

Prevention of and Response to Emergencies Due to Food and Allergic Reaction

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Prevention of and Response to Emergencies Due to Food and Allergic Reaction: Food Safety

- Make sure food prep surfaces are cleaned and disinfected
- Wash fresh fruits and veggies before serving them
- Breastmilk and formula in bottles should be thrown away after two hours
- Transfer baby food out of the jar before feeding
- Refrigerate food immediately after eating and when in doubt, throw it out



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Prevention of and Response to Emergencies Due to Food and Allergic Reaction

MILD SYMPTOMS



NOSE
Bifid, heavy, moist, protruding



MOUTH
Baby mouth



SKIN



GUT

SEVERE SYMPTOMS



LUNG
 Duct of sweat
 (lung)
 (lung)



HEART



THEOREM 1.1 *Let \mathcal{A} be a finite von Neumann algebra with a faithful normal state ϕ . Then the following conditions are equivalent:*



Year	Model	Model	Model
1990	1990	1990	1990
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2074	2074	2074	2074
2075	2075	2075	2075



114
115
116
117
118



SKIN:
Apply from neck
to toe, all over body
except face.



CAST
 (continued)
 ...continuing to
 ...continuing to



OTHER
Feeling
according to
source of help



and by
many



with



80

Prevention of and Response to Emergencies Due to Food and Allergic Reaction

- Learn to investigate food labels
- Know the names of allergens
- Use color-coded stickers at home
- Build an allergy emergency kit
- Wash hands with soap and water



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Precautions in Transporting Children

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Precautions in Transporting Children



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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.	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Cooked sprouts • No sprouts
 VEGETABLES		Unwashed fresh vegetables, including lettuce and salads	<ul style="list-style-type: none"> • Washed fresh vegetables, including salads • Cooked vegetables
 CHEESE		Soft cheeses made from unpasteurized (raw) milk, such as queso fresco, blue-veined, feta, Brie, Camembert	<ul style="list-style-type: none"> • 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/foodsafety-tips.html>

CS296105-A



www.cdc.gov/foodsafety

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

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.

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

Allergen Label Reading Basics

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

Get more information from manufacturer for unclear ingredient labels.

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

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



For more information visit: AllergyHome.org/readinglabels

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

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

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

1) Following Name of the Ingredient

Ingredients:

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

OR

2) Next to a Contains Statement

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

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

Celiac Disease and Gluten Sensitivity

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



FAMILIES AND CAREGIVERS
LABEL READING ESSENTIALS

Hidden Ingredients

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

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

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

Common Sources of Hidden Ingredients



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



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



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



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



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



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

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

BE FOOD ALLERGY AWARE SIX THAT SAVE LIVES

1

THE SYMPTOMS

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

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



2

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

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



3

TIME IS OF THE ESSENCE

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

4

GO TO THE HOSPITAL

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

5

RECLINING IS BEST

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

6

DON'T GO IT ALONE

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

Allergic
Living

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

**FARE**

Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

PLACE
PICTURE
HERE

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

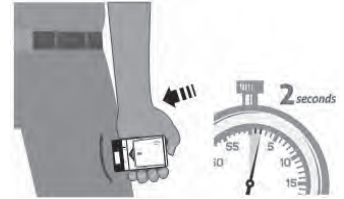
DATE



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.

3



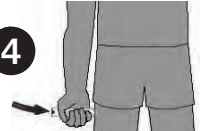
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

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.

3



4



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), 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.

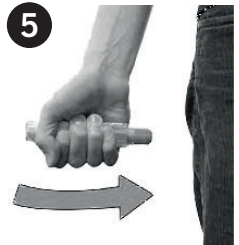
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HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

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.

5



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: _____



EMERGENCY INFORMATION



CHILD'S NAME:	
NICKNAME:	BIRTHDATE:
PARENT/GUARDIAN:	PHONE:
PARENT/GUARDIAN:	PHONE:
EMERGENCY CONTACT:	PHONE:
PHYSICIAN INFO:	PHONE:
ALLERGIES:	
MEDICAL INFO:	

Precautions in Transporting Children: Pinch Test



To find a Certified Child Passenger Safety Technician who can check your seat at no cost, email or call Kara Rueckert
RueckertK1@michigan.gov 517-284-3066



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Precautions in Transporting Children: Chest Clip



To find a Certified Child Passenger Safety Technician who can check your seat at no cost, email or call Kara Rueckert
RueckertK1@michigan.gov 517-284-3066



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Precautions in Transporting Children: Winter Coats



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Precautions in Transporting Children: Booster Seats



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Precautions in Transporting Children: Car Seat Expiration



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Precautions in Transporting Children: Car Seat Expiration



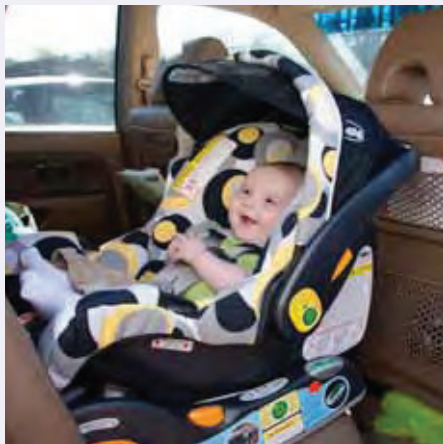
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Car Seat Basics

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

The 4 Steps for Keeping a Child Riding Safely

STEP 1 REAR- FACING



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

STEP 2 FORWARD- FACING



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

STEP 3 BOOSTER SEATS



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

STEP 4 SEAT BELTS



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

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

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

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

Common car seat mistakes and how to avoid them

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

THE HARNESS STRAPS ARE NOT TIGHT ENOUGH.

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

THE CAR SEAT ISN'T INSTALLED TIGHT ENOUGH.

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

MOVING CHILDREN TO THE NEXT STEP TOO SOON.

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

THE CHEST CLIP IS TOO LOW.

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

PUTTING KIDS IN THE FRONT SEAT TOO EARLY.

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

TIPS FOR BUYING CAR SEATS

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

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

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

MICHIGAN CHILD PASSENGER SAFETY LAWS

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

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

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



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

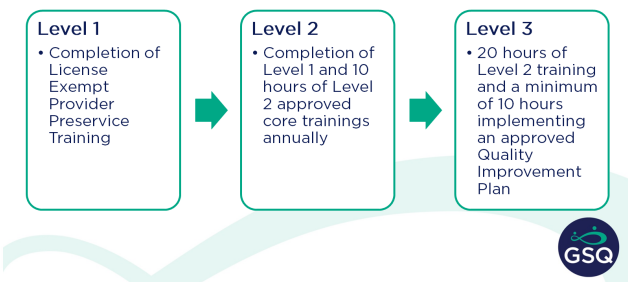


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License Exempt Providers



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Training Opportunities: Training Hours for Level 2 Rate

- 10 hours of approved training will increase your subsidy rate
- Trainings must be a minimum of one hour long
- Training must be taken annually to maintain increased subsidy rate
- All trainings on the MiRegistry calendar are approved except LEPPT



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MiRegistry

- Search and register for training to meet Level 2 training hours.



www.miregistry.org



support@miregistry.org



833-386-9238



888-825-9995



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Child Development and Care Program Information



www.Michigan.gov/childcare



866-990-3227



517-284-7529



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Please complete the POST-Survey so you can receive credit for this training!

<https://forms.office.com/r/b71MgOaiSn>



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**Pediatric First Aid and
Pediatric Cardiopulmonary
Resuscitation (CPR)**

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