits and vegetables, nonfat and lowfat milk.

"Sometime" Foods These foods are the least healthy. That's why they're once-in-awhile foods. Examples: French fries, cookies, ice cream.

FOOD GROUP	"ANYTIME" FOODS	"SOMETIME" FOODS
Vegetables	Fresh, frozen, steamed, or canned vegetables (low sodium) without added fat (such as butter) or sauces	Any vegetable fried in oil
Fruits	All fresh and frozen fruits, canned fruits packed in their own juice	Fruits canned in syrup, dried fruits
Breads & Cereals	Whole-grain breads, pitas, and tortillas; whole-grain pasta, brown rice, oatmeal; hot and cold unsweetened whole-grain breakfast cereals	Doughnuts, muffins, croissants, and sweet rolls; sweetened breakfast cereals; crackers, cookies, and chips; cakes and pies
Milk & Milk Products	Nonfat and lowfat milk; nonfat and lowfat yogurt; lowfat and nonfat cheese; lowfat and nonfat cottage cheese	Whole milk; full-fat cheese and cheese spreads; cream cheese; yogurt made from whole milk; ice cream, ice milk, and frozen yogurt; puddings
Meats, Poultry, Fish, Eggs & Beans	Beef and pork that have been trimmed of their fat; extra-lean ground beef; chicken and turkey without skin; tuna canned in water; fish and shellfish that's been baked, broiled, steamed, or grilled; beans; split peas and lentils; tofu; egg whites and substitutes	Beef and pork that haven't been trimmed of their fat, fried hamburgers, ribs, bacon, fried chicken, chicken nuggets, hot dogs, deli lunch meats, pepperoni, sausage, salami, fried fish and shellfish, whole eggs cooked with added fat
Drinks	Water, nonfat and lowfat milk, unsweetened iced teas and lemonade	Whole milk, regular soda, sweetened iced teas and lemonade, fruit drinks with less than 100% juice

Alternatives to Using Food as a Reward

One in five children is overweight or obese by age 6. The rates have doubled in children and tripled in adolescents in the last 20 years. An overweight 4-year-old is 20 percent more likely to become an obese adult; an overweight teen, 80 percent.

While there are many reasons for this increased obesity rate, one that providers can control is using food to reward, comfort or punish the children in their care. The following statements are common examples of these negative methods:

- *"If you pick up the toys, I will give you each a cookie."* (reward)
- *"I know you got hurt when you fell down, here is a piece of candy."* (comfort)
- *"Eat all of your peas or we will not go to the playground."* (punishment)

Non-Food Alternatives

Avoid these kinds of statements and instead consider non-food alternatives as rewards. Some rewards that work well with young children individually or as a group:

- Sit by friends
- Teach the class
- Have extra art time
- Enjoy class outdoors
- Have an extra recess
- Play a favorite game or puzzle
- Walk with a favorite provider during a transition
- Eat lunch outdoors/ have a picnic
- Eat lunch with a teacher or the director
- Be a helper in another class
- Dance to favorite music in the classroom
- Provider can perform special skills (i.e. sing)
- Field trips
- Provider can read a book of that child's choosing

Normal Consequences

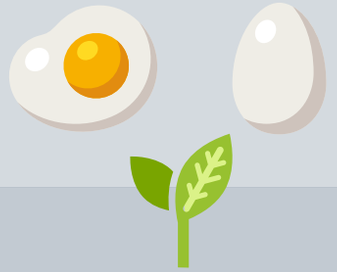
Even more effective than rewards is the delivering of consequences when a child behaves in a way other than the expectation that had been clearly explained. Look for opportunities to provide "normal consequences" whenever possible. "Normal consequences" usually refers to temporary limitations a provider sets that connect with the problem behavior that just occurred. Examples include:

- *"You threw that block so you may no longer play in the block area today."*
- *"You two were fighting over that toy so neither of you may play with it today."*
- *"All of the caps were left off of the markers in our Art Area this morning so they have all dried out. We will not have markers to use for a while."*

National Association of Child Care Resource & Referral Agencies | 1515 N. Courthouse Road, 11th Floor, Arlington VA 22201
phone 703-341-4100 fax 703-341-4101 www.naccrra.org #1188-0617

Safety Tips *for* handling and preparing common foods

HELP *Prevent* Food Poisoning!

	Type of FOOD	AVOID	Better CHOICE
	MEAT & POULTRY	Raw or undercooked meat or poultry	Meat or poultry cooked to a safe internal temperature. Use a food thermometer to check https://www.foodsafety.gov/keep/charts/mintemp.html
	SEAFOOD	Raw or undercooked fish, shellfish, or food containing raw or undercooked seafood, such as sashimi, some sushi, and ceviche.	• Seafood cooked to 145°F • Canned fish and seafood • Refrigerated smoked seafood in a cooked dish, such as a casserole
	DAIRY	Unpasteurized (raw) milk	Pasteurized milk
	EGGS	Foods that contain raw or undercooked eggs, such as: • Homemade Caesar salad dressing • Raw cookie dough • Eggnog	Use pasteurized eggs and egg products when preparing recipes that call for raw or undercooked eggs.
	SPROUTS	Raw or undercooked sprouts, such as alfalfa, bean, or any other sprout	• Cooked sprouts • No sprouts
	VEGETABLES	Unwashed fresh vegetables, including lettuce and salads	• Washed fresh vegetables, including salads • Cooked vegetables
	CHEESE	Soft cheeses made from unpasteurized (raw) milk, such as queso fresco, blue-veined, feta, Brie, Camembert	• Soft cheeses that are clearly labeled "made from pasteurized milk" • Processed cheeses, cream cheese, mozzarella, hard cheeses

Accessible version: http://www.cdc.gov/foodsafety/communication/foods-safety-tips.html

CS296105-A

www.cdc.gov/foodsafety

ACCESSIBLE VERSION: https://bit.ly/2dxVYLU

STORAGE AND PREPARATION OF BREAST MILK

BEFORE EXPRESSING/PUMPING MILK

Wash your hands well with soap and water.

Inspect the pump kit and tubing to make sure it is clean.

Replace moldy tubing immediately.

Clean pump dials and countertop.

STORING EXPRESSED MILK

Use breast milk storage bags or clean food-grade containers with tight fitting lids.

Avoid plastics containing bisphenol A (BPA) (recycle symbol #7).

HUMAN MILK STORAGE GUIDELINES

TYPE OF BREAST MILK	STORAGE LOCATIONS AND TEMPERATURES		
	Countertop 77°F (25°C) or colder *(room temperature)*	**Refrigerator** 40 °F (4°C)	**Freezer** 0 °F (-18°C) or colder
Freshly Expressed or Pumped	Up to **4 Hours**	Up to **4 Days**	Within **6 months** is best Up to **12 months** is acceptable
Thawed, Previously Frozen	**1–2 Hours**	Up to **1 Day** *(24 hours)*	**NEVER** refreeze human milk after it has been thawed
Leftover from a Feeding (baby did not finish the bottle)	Use within **2 hours** after the baby is finished feeding		

STORE

Label milk with the date it was expressed and the child's name if delivering to childcare.

Store milk in the back of the freezer or refrigerator, not the door.

Freeze milk in **small amounts of 2 to 4 ounces** to avoid wasting any.

When freezing leave an inch of space at the top of the container; breast milk expands as it freezes.

Milk can be stored in an insulated cooler bag with frozen ice packs for **up to 24 hours** when you are traveling.

If you don't plan to use freshly expressed milk **within 4 days**, freeze it right away.

THAW

Always thaw the oldest milk first.

Thaw milk under lukewarm running water, in a container of lukewarm water, or overnight in the refrigerator.

Never thaw or heat milk in a microwave. Microwaving destroys nutrients and creates hot spots, which can burn a baby's mouth.

Use milk **within 24 hours** of thawing in the refrigerator *(from the time it is completely thawed, not from the time when you took it out of the freezer).*

Use thawed milk **within 2 hours** of bringing to room temperature or warming.

Never refreeze thawed milk.

FEED

Milk can be **served cold, room temperature, or warm.**

To heat milk, place the sealed container into a bowl of warm water or hold under warm running water.

Do not heat milk directly on the stove or in the microwave.

Test the temperature before feeding it to your baby by putting a few drops on your wrist. It should feel warm, **not hot.**

Swirl the milk to mix the fat, which may have separated.

If your baby did not finish the bottle, leftover milk should be used **within 2 hours.**

CLEAN

Wash disassembled pump and feeding parts in a clean basin with soap and water. **Do not wash directly** in the sink because the germs in the sink could contaminate items.

Rinse thoroughly under running water. Air-dry items on a clean dishtowel or paper towel.

Using clean hands, store dry items in a clean, protected area.

For extra germ removal, sanitize feeding items daily using one of these methods:

- clean in the dishwasher using hot water and heated drying cycle *(or sanitize setting).*
- boil in water for 5 minutes *(after cleaning).*
- steam in a microwave or plug-in steam system according to the manufacturer's directions *(after cleaning).*

June 2019

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

FOR MORE INFORMATION, VISIT:
https://bit.ly/2dxVYLU

296657-B

Handouts

Allergy vs Sensitivity: Which do you Really Have?

Avoiding Food Allergen: Labeling Reading Essentials

Be Food Allergy Aware

Food Allergy and Anaphylaxis Emergency Care Plan

Handouts

Mandated Reporter Guide

Allergy vs. Sensitivity:
Which Do You Really Have?

TRUE ALLERGY

Can cause anaphylaxis, a severe life-threatening reaction

Caused by food proteins, medications, and stinging insects

SYMPTOMS

Occur almost immediately (or within an hour of exposure)

Flushing, difficulty swallowing, nausea, hives, itching, fever, swelling, wheezing, and shortness of breath

SENSITIVITY / INTOLERANCE

Doesn't involve anaphylaxis; not life-threatening

FOOD SENSITIVITIES

Most commonly caused by milk, eggs, peanuts, tree nuts, shellfish, fish, sesame, wheat, and soy

ENVIRONMENTAL TRIGGERS

Could be dust mites, pollen, or animal dander

SYMPTOMS

Occur gradually (not immediately affective)

Vary from runny nose to hives to abdominal pain

Source: Jeremy J. Corbett, MD, Chief Health Officer, Nurtur

AVOIDING FOOD ALLERGEN LABEL READING ESSENTIALS

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

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

Allergen Label Reading Basics

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

Get more information from manufacturer for unclear ingredient labels.

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

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

Understanding Food Allergen Labeling Laws:

What FALCPA* does and does not cover.

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

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

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

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

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

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

Most fresh meats/poultry
Certain egg products
Sesame and other seeds
Molluscan shellfish (oysters, clams, mussels and scallops)
Gluten containing grains other than wheat (barley, rye and oats).

Advisory Labels and Cautionary Statements

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

For more information visit: AllergyHome.org/readinglabels

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

Created by Michael Pistiner, MD, MSSC & Grennan Sims, RD, LD

BE FOOD ALLERGY AWARE

SIX THAT SAVE LIVES

1 THE SYMPTOMS

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

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

3 TIME IS OF THE ESSENCE

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

4 GO TO THE HOSPITAL

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

2

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

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

5 RECLINING IS BEST

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

6 DON'T GO IT ALONE

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

Allergic Living

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

FARE Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: ☐ **Yes (higher risk for a severe reaction)** ☐ **No**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

☐ If checked, give epinephrine immediately if the allergen was LIKELY eaten, for ANY symptoms.

☐ If checked, give epinephrine immediately if the allergen was DEFINITELY eaten, even if no symptoms are apparent.

FOR **ANY** OF THE FOLLOWING:

SEVERE SYMPTOMS

LUNG
Shortness of breath, wheezing, repetitive cough

HEART
Pale or bluish skin, faintness, weak pulse, dizziness

THROAT
Tight or hoarse throat, trouble breathing or swallowing

MOUTH
Significant swelling of the tongue or lips

SKIN
Many hives over body, widespread redness

GUT
Repetitive vomiting, severe diarrhea

OTHER
Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.

- Consider giving additional medications following epinephrine:
  - » Antihistamine
  - » Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

NOSE
Itchy or runny nose, sneezing

MOUTH
Itchy mouth

SKIN
A few hives, mild itch

GUT
Mild nausea or discomfort

FOR **MILD SYMPTOMS** FROM **MORE THAN ONE** SYSTEM AREA, GIVE EPINEPHRINE.

FOR **MILD SYMPTOMS** FROM **A SINGLE SYSTEM** AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

_____

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE DATE PHYSICIAN/HCP AUTHORIZATION SIGNATURE DATE

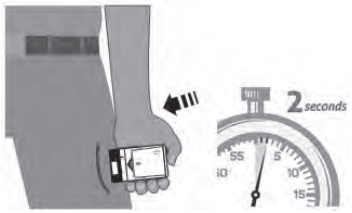
FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 5/2018

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

FARE
Food Allergy Research & Education

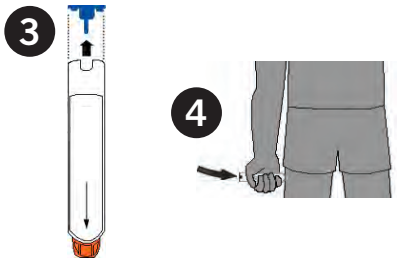
HOW TO USE AUVI-Q® (EPINEPRHINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.



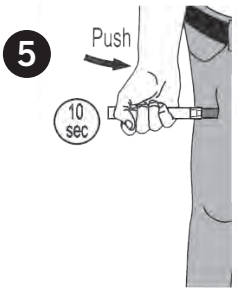
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, pull off the blue safety release.
4. Place the orange tip against the middle of the outer thigh (upper leg) at a right angle (perpendicular) to the thigh.
5. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
6. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
7. Remove and massage the injection area for 10 seconds.
8. Call 911 and get emergency medical help right away.

ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.)**:**

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 1/2019

MANDATED REPORTERS' RESOURCE GUIDE

En Masse image by Clockblock at clockblock.deviantart.com/art/En-Masse

HAVE A HAND IN PROTECTING CHILDREN

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

TABLE OF CONTENTS

The Michigan Child Protection Law

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

List of Mandated Reporters

Mandated reporters are an essential part of the child protection system because they have an enhanced capacity, through their expertise and direct contact with children, to identify suspected child abuse and neglect. Reports made by mandated reporters are confirmed at nearly double the rate of those made by non-mandated reporters. The list of mandated reporters may be updated based on changes to the Child Protection Law. More information on mandated reporting can be found at www.michigan.gov/mandatedreporter.

The list of mandated reporters is as follows:

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

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

The list also includes specific MDHHS personnel:

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

Responsibility of Mandated Reporters

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

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

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

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

Child's Disclosure: The Role of Mandated Reporters

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

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

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

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

The Verbal Report

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

Intake personnel will want the following information, if available:

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

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

The Written Report

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

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

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

Forward the written report to:

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

or email to:

MDHHS-CPS-CIGroup@michigan.gov

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

Reporting Process for Mandated Reporters

VERBAL REPORT

Contact CPS immediately.

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

WRITTEN REPORT

Submit a written report within 72 hours.

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

NOTIFICATION

Notify the head of the organization of the report.

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

Definitions of Child Abuse/Neglect

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

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

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

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

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

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

Neglect
Child neglect encompasses several areas:

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

Definitions of Child Abuse/Neglect (continued)

- *Abandonment*. The person responsible for the child's health and welfare leaves a child with an agency, person or other entity (e.g., MDHHS, hospital, mental health facility, etc.) without:

  - Obtaining an agreement with that person/entity to assume responsibility for the child.
  - Cooperating with the department to provide for the care and custody of the child.
  - Medical Neglect - Failure to seek, obtain, or follow through with medical care for the child, with the failure resulting in or presenting risk of death, disfigurement or bodily harm or with the failure resulting in an observable and material impairment to the growth, development or functioning of the child.

Threatened Harm

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

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

Person Responsible

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

- A parent, legal guardian, or person 18 years of age or older who resides for any length of time in the same house in which the child resides.
- A nonparent adult. A nonparent adult is a person 18 years of age or older and who, regardless of the person's domicile, meets ***all*** of the following criteria in relation to the child:

  - Has substantial and regular contact with the child;
  - Has a close personal relationship with the child's parent or with another person responsible for the child's health or welfare; and
  - Is not the child's parent or a person otherwise related to the child by blood or affinity to the third degree (parent, grandparent, great-grandparent, brother, sister, aunt, uncle, great aunt, great uncle, niece, nephew).

- A nonparent adult who resides in any home where a child is receiving respite care. **Note**: This includes nonparent adults residing with a child when the complaint involves sexual exploitation (human trafficking).
- An owner, operator, volunteer, or employee of one or more of the following:

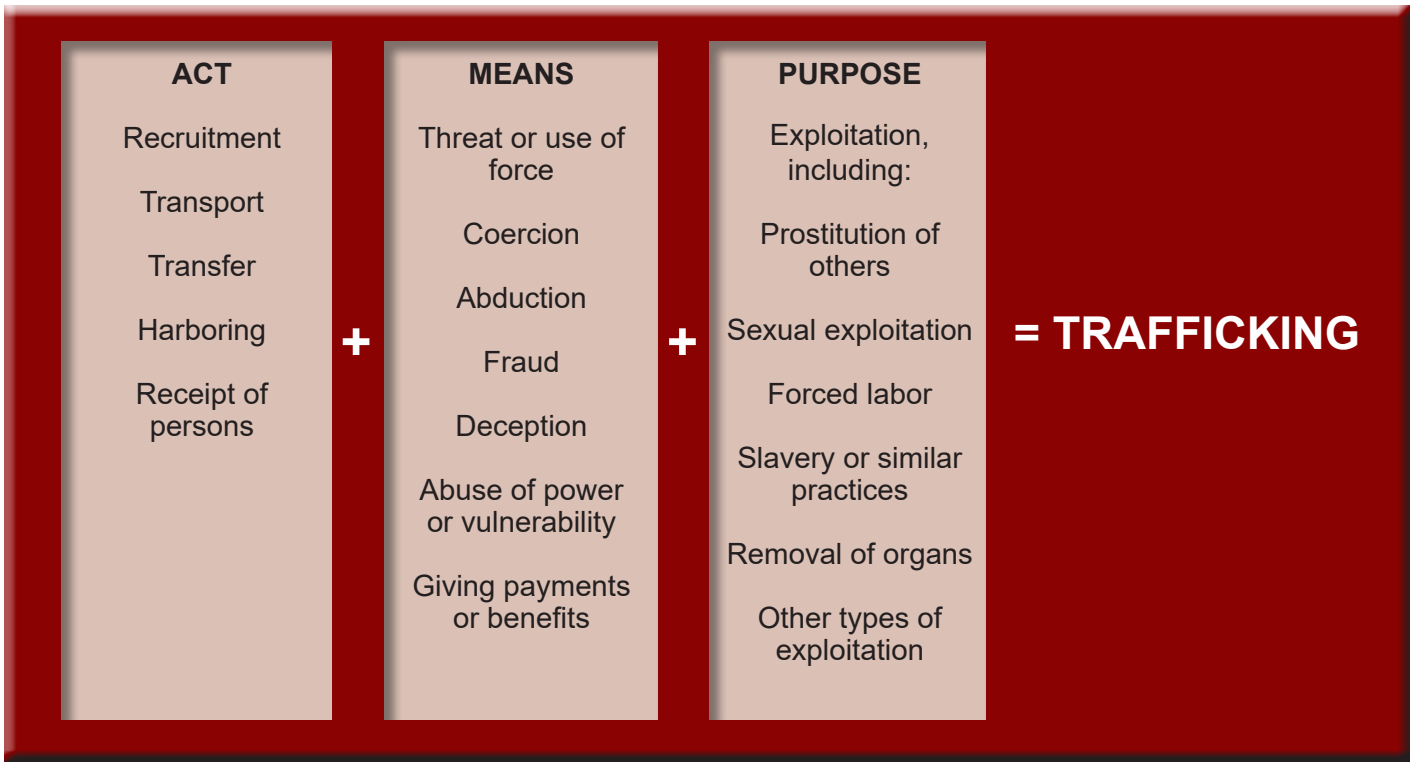
  - A licensed or registered child care organization.
  - A licensed or unlicensed adult foster care family home or adult foster care small group home.
  - Child care organization or institutional setting.

Human Trafficking (Sex trafficking victim)

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

Labor Trafficking Victim

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



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

Indicators of Child Abuse/Neglect

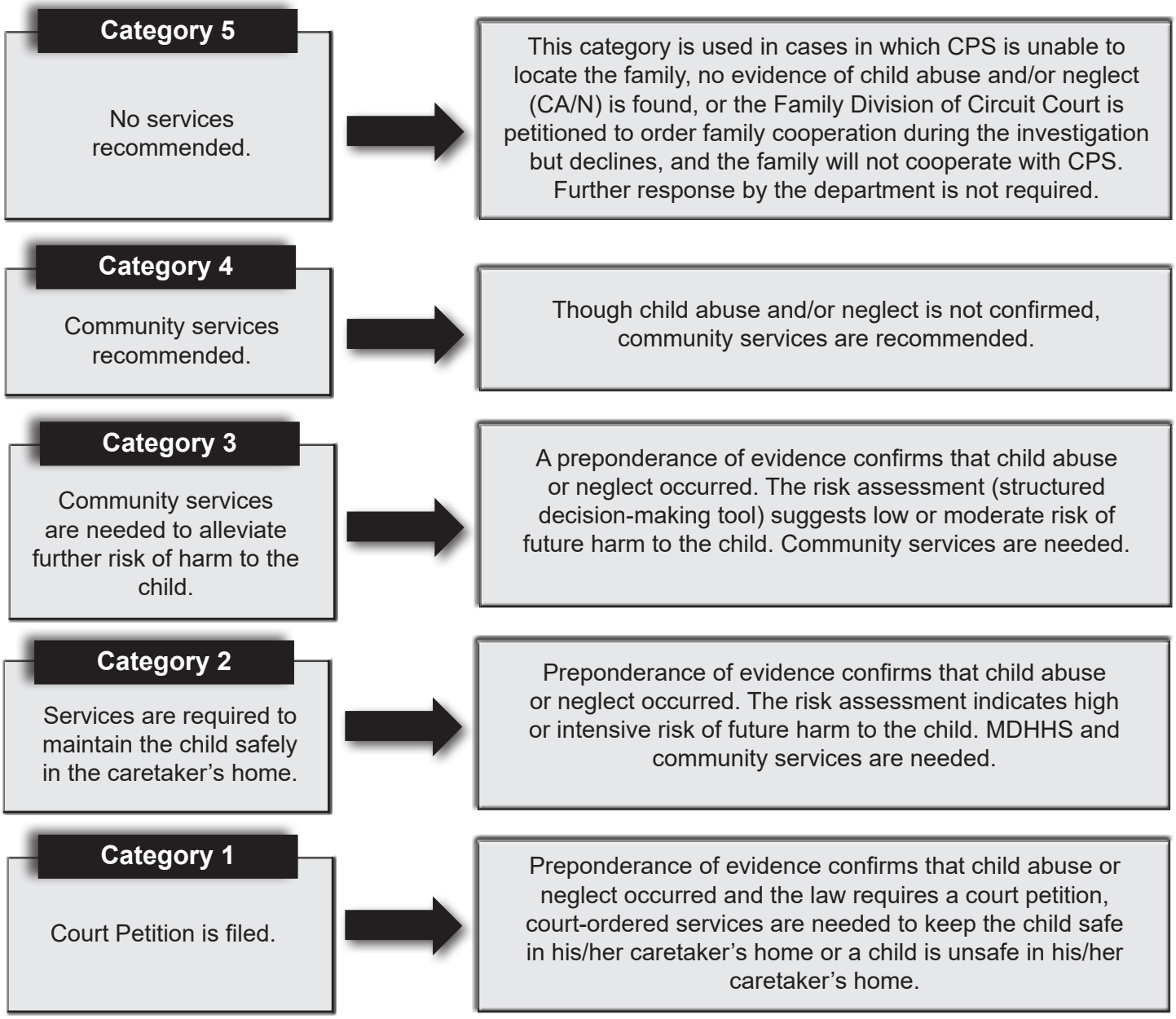
Determining when to report situations of suspected child abuse/neglect can be difficult. When in doubt, contact MDHHS for consultation. Below are some common physical and behavioral warning signs associated with various forms of child abuse and neglect. **Note that the physical and behavioral indicators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

Category	Physical Indicators	Behavioral Indicators
Physical Abuse	• Bruises more numerous than expected from explanation of incident. • Unexplained bruises, welts or loop marks in various stages of healing. • Adult/human bite marks. • Bald spots or missing clumps of hair. • Unexplained fractures, skin lacerations, punctures, or abrasions. • Swollen lips and/or chipped teeth. • Linear/parallel marks on cheeks and/or temple area. • Crescent-shaped bruising caused by pinching. • Puncture wounds that resemble distinctive objects. • Bruising behind the ears.	• Self-destructive/self-mutilation. • Withdrawn and/or aggressive-behavior extremes. • Uncomfortable/skittish with physical contact. • Repeatedly arrives at school late. • Expresses fear of being at home. • Chronic runaway (adolescents). • Complains of soreness or moves uncomfortably. • Wears clothing inappropriate to weather to cover body. • Lacks impulse control (e.g., inappropriate outbursts). • Is frequently absent from school • Abuses animals or pets
Physical Neglect	• Distended stomach, emaciated. • Unattended medical needs. • Lack of supervision. • Consistent signs of hunger, inappropriate dress, poor hygiene. • Sudden or unexplained weight change.	• Regularly displays fatigue or listlessness; falls asleep in class. • Steals, hoards or begs for food. • Reports that no caretaker is at home. • Is frequently absent from school • Abuses animals or pets
Sexual Abuse	• Pain or itching in genital area. • Bruises or bleeding in genital area. • Frequent urinary or yeast infections. • Sudden or unexplained weight change. • Becomes pregnant or contracts a venereal disease, particularly if the child is under the age of 14.	• Withdrawal, chronic depression. • Sexual behaviors or references that are unusual for the child's age. • Seductive or promiscuous behavior. • Poor self-esteem, self-devaluation, lack of confidence. • Suicide attempts. • Habit disorders (sucking, rocking). • Experiences a sudden change in appetite. • Runs away. • Attaches very quickly to strangers or new adults in their environment.

Indicators of Child Abuse/Neglect (continued)

Category	Physical Indicators	Behavioral Indicators
Medical Neglect	• Developmental delays. • Failure to Thrive. • Untreated serious physical injury.	• Social withdrawal or a loss of interest or enthusiasm in daily activities. • Somatic complaints. • Frequent absence from school. • Frequently missed medical appointments.
Maltreatment	• Habit disorders (sucking, biting, rocking, etc.). • Conduct disorders (antisocial, destructive, etc.). • Neurotic traits (sleep disorders, speech disorders, inhibition of play). • Has scars or marks from self-harm. • Shows extreme behaviors (overly compliant or demanding, extreme passivity and/or aggression. • Is delayed in physical and emotional development. • Reports lack of attachment to the parent.	• Behavior extremes such as compliant/passive or aggressive/ demanding. • Overly adaptive behavior such as inappropriately adult or infant. • Developmental delays (Physical, mental, and emotional). • Depression and or/suicide attempts. • Over sensitive to light, noise. • Has attempted suicide. • Acts inappropriately as an adult by parenting other children. • Acts inappropriately infantile by frequently rocking or head banging.
Human Trafficking	• Minors have contracted sexually transmitted diseases. • Minors have symptoms of post-traumatic stress including anxiety, depression, addictions, panic attacks, phobias, paranoia or hyper vigilance, or apathy. • Avoids eye contact. • Lacks health care. • Appears malnourished and/or always hungry. • Shows signs of physical and/or sexual abuse, physical restraint, confinement or torture.	• Minor may not identify themselves as a victim. • Victims and perpetrators are often skilled at concealing their situations. • Minors live with other unrelated youth and with unrelated adults. • Minors have significant and unexplained gaps in school attendance. • Minors are not in control of their own identification documents. • Minors do not live with their parent(s) or know the whereabouts of their parent(s).

Outcomes of CPS Investigations



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

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

Miscellaneous Issues

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

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

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

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

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

Miscellaneous Issues (continued)

Making the Report

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

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

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

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

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

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

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

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

- **24/7 Availability.** Centralized Intake is available 24 hours a day, 7 days a week.

- **Be Prepared.** It is important to have as many details as possible (about the situation, concerns and the family) when making the report; however Centralized Intake will still take the report if not all the information is known.

- **Know Your Environment**. Be mindful of your surroundings when calling in the report. Do not make the call to Centralized Intake with the child present. Be sure to have gathered all the necessary information from the child prior to calling Centralized Intake.

REPORT OF ACTUAL OR SUSPECTED CHILD ABUSE OR NEGLECT

Michigan Department of Health and Human Services

Was Complaint Phoned to MDHHS?

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

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

1. Date

2. List of Child(ren) Suspected of Being Abused or Neglected. **To insert additional rows, tab at the end of last row to create a new row.**

NAME	BIRTH DATE	SOCIAL SECURITY #	SEX	RACE
"Click Here and Type"				
3. Mother's Name				
4. Father's Name				

5. Child(ren)'s Address (No. & Street)	6. City	7. County	8. Phone No.

9. Name of Alleged Perpetrator of Abuse or Neglect	10. Relationship to Child(ren)

11. Person(s) The Child(ren) Living With When Abuse/Neglect Occurred	12. Address, City & Zip Code Where Abuse/Neglect Occurred

13. Describe Injury or Conditions and Reason for Suspicion of Abuse or Neglect

14. Source of Complaint (Add reporter code below)

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

15. Reporting Person's Name / Report Code (see above)	15a. Name of Reporting Organization (school, hospital, etc.)			
15b. Address (No. & Street)	15c. City	15d. State	15e. Zip Code	15f. Phone Number
16. Reporting Person's Name / Report Code (see above)	16a. Name of Reporting Organization (school, hospital, etc.)			
16b. Address (No. & Street)	16c. City	16d. State	16e. Zip Code	16f. Phone Number
17. Reporting Person's Name / Report Code (see above)	17a. Name of Reporting Organization (school, hospital, etc.)			
17b. Address (No. & Street)	17c. City	17d. State	17e. Zip Code	17f. Phone Number
18. Reporting Person's Name / Report Code (see above)	18a. Name of Reporting Organization (school, hospital, etc.)			
18b. Address (No. & Street)	18c. City	18d. State	18e. Zip Code	18f. Phone Number
19. Reporting Person's Name / Report Code (see above)	19a. Name of Reporting Organization (school, hospital, etc.)			
19b. Address (No. & Street)	19c. City	19d. State	19e. Zip Code	19f. Phone Number

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

20. Summary Report and Conclusions of Physical Examination (Attach Medical Documentation)		
21. Laboratory Report	22. X-Ray	
23. Other (specify)	24. History or Physical Signs of Previous Abuse/Neglect ☐ YES ☐ NO	
25. Prior Hospitalization or Medical Examination for This Child		
DATES	**PLACES**	
26. Physician's Signature	27. Date	28. Hospital (if applicable)

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.	AUTHORITY: P.A. 238 of 1975. COMPLETION: Mandatory. PENALTY: None.

INSTRUCTIONS

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

Mail this form to:
Centralized Intake for Abuse & Neglect
5321 28th Street Court, SE
Grand Rapids, MI 49546

OR

Fax this form to 616-977-8900 or 616-977-8050 or 616-977-1158 or 616-977-1154
OR
email this form to MDHHS-CPS-CIGroup@michigan.gov

1. Date – Enter the date the form is being completed.
2. List child(ren) suspected of being abused or neglected – Enter available information for the child(ren) believed to be abused or neglected. Indicate if child has a disability that may need accommodation.
3. Mother's name – Enter mother's name (or mother substitute) and other available information. Indicate if mother has a disability that may need accommodation.
4. Father's name – Enter father's name (or father substitute) and other available information. Indicate if father has a disability that may need accommodation.

5.-7. Child(ren)'s address – Enter the address of the child(ren).

8. Phone Number – Enter phone number of the household where child(ren) resides.
9. Name of alleged perpetrator of abuse or neglect – Indicate person(s) suspected or presumed to be responsible for the alleged abuse or neglect.
10. Relationship to child(ren) – Indicate the relationship to the child(ren) of the alleged perpetrator of neglect or abuse, e.g., parent, grandparent, babysitter.
11. Person(s) child(ren) living with when abuse/neglect occurred – Enter name(s). Indicate if individuals have a disability that may need accommodation.
12. Address where abuse / neglect occurred.
13. Describe injury or conditions and reason of suspicion of abuse or neglect – Indicate the basis for making a report and the information available about the abuse or neglect.
14. Source of complaint – Check appropriate box noting professional group or appropriate category.

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

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

Michigan's Safe Delivery Law

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

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

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

Mandated Reporters Information Line

Phone: **877-277-2585**

Email: MDHHS-MRCIcontact@michigan.gov

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

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

Examples of reasons to call the Mandated Reporters Information Line:

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

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

Training

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

Appendix

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

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

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

I. Physical Neglect

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

B. If the allegations are regarding a child not being fed properly:
   - Is there any food in the home right now? How do you know?
   - When was the last time you saw food in the home?
   - What exactly is in the refrigerator and cupboards?
   - Do the children complain about being hungry?

- Does anybody else buy food for the home?
- Is there less food during specific times of the month?

C. If your concerns are regarding a child's hygiene (including oral hygiene):
- Is the child generally clean? If he/she is dirty, describe how he/she is dirty.
- How often is he/she dirty--twice a week, four or five times a week, every day, etc.?
- Does the child bathe on a regular basis?
- Is his/her clothes and/or body dirty?
- Does he/she have an odor?
- Does the family have animals?
- Are the animals indoor pets?
- Does the home have bugs or rodents (cockroaches, flies, mice, etc.)?
- How does this effect the child's peer-to-peer relationships? - Do others notice and/or treat the child differently due to the odor or hygiene issues?
- Does the child have any unmet dental needs?
- Is the child currently reporting any tooth/mouth pain?
- Does the child have any broken, discolored or missing teeth?

D. If the allegations are concerning **no water or heat in the home**:
- How are you aware of the situation?
- How long has the water and/or heat been off?
- Do the parents have a plan to have the water and/or heat turned back on?
- Does the family have access to water?
- Is the family bringing water into the home?
- Are the children sleeping at the residence or staying elsewhere at night?
- Are the children bathing elsewhere?

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

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

III. Failure to Protect
- How has the child been abused or neglected?
- How do you know that the parent is aware of the abuse/neglect?
- Has the parent taken any steps to protect the child?

- Has the parent threatened the child not to talk about the abuse/neglect?
- Did the abuse occur in the past and the parent continued to allow the alleged perpetrator to have contact with the child?
- What type of emotional tie does the parent have with the alleged perpetrator?

IV. Improper Supervision

- If the child is being left home alone, how old is he/she?
- How often is he/she left home alone?
- Is he/she left alone during the daytime or in the evenings?
- How long is he/she usually left alone?
- Is there a phone in the home?
- Does the child know what to do in case of emergency?
- Are any of the children in the home mentally or physically handicapped?
- Has the child ever been left alone overnight?
- Is the child home alone right now?

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

V. Abandonment

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

VI. Physical Abuse

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

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

VII. Sexual Abuse

- Be specific as to why you suspect sexual abuse.
- What has the child done or said to make you suspect sexual abuse?
- When and to whom did the child disclose the sexual abuse?
- Who is the suspected perpetrator?

Appendix (continued)

- Does the perpetrator live in the home?
- Does the perpetrator still have access to the child?
- Is a parent aware?
- What action has the parent taken to protect the child if he/she is aware?
- Has the parent sought medical attention for the child?

Confidentiality

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

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

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

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

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

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

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

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

Confidentiality (continued)

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

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

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

NOTES

NOTES

DHS-Pub-112 (Rev. 6-18) Previous edition obsolete.

Preventing: Abusive Head Trauma or Shaken Baby Syndrome

- Happens when a child is violently shaken
- Inconsolable crying is the number one cause
- Causes damage to the brain, eyes, ribs, and in severe cases, causes death
- **No amount of shaking is acceptable**

www.greatstarttoquality.org

Handouts

Soothing a Crying Baby

Never Shake a Baby-Tips for Parents and Caregivers

Having a Plan When You're Feeling Stressed

- Know it is okay to ask for help
- Have easy access to the parent's phone numbers and other support people
- Know the tricks for soothing crying
- Know that it is okay to let the infant or toddler cry
- Step into another room and breathe – as long as the child is safe

Handouts

Taking Care of Yourself

Soothing a Crying Baby

Having a new baby can be a wonderful time, but it can also be challenging. Babies cry, sometimes a lot. Babies usually cry the most between 2-4 months of age.

The crying won't last forever!

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

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

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

Does your baby have a dirty diaper?
Some babies let you know *right away* when they need to be changed.

Is your baby hungry?
If babies become too hungry they can become extremely fussy and can be difficult to calm and feed.

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

Does your baby need to burp?
Babies swallow air when they breastfeed or suck from a bottle. If the air isn't released, it may cause some pain.

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

Is your baby sleepy?
Instead of nodding off, some babies may fuss and cry, especially if they are overly tired. Learn early sleepy signs:
- Rubbing eyes and/or ears.
- Yawning.
- Closing fists.
- Making fast jerky movements.

Does your baby want to be held?
Babies need a lot of cuddling!

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

Are people smoking around your baby?

- Never let anyone smoke around your baby.
- Babies exposed to smoke can be more colicky.
- Smoke outside or quit.
- Call (800) QUIT-NOW for help.

What other things can be tried to soothe your baby?

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

Is your baby too hot or too cold?

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

Is your baby teething?

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

Is your baby overstimulated or under-stimulated?

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

Are there other things going on with baby?

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

How to cope with your crying baby:

- Share baby care with your partner.
- Have a friend or relative take over for you once in a while so you can take a walk or a refreshing shower.
- If you become angry or frustrated with your baby, take a deep breath and gently lay him on his back in his crib.
- Check out additional resources on the Period of Purple Crying website at www.purplecrying.info.

MDHHS
Michigan Department of Health & Human Services

Always make sure to practice safe sleep. To learn more about how babies can sleep safely, visit www.michigan.gov/safesleep.

Photo Credit: Federal SUID/SIDS Workgroup. Get more information and free materials on safe sleep at www.safetosleep.nichd.nih.gov.

These guidelines apply to healthy, full-term infants.
For specific questions about your baby, ask your pediatrician or health care provider.

Shaken Baby Syndrome

Never Shake A Baby – Tips for Parents and Caregivers

Approximately 1,200 to 1,400 children are injured or killed by shaking a baby every year in the United States.* Most of these people could never imagine harming their baby – it was an instantaneous reaction to frustration. Caregivers must be educated about Shaken Baby Syndrome (SBS).

- Although it may happen out of frustration, shaking a baby vigorously is a serious form of child abuse.

- A single shaking episode can result in death or other severe injuries such as mental retardation, speech and learning disabilities, cerebral palsy, seizure disorder, hearing loss, partial or total blindness, behavior disorders, cognitive impairment, spinal cord injury, paralysis, broken bones and dislocations.

- Caring for a baby can be difficult and frustrating. Babies cry for many reasons including:

    - Hunger
    - Need to be burped
    - Need diaper change
    - Too hot or too cold
    - Fever or pain from earache, teething, rash, or insect bite
    - Need to be held or soothed
    - Overtired
    - Over stimulated
    - Sometimes babies just need to cry!

- **If you are frustrated, gently place baby in his or her crib and go to another room for a few minutes until you calm down.** Take several deep breaths, count to 100, listen to soft music, exercise, do household chores, or go for a walk (do not leave baby home alone).

- Caregivers must be educated about Shaken Baby Syndrome. Make sure they understand the dangers of shaking a baby. Provide them with the number for an alternate caregiver who can help. Also available is the Child Help USA Hotline 1-800-4-A-CHILD. Caregivers can speak to a counselor during stressful times through this free, confidential hotline.

- Reassure your caregiver and make them feel comfortable that it is OK to call you at work if baby is inconsolable.

SOURCE: Together With Baby, LLC (http://www.togetherwithbaby.com/Handouts/handout_sbs.pdf)

How to Calm A Crying Baby

Babies communicate by crying

Step # 1: Try to figure out what is upsetting the baby

Make sure your baby:

- Is not hungry or doesn't need to burp
- Has a dry diaper
- Is in comfortable clothing
- Is not too hot or too cold
- Is not overtired or overstimulated by playing, noise, or bright lights
- Is not sick or does not have a fever
- Is not in pain

A tight swaddle can help your baby relax

Step # 2: Try to help the baby relax

- Turn down the lights
- Wrap or swaddle the baby securely
- Rock the baby gently
- Offer the breast, a bottle, or a pacifier
- Walk with your baby
- Play some calm music
- Shhh, whisper, sing, or talk quietly to the baby
- Run the vacuum cleaner
- Take your baby for a ride in a stroller or in a car

Always keep your baby safe

Step # 3: Keep your baby safe

Sometimes babies cry even after all of these steps are taken. Do not take this personally. Every caregiver needs a plan to deal with a crying baby. If you feel overwhelmed, frustrated, angry, or out of control, then:

- Stop
- Take a deep breath and count to 10
- Place your baby in a safe place, such as a crib or playpen
- Leave the room and shut the door
- Find a quiet place for yourself and take a time out
- Check on your baby every 5-15 minutes
- If you are calm and in control you can repeat step #1 and #2
- Do not be afraid to ask for help

Asking for Help

Keeping your baby safe and asking for help are signs of a good parent. Stop, take time out, and call for help you can:

- Call a friend, relative, or neighbor for support and advice
- Ask another adult to take care of your baby while you take a break
- Call a crisis hotline (1-800-4-A-CHILD)
- Call your health care provider

Source: National Association of Neonatal Nurses
Karin M. Gracey, *RNC, MSN, CNNP, Column Editor &* Suzanne Franklin Carbaugh*, RN, MS, APRN, NNP*

Everyone who cares for a baby or a young child needs to be aware of the serious consequences of child shaking. For more information:

National Center On Shaken Baby Syndrome
(888)-273-0071
www.don'tshake.com
The Shaken Baby Alliance
(877)-6-END-SBS
www.shakenbaby.com

10X

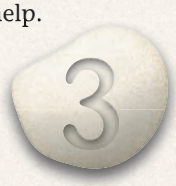
Taking Care of Yourself

Preschool teachers have a rewarding, but intense and demanding, job. Daily stressors such as helping children cope with challenging behavior and conflicts are common. They can be exhausting. Taking time to care for ourselves helps us maintain the health and happiness we need to share joy and laughter with the children—and the other important people in our lives. Bounce back and beat stress by using the following 10 strategies.

Practice effective communication. State your feelings in a clear way. For example, "I feel angry when you raise your voice." Describe what upsets you using facts rather than labels or judgments. Effective communication can reduce conflict and create environments where ideas, problem solving, affection, and caring can thrive.

Establish "Me Time!" Schedule time to enjoy your hobbies. Read a book, garden, dance, or take up something new you have always wanted to do. Stepping out of the same old routine can reenergize your spirit!

Have friend time. Find ways that friends, family, and colleagues can support you. Share your successes, air your feelings, and ask for help. Realize you are not alone, and together you can help one another.



Take time to imagine. Find a comfortable place and close your eyes. Picture a comforting and peaceful setting. Take a moment to rest in this place, taking a few deep breaths. Allow yourself to relax. Visualizing something pleasant is a proven way to reduce stress, and it only takes a few moments each day. (You can find an audio recording of a guided imagery exercise at www.ecmhc.org/relaxation_exercises.html.)

Create consistent and healthy routines. Listen to soothing music on the way to work every day, drink water, and prepare healthy snacks. Take a walk after work several nights a week. These simple and healthy habits can make a surprisingly big change in the way you feel in a short amount of time.

Try belly breathing. Sit in a chair or stand and place your hands at your side. Close your eyes and focus on your belly. Imagine a small balloon inside. Breathe in slowly and deeply through your nose, and imagine the balloon inflating. Slowly hold for a few seconds. Exhale through your mouth, imagining the balloon slowly deflating. Blow out of your mouth—as if you were blowing out a candle—three times. Deep breathing reduces stress and calms us. You can practice this every day—in the classroom, at home, on the bus, or anywhere!

Adapted, with permission, from the Stress Posters developed by the Center for Early Childhood Mental Health Consultation, at Georgetown University Center for Child and Human Development, funded by the Office of Head Start/ACF, DHHS (#90YD0268) http://ecmhc.org. Posters can be found at www.ecmhc.org/documents/CECMHC_GrafittiPosters.pdf.

Recognize the signs of stress

Knowing our own signs of stress can help us to meet them head-on, before we feel overwhelmed and run-down. Common signs of stress include

- increased heart rate and blood pressure, feeling tense, irritable, tired, or depressed
- lack of interest, inability to concentrate, racing thoughts, and excessive worry
- avoidance behaviors, such as drinking, smoking, or drug use

7

Focus on what is possible. Practice focusing on what you have control over in life versus things that are out of your hands, such as how people respond to you or how other people feel. When we focus on things that are out of our control, it can bring us down and increase feelings of anxiousness and stress. When we act on those things that we can control, such as our reactions to events and people, we feel empowered and less stressed.

8

Turn the negative into the positive. Thoughts can affect our stress levels. If we perceive things to be stressful, they are! Practice "thought stopping." First, notice your thoughts. Are they positive and helpful or negative and unhelpful? Next, use a trigger word to stop a negative and unhelpful thought. Last, replace it with a more helpful thought! Here is an example:

1. You think to yourself, "I am a terrible teacher."
2. Use a trigger word, like "Stop!"
3. Replace with, "I need to find some new strategies for involving children in cleanup."

9

Get enough sleep. Sleep combats stress by giving our bodies and brains a much-needed break. Experts recommend adults get seven to nine hours of sleep per night. If you need more rest time, try turning off the computer and television a few hours before bedtime, cut back on caffeine in the afternoon, set a regular bedtime, write a worry list and put it aside, and keep your bedroom a place for sleeping, not working.

10

Ask for help if you need it. If your stress is chronic and you feel overwhelmed or depressed, seek professional help. First, see your family physician to rule out any medical problem. Then consider seeing a specialist who can help you cope with these feelings.