

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**CHILDREN'S SERVICES AGENCY**

**DIVISION OF CHILD WELFARE LICENSING**

**CHILD CARING INSTITUTIONS**

(By authority conferred on the director of the department of health and human services by sections 2, 5, 10, and 14 of 1973 PA 116, MCL 722.112, 722.115, 722.120, and 722.124, and Executive Reorganization Order No. 2015-1, MCL 400.227)

**PART 1. GENERAL PROVISIONS**

**R 400.4101 Definitions.**

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

- (a) "Accredited college or university" means a college or university recognized by the United States Department of Education.
- (b) "Act" means 1973 PA 116, MCL 722.111 to 722.128, known as the child caring organizations act.
- (c) "Case record" means the individual file, including electronic records, kept by an institution concerning a youth who has been placed at the institution.
- (d) "Chemical restraint" means a drug that meets all the following:
  - (i) Is administered to manage a youth's behavior.
  - (ii) Has the temporary effect of restricting the youth's freedom of movement.
  - (iii) Is not a standard treatment for the youth's medical or psychiatric condition.
- (e) "Chief administrator" means the person designated by the licensee as having the onsite day-to-day responsibility for the overall administration of a child caring institution and for assuring the care, safety, and protection of youth.
- (f) "Child caring institution staff member" means an individual who is 18 years or older, and to whom any of the following apply:
  - (i) Is employed by a child caring institution for compensation, including adults who do not work directly with children.
  - (ii) Is a contract employee or self-employed individual working with a child caring institution.
  - (iii) Is an intern, volunteer, or other person who provides specific services under these rules.
- (g) "Corporal punishment" means hitting, paddling, shaking, slapping, spanking, or any other use of physical force as a means of behavior management.
- (h) "Department" means the Michigan department of health and human services.
- (i) "Direct care worker" means a person who provides direct care and supervision of youth in an institution.
- (j) "Emergency restraint or safety intervention" means use of personal restraint as an immediate response to an emergency safety situation.

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

(l) "Human behavioral science" means a course of study producing a degree from an accredited college or university that is approved by the department for the specific positions when required by the act and these rules.

(m) "Juvenile justice youth" means a youth pending adjudication, or has been adjudicated, under section 2 of chapter XIIA of the probate code of 1939, 1939 PA 288, MCL 712A.2a, or section 1 of chapter IX of The Code of Criminal Procedure, 1927 PA 175, MCL 769.1.

(n) "License" means a license issued by the department to a non-governmentally operated institution or a certificate of approval issued by the department to a governmentally operated institution indicating that the institution complies with these rules.

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

(p) "Licensing authority" means the administrative unit of the entity responsible for making licensing and approval recommendations for an institution.

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

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

(s) "Michigan Children's Institute Superintendent" or "MCI Superintendent" means the person appointed under 1935 PA 220, MCL 400.201 to 400.214, as the guardian of permanent state wards committed to it by the court.

(t) "Nonsecure institution" means an institution or facility, or portion thereof, that is used to house youth and that is not locked against egress.

(u) "Parent" means biological parent, including custodial and non-custodial parent, adoptive parent, or legal guardian.

(v) "Personal restraint" means the application of physical force, without the use of a device, that restricts the free movement of a youth's body. Personal restraint does not include:

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

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

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

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

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

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

(y) "Secure institution" means any public or private licensed child caring institution where the movement and activities of residents is restricted and locked against egress from the building.

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

(aa) "Shelter care facility" means an institution that primarily provides short-term assessment and planning.

(bb) "Social service supervisor" means a person who supervises a social service worker.

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

(dd) "Terms of license" means those designations noted on an institution's license for which the institution is authorized or approved.

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

History: 1983 AACCS; 2015 AACCS; 2019 AACCS; 2020 AACCS; 2022 MR 10, Eff. May 31, 2022.

#### **R 400.4102 Inspection and approval of institution.**

Rule 102. Residents may occupy an institution, including new construction, additions, and conversions, only after inspection and approval by the licensing authority.

History: 2015 AACCS.

#### **R 400.4103 Space and equipment requirements.**

Rule 103. An institution shall provide all of the following to assure delivery of licensed services:

Sufficient resident living space, as set forth in R 400.4510.

Office space.

Equipment to assure delivery of licensed services.

History: 2015 AACCS.

**R 400.4104 Rules compliance.**

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

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

History: 1983 AACCS; 2015 AACCS.

**R 400.4105 Rule variance.**

Rule 105. (1) Upon written request of an applicant or licensee, the department may grant a variance from an administrative rule if there is clear and convincing evidence that the alternative to the rule complies with the intent of the administrative rule from which a variance is sought.

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

History: 1983 AACCS; 2015 AACCS.

**R 400.4106 Original licensure; application.**

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

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

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

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

History: 1983 AACCS; 2015 AACCS.

**R 400.4107 Deemed status.**

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

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

(a) When accreditation is requested, an institution shall submit a copy of the most recent accreditation report to the department.

(b) An institution shall only be eligible for deemed status if the license is on a regular status.

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

History: 2015 AACS.

**R 400.4108 Financing and audit.**

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

(a) Obtain an annual audit of all financial accounts. Audits for nongovernmental institutions shall be conducted by an independent certified public accountant who is not administratively related to the agency.

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

(c) Demonstrate sufficient financing to assure that proper care of residents is provided and that licensing rules are followed.

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

History: 1983 AACS; 2015 AACS.

**R 400.4109 Program statement.**

Rule 109. (1) An institution shall have and follow a current written program statement which specifically addresses all of the following:

(a) The types of children to be admitted for care.

(b) The services provided to residents and parents directly by the institution and the services provided by outside resources.

(c) Policies and procedures pertaining to admission, care, safety, and supervision, methods for addressing residents' needs, implementation of treatment plans, and discharge of residents.

(2) The program statement shall be made available to residents, parents, and referral sources.

History: 1983 AACS; 2015 AACS.

**R 400.4110 Employees qualified under prior rules.**

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

History: 2015 AACS.

**R 400.4111 Job description.**

Rule 111. An institution shall provide a job description for each staff position that identifies rules, required qualifications, and lines of authority.

History: 1983 AACCS; 2015 AACCS.

**R 400.4112 Criminal history check, subject to requirements; staff qualifications.**

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

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

(b) A check of Michigan's child abuse and neglect central registry or Canadian provincial agency as referenced in R 400.4113(i).

(c) A check of other states' child abuse registry that the person has lived in within the preceding five years.

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

(a) Child abuse or neglect.

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

(3) A person who has unsupervised contact with children shall not be a person who is listed on the central registry as a perpetrator of child abuse or child neglect.

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

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

(b) Experience to perform the duties of the position assigned.

(5) An unsupervised volunteer who performs work, including adults who do not work directly with children, is subject to the requirements of subrule (1)(a) and (b) of this rule.

History: 1983 AACCS; 2015 AACCS; 2019 AACCS.

**R 400.4113 Employee records.**

Rule 113. An institution shall maintain employee records for each employee and shall include documentation of all of the following information prior to employment or at the time specified in this rule:

(a) Name.

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

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

(d) Work history.

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

(f) A record of any convictions other than minor traffic violations from either of the following entities:

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

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

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

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

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

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

(k) Verification of health where specified by institution policy.

History: 1983 AACS; 2015 AACS.

#### **R 400.4114 Tuberculosis screening for employees and volunteers.**

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

History: 1983 AACS; 2015 AACS.

#### **R 400.4115 First aid; CPR.**

Rule 115. A person certified within the preceding 36 months in first aid and within the preceding 24 months in age-appropriate cardiopulmonary resuscitation by the American Red Cross, the American Heart Association, or an equivalent organization or institution approved by the department shall be on duty at all times when 1 or more children are present.

History: 2015 AACS.

#### **R 400.4116 Chief administrator; responsibilities.**

Rule 116. (1) An agency shall assign the chief administrator responsibility for the on-site day-to-day operation of the institution and for ensuring compliance with these rules.

(2) An institution's chief administrator shall be administratively responsible annually for all of the following functions:

(a) Not less than once annually, conduct a written assessment and verify the agency's compliance with these rules.

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

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

History: 1983 AACCS; 2015 AACCS.

#### **R 400.4117 Chief administrator; qualifications.**

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

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

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

(2) An organization shall notify the licensing authority of a change of chief administrator within 30 days of the change.

History: 1983 AACCS; 2015 AACCS.

#### **R 400.4118 Social service supervisor; qualifications.**

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

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

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

History: 1983 AACCS; 2015 AACCS.

#### **R 400.4119 Social service worker; qualifications.**

Rule 119. A social service worker, at the time of appointment to the position, shall possess a bachelor's degree with a major in a human behavioral science from an



accredited college or university or another major with 25% of credits in human behavioral sciences.

History: 1983 AACCS; 2015 AACCS.

**R 400.4120 Supervisor of direct care workers; qualifications.**

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

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

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

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

History: 1983 AACCS; 2015 AACCS.

**R 400.4121 Direct care worker; qualifications.**

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

History: 1983 AACCS; 2015 AACCS.

**R 400.4122 Resident and parent visitation.**

Rule 122. An institution shall provide for visits between each resident and the resident's parents, unless parental rights have been terminated or the resident's record contains documentation that visitation is detrimental to the resident.

History: 2015 AACCS.

**R 400.4123 Education.**

Rule 123. (1) An institution shall not admit a child for care unless an appropriate educational program can be provided.

(2) Provision shall be made for an appropriate education program in accordance with 1976 PA 451, MCL 380.1 to 380.1853. Each resident of school age shall be enrolled not later than 5 school days after admission and continuously thereafter.

History: 2015 AACCS.

**R 400.4124 Communication.**

Rule 124. An institution shall have and follow a written policy regarding communication that ensures that a child is able to communicate with family and friends

in a manner appropriate to the child's functioning and consistent with the child's treatment plan and security level.

History: 2015 AACCS.

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

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

- (a) The method used to safeguard residents' personal possessions and money.
  - (b) The method used to accurately account for and return possessions and money to the resident or guardian upon discharge.
  - (c) The method for ensuring that each resident has sufficient clean, properly fitting, seasonal clothing.
- (2) The licensee shall provide accessible storage space for personal possessions.

History: 2015 AACCS.

**R 400.4126 Sufficiency of staff.**

Rule 126 The licensee shall have a sufficient number of administrative, supervisory, social service, direct care, and other staff on duty to perform the prescribed functions required by these administrative rules and in the agency's program statement and to provide for the continual needs, protection, and supervision of residents.

History: 1983 AACCS; 2015 AACCS.

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

Rule 127. (1) The licensee shall develop and adhere to a written staff-to-resident ratio formula for direct care workers.

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

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

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

History: 1983 AACCS; 2015 AACCS.

**R 400.4128 Initial staff orientation and ongoing staff training.**

Rule 128. (1) The licensee shall provide an orientation program for new employees. Job shadowing shall not be the only form of orientation.

The orientation shall include the following:

(a) The institution's purpose, policies, and procedures, including discipline, crisis intervention techniques, and emergency and safety procedures.

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

(2) The licensee shall provide a written plan of ongoing staff training related to individual job functions and the institution's program.

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

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

(a) Developmental needs of children.

(b) Child management techniques.

(c) Basic group dynamics.

(d) Appropriate discipline, crisis intervention, and child handling techniques.

(e) The direct care worker's and the social service worker's roles in the institution.

(f) Interpersonal communication.

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

(h) First aid.

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

History: 1983 AACCS; 2015 AACCS.

**R 400.4129 Institutions serving developmentally disabled youth; written procedures.**

Rule 129. An institution providing care to developmentally disabled residents shall require staff to follow written procedures for bathing, feeding, toilet training, and daily activities of residents.

History: 2015 AACCS.

**R 400.4130 Privacy and confidentiality.**

Rule 130. (1) An institution shall assure resident and parent privacy and confidentiality and shall protect residents from exploitation.

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

(a) The parent has consented.

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

History: 1983 AACCS.

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

Rule 131. The licensee shall develop and implement a written plan to assure compliance with the child protection law, 1975 PA 238, MCL 722.621 to 722.638.

History: 1983 AACCS; 2015 AACCS.

**R 400.4132 Grievance procedures.**

Rule 132. (1) An agency shall have and follow a written grievance handling procedure for residents and their families. All of the following apply:

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

(b) The policy shall be explained in a language the resident and his or her family can understand.

(c) There shall be written acknowledgement the policy was provided as required in subdivision (a) of this subrule.

(2) The procedure shall provide for all of the following:

(a) Safeguarding the legal rights of residents and their families.

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

(c) Delineating the method of initiating the procedure.

(d) Specifying time frames for decisions.

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

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

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

(c) A meaningful process of appeal.

(4) An agency shall provide a grievant with a written copy of the grievance resolution.

History: 1983 AACCS; 2015 AACCS.

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

Rule 133. A child under 6 years of age shall not remain in an institution for more than 30 days, unless this stay is documented to be in the best interest of the child.

History: 1983 AACCS.

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

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

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

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

(2) The institution shall provide the policy to parents and referral sources prior to or at admission.

History: 1983 AACCS; 2015 AACCS.

**R 400.4135 Resident work experience.**

Rule 135. (1) An institution shall have and follow a written policy regarding work experiences for residents that specifies, at a minimum, all of the following:

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

(b) Means of protection from exploitation.

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

(2) Work experiences for a resident shall be appropriate to the age, health, and abilities of the resident.

(3) Residents shall not be permitted to work for staff members' personal gain and shall be protected from personal exploitation.

History: 2015 AACCS.

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

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

(2) Residents shall be provided a variety of indoor and outdoor recreational activities designed to meet the residents' needs.

(3) An institution shall provide appropriate recreation supplies and equipment.

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

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

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

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

(c) Classifications and limitations for resident participation.

- (d) Arrangement, maintenance, and inspection of the activity area.
  - (e) Equipment and the biannual inspection and maintenance of the equipment and the program by a nationally recognized inspection process.
  - (f) Safety precautions.
  - (g) High adventure activities shall be conducted by an adult who has training or experience in conducting the activity.
- (6) If institution staff take youth away from the institution for 1 or more overnights, the institution shall keep a travel plan on file at the institution. The travel plan shall include an itinerary and pre-established check-in times.

History: 2015 AACCS.

#### **R 400.4137 Sleeping rooms.**

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

(2) Residents of the opposite sex, if either is over 5 years of age, shall not sleep in the same sleeping room.

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

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

(5) In new or converted secure institutions, locked resident sleeping rooms shall be equipped with a 2-way monitoring device.

(6) In programs that accept children less than 2 years of age, the following safe sleep conditions shall be followed:

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

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

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

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

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

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

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

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

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

An infant's head shall remain uncovered during sleep.

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

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

(e) Children birth to 24 months of age shall sleep alone in a crib or toddler bed that is appropriate and sufficient for the child's length, size, and movement.

An infant shall be placed on his or her back for resting and sleeping.

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

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

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

(j) The institution shall maintain supervision and frequently monitor infant's breathing, sleep position, and bedding for possible signs of distress. Baby monitors shall not be used exclusively to comply with this subdivision.

History: 1983 AACCS; 2015 AACCS.

#### **R 400.4138 Bedding and linen.**

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

(2) Each resident shall be provided with clean sheets and a pillowcase at least weekly and more often if soiled.

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

History: 1983 AACCS; 2015 AACCS.

#### **R 400.4139 Driver's license.**

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

History: 2015 AACCS.

#### **R 400.4140 Transportation.**

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

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

(3) Each resident transported shall occupy a manufacturer's designated seat. A resident shall not be transported in any portion of any vehicle not specifically designed by the manufacturer for passenger transportation.

(4) Infants and children shall use age appropriate child safety seats as required by state law.

History: 2015 AACCS.

**R 400.4141 Safety belts.**

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

History: 2015 AACCS.

**R 400.4142 Health services; policies and procedures.**

Rule 142. (1) An institution shall establish and follow written health service policies and procedures addressing all of the following:

- (a) Routine and emergency medical, ~~and~~ dental, and behavioral health care.
- (b) Health screening procedures.
- (c) Documentation of medical care and maintenance of health records.
- (d) Storage of medications.
- (e) Dispensing medication.
- (f) Definition and training of personnel authorized to dispense medications.
- (g) Methods for dispensing medication when the resident will be off site.

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

History: 1983 AACCS; 2015 AACCS.

**R 400.4143 Medical treatment; supervision.**

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

History: 1983 AACCS; 2015 AACCS.

**R 400.4144 Admission health screening; physical examinations.**

Rule 144. (1) An initial health screening shall be completed for each resident within 24 hours of admission to a facility.

(2) An institution shall have the following documentation of an admission physical examination for each resident, unless an earlier examination is medically indicated:

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

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

(3) Sufficient health history information shall be documented for each resident to assure proper medical care.



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

History: 1983 AACCS; 2015 AACCS.

**R 400.4145 Periodic physical examinations.**

Rule 145. (1) An institution shall provide and document periodic physical examination for each resident as follows, unless greater frequency is medically indicated:

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

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

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

History: 1983 AACCS; 2015 AACCS.

**R 400.4146 Immunizations.**

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

(2) If documentation of immunizations is unavailable, immunizations shall begin within 30 calendar days of admission, unless a statement from a physician indicating that immunizations are contraindicated is included in the resident's record.

(3) A written statement from a physician, referring agency, parent, or guardian indicating immunizations are current is sufficient documentation of immunizations.

(4) Nothing in the rules adopted under 1973 PA 116 shall authorize or require immunizations for any child whose parent objects on religious grounds. If a parent objects to immunizations on religious grounds, the objection shall be made in writing to the institution and retained in the resident's file.

History: 1983 AACCS; 2015 AACCS.

**R 400.4147 Dental care.**

Rule 147. (1) A licensee shall provide for and document dental examinations and treatment for each resident 3 years of age and older.

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

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

History: 1983 AACCS; 2015 AACCS.

**R 400.4148 Personal hygiene.**

Rule 148. An institution shall assure that each resident maintains or receives personal care, hygiene, and grooming appropriate to the resident's age, sex, race, cultural background, and health needs.

History: 1983 AACCS; 2015 AACCS.

**R 400.4149 Resident nutrition.**

Rule 149. (1) A licensee shall provide a minimum of 3 nutritious edible meals daily unless medically contraindicated and documented.

(2) Meals shall be of sufficient quantity to meet the nutritional allowances recommended by USDA guidelines: ([www.healthierus.gov/dietaryguidelines](http://www.healthierus.gov/dietaryguidelines))

(3) A resident who has been prescribed a special diet by a physician shall be provided such a diet.

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

History: 2015 AACCS.

**R 400.4150 Incident reporting.**

Rule 150. (1) Any incident resulting in serious injury of a resident or illness requiring inpatient hospitalization, shall be reported to the parent/ legal guardian, responsible referring agency, and the licensing authority as soon as possible, but not more than 24 hours after the incident.

(2) The death of a resident shall be reported immediately to the parent/legal guardian or next of kin, law enforcement, the licensing authority, and the referring agency.

(3) If an institution determines that a youth is absent without legal permission, then the institution shall immediately report the information to law enforcement, the parent/legal guardian or next of kin, the licensing authority, and the referring agency.

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

History: 1983 AACCS; 2015 AACCS.

**R 400.4151 Emergency; continuity of operation procedures.**

Rule 151. (1) An institution shall establish and follow written emergency procedures that have been approved by the department that maintain the continuity of operations for a minimum of 72 hours to assure the safety of residents for the following circumstances:

(a) Fire.

- (b) Severe weather.
- (c) Medical emergencies.
- (d) Missing persons.
- (f) Disasters.
- (g) Utility failures.
- (2) The procedures shall explain, in detail, all of the following:
  - (a) Staff roles and responsibilities.
  - (b) Evacuation procedures.
  - (c) Required notifications, including but not limited to, the licensing authority, the referring agency, and law enforcement.
  - (d) Methods for maintaining continuity of services.

History: 2015 AACCS.

**R 400.4152 Initial documentation.**

Rule 152. At the time of admission, all of the following shall be in the resident's case record:

- (a) Name, address, birth date, ~~sex~~, gender, race, height, weight, hair color, eye color, identifying marks, religious preference, and school status.
- (b) A photograph taken within the previous 12 months.
- (c) A brief description of the resident's preparation for placement and general physical and emotional state at the time of admission.
- (d) Name, address, and marital status of parents and name and address of legal guardian, if known.
- (e) Date of admission and legal status.
- (f) Documentation of legal right to provide care.
- (g) Authorization to provide medical, dental, and surgical care and treatment as provided in section 14 a(1), (2), and (3) of 1973 PA 116, MCL 722.124a.
- (h) A brief description of the circumstances leading to the need for care.
- (i) Documentation that the grievance policy was provided as required in R 400.4132.

History: 1983 AACCS; 2015 AACCS.

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

Rule 153. Within 7 calendar days of admission, a plan shall be developed for each resident. The plan shall include all of the following:

- (a) The reason for care.
- (b) An assessment of the resident's immediate and specific needs.
- (c) The specific services to be provided by the institution.
- (d) Other resources to meet the resident's needs.

History: 2015 AACCS.

**R 400.4154 Shelter care and detention institutions; service plans.**

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

- (a) The reason for continued care.
  - (b) Evaluation of service needs.
  - (c) Ongoing service needs.
  - (d) How service needs will be met.
  - (e) Unmet service needs and the reasons those needs are unmet.
- (2) Copies of the plan shall be maintained at the institution.

History: 2015 AACCS.

**R 400.4155 Institutions not detention institutions or shelter care institutions; initial treatment plan.**

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

(2) The initial treatment plan developed by the social worker shall document input from the resident, the resident's parents, direct care staff, and the referral source, unless documented as inappropriate.

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

- (a) An assessment of the resident's and family's strengths and needs.
- (b) Plans for parent and child visitation.

(c) Treatment goals to remedy the problems of the resident and family, and time frames for achieving the goals.

(d) Indicators of goal achievement.

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

(f) Staff techniques for achieving the resident's treatment goals, including a specific behavior management plan. The plan shall be designed to minimize seclusion and restraint and include a continuum of responses to problem behaviors.

(g) Projected length of stay and next placement.

(h) For youth who are permanent court wards or MCI wards, there must be documented co-ordination with the agency assigned to complete adoption or permanency planning for the youth.

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

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

(5) The social service supervisor shall approve, countersign, and date the initial treatment plan.

History: 2015 AACCS.

**R 400.4156 Institutions not detention institutions or shelter care institutions; updated treatment plan.**

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

(2) The updated treatment plan developed by the social worker shall document input from the resident, the resident's parents, direct care staff, and the referral source, unless documented as inappropriate.

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

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

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

(c) Changes in the treatment plan, including new problems and new goals to remedy the problems. Indicators of goal achievement and time frames for achievement shall be specified along with a specific behavior management plan designed to minimize seclusion and restraint and that includes a continuum of responses to problem behaviors.

(d) For youth who are permanent court wards or MCI wards, there must be documented co-ordination with the agency assigned to complete adoption or permanency planning for the youth.

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

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

(5) The social service supervisor shall approve, countersign, and date the updated treatment plan.

History: 2015 AACCS.

#### **R 400.4157 Behavior management.**

Rule 157. (1) An institution shall establish and follow written policies and procedures that describe the institution's behavior management system. The policies and procedures shall be reviewed annually and updated as needed. These shall be available to all residents, their families, and referring agencies.

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

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

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

(c) Written guidelines for informally resolving minor misbehavior.

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

(i) Expected behavior.

(ii) Acts that are prohibited in the institution.

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

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

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

(g) A provision for the distribution of behavior management policies and procedures to residents, parents, and referral agencies.

History: 2015 AACCS.

**R 400.4158 Intervention standards and prohibitions.**

Rule 158. (1) A child caring institution shall establish and follow written policies and procedures that prohibit the following forms of intervention:

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

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

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

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

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

(v) Peer-on-peer discipline.

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

(i) Food or creating alternative menus.

(ii) Family time or any type of communications with family.

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

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

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

(2) An agency will provide a list of these prohibited practices to all youth, their families, and referring agencies upon admission.

History: 2015 AACCS; 2022 MR 10, Eff. May 31, 2022.

**R 400.4159 Youth restraint; pregnant youth; reduction, prevention; prohibited restraints; elimination of restraints.**

Rule 159. (1) A child caring institution, including private secure juvenile justice facilities, shall establish a process improvement and restraint reduction/elimination plan that:

(a) Includes documentation of each restraint.

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

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

(ii) Conflict management.

(iii) Minimizing trauma.

(iv) Staff emotional self-regulation techniques.

(c) Training must be conducted by certified trainers.

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

- (e) The agency must maintain documentation verifying staff training.
  - (f) The agency will review all restraints at least monthly.
  - (g) The agency shall establish a restraint reduction committee, including youth and family representation, for the purpose of analysis, process improvement, communication, and recognition of efforts to eliminate the use of restraints.
- (2) The following restraints are strictly prohibited:
- (a) Use of chemical restraints as defined in section 2b of the act, MCL 722.112b.
  - (b) Use of pressure point control and pain adherence techniques at the facility.
  - (c) Use of straightjackets, hogtying, and restraint chairs.
  - (d) Restraining youth to fixed objects, including beds or walls.
  - (e) Restraining youth in a prone position or any restraint that restricts the youth's airway.
  - (f) Using restraints for punishment, discipline, retaliation, or humiliation.
  - (g) Peer-on-peer discipline or utilizing the assistance of another youth to implement a restraint.
- (3) For a youth who is pregnant, including a youth who is in labor, delivery, or post-partum recovery, mechanical restraints are prohibited. In addition, the following restraints are prohibited for use on pregnant youth:
- (a) Abdominal restraints.
  - (b) Leg and ankle restraints.
  - (c) Wrist restraints behind the back.
  - (d) Four or five-point restraints.
- (4) Only the least restrictive intervention necessary to prevent immediate harm to the youth or others may be used and must follow an individualized set of graduated interventions that avoid the use of restraints.
- (5) In the event a restraint occurs, it must be performed in a manner that is safe, appropriate, and proportionate to the severity of the youth's behavior, chronological and developmental age, size, gender, physical condition, medical condition, psychiatric condition, and personal history, including any history of trauma, and must be done in a manner consistent with the youth's treatment plan.
- (6) Restraint must not last longer than the minimal duration of time it takes for a youth to calm down and to restore safety.
- (7) Staff must continuously monitor the youth's breathing and other signs of physical distress and take appropriate action to ensure adequate respiration, circulation, and overall well-being.
- (8) When an emergency health situation occurs or the youth exhibits sign of physical distress during the restraint, staff must immediately obtain treatment for the youth.
- (9) All restraints for child caring institutions, with the exception of those restraints allowed in R 400.4160 and R 400.4161, will be prohibited effective November 1, 2022.

History: 2015 AACCS; 2020 AACCS; 2022 MR 10, Eff. May 31, 2022.

#### **R 400.4160 Emergency restraint.**

Rule 160. The use of emergency restraint as a lifesaving response for a youth will be limited to:

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

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

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

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

(e) When an emergency health situation occurs or the youth exhibits sign of physical distress during the restraint, staff must immediately obtain treatment for the youth.

History: 1983 AACCS; 2015 AACCS; 2022 MR 10, Eff. May 31, 2022.

#### **R 400.4161 Secure juvenile justice facilities, mechanical restraint; policies and procedures; prohibitions.**

Rule 161. (1) Secure juvenile justice facilities must develop and implement written policies and procedures regarding the use of mechanical restraint in actual practice in secure detention and residential treatment juvenile justice facilities.

(2) Staff are prohibited from doing the following:

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

(b) Leaving sleeping youth in restraints.

(c) Leaving a restrained youth alone.

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

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

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

(6) In the event a mechanical restraint occurs, it must be performed in a manner that is safe, appropriate, and proportionate to the severity of the youth's behavior, chronological and developmental age, size, gender, physical condition, medical condition,



psychiatric condition, and personal history, including any history of trauma, and done in a manner consistent with the youth's treatment plan.

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

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

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

(10) When an emergency health situation occurs or the youth exhibits sign of physical distress during the restraint, staff must immediately obtain treatment for the youth.

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

History: 1983 AACCS; 2015 AACCS; 2022 MR 10, Eff. May 31, 2022.

**R 400.4162 Seclusion within secure and nonsecure facilities; seclusion plan; prohibitions; reduction and elimination.**

Rule 162. (1) An agency must establish a process improvement and a seclusion reduction/elimination plan that addresses the following areas:

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

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

(ii) Conflict management.

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

(b) Training must be conducted by certified trainers.

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

(d) Access to youth support team members.

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

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

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

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

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

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

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

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

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

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

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

History: 2015 AACCS; 2022 MR 10, Eff. May 31, 2022.

#### **R 400.4163 Health status assessment; notification; debriefing; reporting.**

Rule 163. (1) The agency shall develop and implement written procedures for health status screening, notifications, debriefing, and reporting when a restraint, including an emergency restraint, or seclusion is used.

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

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

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

(c) Contacting emergency medical services.

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

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

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

(ii) The youth's child and family caseworker.

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

(iv) The youth's advocate, if applicable.

(v) Any other individual appropriate for notification.

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

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

(ii) The youth's child and family caseworker.

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

- (iv) The youth's advocate, if applicable.
- (v) Any other individual appropriate for notification.
- (c) The notification shall include all the following:
  - (i) The date and time of the restraint or seclusion.
  - (ii) A brief summary of events that led to the restraint or seclusion.
  - (iii) The actions taken following the restraint or seclusion, including any medical services provided.
  - (iv) A plan for debriefing following the incident, including how the notified individual will be engaged in the debriefing process.
- (4) The agency shall implement a debriefing protocol containing the following characteristics:
  - (a) Consistent with trauma-informed principles.
  - (b) Consistent with the agency's crisis prevention and intervention processes.
  - (c) Inclusive of involved youth, caregivers, and staff directly involved in the incident, as well as supervisors, management, and agency leadership.
  - (d) Informs ongoing quality improvement in the treatment of the individual youth.
  - (e) Informs ongoing quality improvement in the agency's programs, policies, and practices.
- (5) An agency will provide an incident report on a form prescribed by the department for each incident involving the use of seclusion or restraint. The initial report shall be submitted to the department within 24 hours of the incident occurring. A final incident report shall be submitted no later than 72 hours after the incident has occurred.
- (6) If mechanical restraint was used, the report must also include the following:
  - (a) Name of administrator or designee who approved equipment use.
  - (b) Time of the authorization.
  - (c) Specific rationale for use.
  - (d) Time equipment was applied and removed, if different than the time of the overall incident.
  - (e) Name of the staff member who applied the equipment.
  - (f) Name or names of staff member or staff members continuously present with the youth throughout mechanical restraint use.
- (7) The facility administrator shall review the use of restraint and seclusion on a quarterly basis to ensure that staff only use it as a temporary response to behavior that threatens immediate harm to the youth or others. Based upon the administrative review, a process improvement plan shall be implemented to address:
  - (a) Strategies to prevent use of restraints and seclusions for youth.
  - (b) Improvements to staff competency in non-physical crisis prevention and intervention techniques.
- (8) The agency's policies and procedures shall be provided and explained to all youth, their families, and referring agencies upon admission.

History: 1983 AACCS; 2015 AACCS; 2022 MR 10, Eff. May 31, 2022.

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

Rule 164. A secure facility that serves juvenile justice youth may have policies and procedures used to reintegrate youth who have been placed in seclusion back into the

program. A facility shall not use reintegration in conjunction with seclusion that has been used as a sanction for misconduct, if that would extend a resident's confinement for more hours than the original sanction or more than 72 total hours. The policy for reintegration shall include, at a minimum, all of the following:

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

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

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

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

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

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

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

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

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

History: 2015 AACCS.

#### **R 400.4165 Secure facilities serving juvenile justice youth; lockdowns.**

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

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

(a) Who may order a lockdown.

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

(c) How the problem is to be contained.

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

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

History: 2015 AACCS.

#### **R 400.4166 Discharge plan.**

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

- (a) The date of and reason for discharge, and the new location of the child.
  - (b) A brief summary or other documentation of the services provided while in residence, including medical and dental services.
  - (c) An assessment of the resident's needs that remain to be met.
  - (d) Any services that will be provided by the facility after discharge.
  - (e) A statement that the discharge plan recommendations, including medical and dental follow up that is needed, have been reviewed with the resident and with the parent and with the responsible case manager.
  - (f) The name and official title of the person to whom the resident was discharged.
- (2) For an unplanned discharge, an institution shall provide a brief summary or other documentation of the circumstances surrounding the discharge.

History: 2015 AACCS.

**R 400.4167 Case record maintenance.**

- Rule 167. (1) The institution shall maintain a case record for each resident.
- (2) Service plans shall be signed and dated by the social services worker and the social services supervisor.
  - (3) Narrative entries in the case record shall be signed and dated by the person making the entry.
  - (4) Records shall be maintained in a uniform and organized manner, shall be protected against destruction and damage, and shall be stored in a manner that safeguards confidentiality.
  - (5) Resident records shall be maintained for not less than 7 years after the resident is discharged.

History: 1983 AACCS; 2015 AACCS.

**R 400.4168 Rescinded.**

History: 1983 AACCS; 2015 AACCS.

**R 400.4169 Rescinded.**

History: 1983 AACCS; 2015 AACCS.

**R 400.4170 Rescinded.**

History: 1983 AACCS; 2015 AACCS.

**R 400.4172 Rescinded.**

History: 1983 AACCS; 2015 AACCS.

**R 400.4173 Rescinded.**

History: 1983 AACS; 2015 AACS.

**R 400.4175 Rescinded.**

History: 1983 AACS; 2015 AACS.

**R 400.4176 Rescinded.**

History: 1983 AACS; 2015 AACS.

**R 400.4177 Rescinded.**

History: 1983 AACS; 2015 AACS.

**R 400.4178 Rescinded.**

History: 1983 AACS; 2015 AACS.

**R 400.4181 Rescinded.**

History: 1983 AACS; 2015 AACS.

**R 400.4182 Rescinded.**

History: 1983 AACS; 2015 AACS.

**R 400.4183 Rescinded.**

History: 1983 AACS; 2015 AACS.

**R 400.4199 Rescission.**

Rule 199. R 400.141 to R 400.160 and R 400.174 to R 400.185 of the Michigan Administrative Code, appearing on pages 2996 to 3002, 3005, and 3006 of the 1979 Michigan Administrative Code, and pages 306 and 307 of the 1980 Annual Supplement to the Code, are rescinded.

History: 1983 AACCS.

## **PART 2. SHORT-TERM INSTITUTIONS**

### **R 400.4201 Rescinded.**

History: 1983 AACCS; 2015 AACCS.

### **R 400.4231 Rescinded.**

History: 1983 AACCS; 2015 AACCS.

### **R 400.4232 Rescinded.**

History: 1983 AACCS; 2015 AACCS.

### **R 400.4234 Rescinded.**

History: 1983 AACCS; 2015 AACCS.

### **R 400.4237 Rescinded.**

History: 1983 AACCS; 2015 AACCS.

### **R 400.4238 Rescinded.**

History: 1983 AACCS; 2015 AACCS.

## **PART 3. RESIDENTIAL TREATMENT INSTITUTIONS**

### **R 400.4302 Rescinded.**

History: 1983 AACCS; 2015 AACCS.

### **R 400.4331 Rescinded.**

History: 1983 AACCS; 2015 AACCS.

**R 400.4332 Rescinded.**

History: 1983 AACS; 2015 AACS.

**R 400.4334 Rescinded.**

History: 1983 AACS; 2015 AACS.

**R 400.4335 Rescinded.**

History: 1983 AACS; 2015 AACS.

**R 400.4336 Rescinded.**

History: 1983 AACS; 2015 AACS.

**R 400.4337 Rescinded.**

History: 1983 AACS; 2015 AACS.

**R 400.4338 Rescinded.**

History: 1983 AACS; 2015 AACS.

**PART 4. ENVIRONMENTAL HEALTH AND SAFETY**

**R 400.4401 Applicability.**

Rule 401. The rules set forth in this part apply to all institution facilities unless specifically noted otherwise.

History: 1983 AACS.

**R 400.4407 Facility and premises maintenance.**

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

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

(3) The facility, including main and accessory structures, shall be maintained so as to prevent and eliminate rodent and insect harborage.



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

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

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

(7) Water closet compartments, bathroom, and kitchen floors shall be constructed and maintained so as to be reasonably impervious to water and be composed of a slip resistant material.

(8) Equipment, including recreation devices, shall be inspected periodically for defects. Proper maintenance shall be carried out to keep equipment in a safe operating condition.

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

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

History: 1983 AACCS.

#### **R 400.4409 Ventilation.**

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

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

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

History: 1983 AACCS.

#### **R 400.4411 Natural light.**

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

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

History: 1983 AACCS.

**R 400.4414 Water supply.**

Rule 414. (1) The water supply for an institution shall comply with the requirements of the department of public health. Installation of new wells or repairs on existing wells shall be done by water drilling contractors registered under sections 12701 to 12721 of Act No. 368 of the Public Acts of 1978, as amended, being SS333.12701 to 333.12721 of the Michigan Compiled Laws.

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

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

History: 1983 AACCS.

**R 400.4417 Toilet and bathing facilities.**

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

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

(b) Bathing and toilet fixtures that are specially equipped if used by the physically handicapped.

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

History: 1983 AACCS.

**R 400.4420 Food service facilities, equipment, and procedures.**

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

History: 1983 AACCS.

**R 400.4426 Garbage and refuse.**

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

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

History: 1983 AACCS.

**R 400.4428 Sewage disposal.**

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

History: 1983 AACCS.

**R 400.4431 Heating equipment.**

Rule 431. (1) Heating equipment shall be capable of maintaining a temperature of not less than 68 degrees Fahrenheit at a point 4 feet above the floor. An accurate thermometer shall be provided.

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

History: 1983 AACCS.

**R 400.4435 Swimming beaches and pools.**

Rule 435. (1) The water and beach area of a natural swimming area of an institution shall be free from contamination by garbage, refuse, sewage pollution, and hazardous foreign or floating materials. A survey or evaluation of the quality of the water at the swimming area shall be made in accordance with sections 12541 to 12563 of Act No. 368 of the Public Acts of 1978, as amended, being SS333.12541 to 333.12563 of the Michigan Compiled Laws, and the rules promulgated thereunder.

(2) An institution's artificial swimming pool shall be constructed and maintained in accordance with sections 12521 to 12534 of Act No. 368 of the Public Acts of 1978, as amended, being SS333.12521 to 333.12534 of the Michigan Compiled Laws, and the rules promulgated thereunder.

History: 1983 AACCS.

**PART 5. FIRE SAFETY FOR SMALL, LARGE, AND SECURE  
INSTITUTION FACILITIES**

**R 400.4501 Definitions.**

Rule 501. As used in this part:

(a) "Ambulatory" means a resident who is physically and mentally capable of traversing a path to safety without the aid of another person. A path to safety includes the ascent and descent of any stairs or approved means of egress.

(b) "Approved" means acceptable to the department and fire inspecting authority and in accordance with these rules. The department makes the final approval based on recommendations from the fire inspecting authority.

(c) "Basement" means a story of a building or structure having ½ or more of its clear height below average grade for at least 50% of the perimeter of the story.

(d) "Combustible" means those materials which can ignite and burn.

(e) "Conversion" or "converted" means a change, after the effective date of these rules, in the use of a facility or portion thereof from some previous use to that of a licensed or approved institution, or an increase in capacity from a residential group home to a small facility or an increase in capacity from a small facility to a large facility or a change to a secure facility. A converted facility shall comply with the provisions of these rules for fire safety for converted facilities.

(f) "Electric lock" means an electric door lock system operated from a remote control unit. The system is fail-safe in that all locks are automatically unlocked in the event of electrical failure. The system is approved by a nationally recognized independent testing laboratory.

(g) "Escape window" in new construction, remodeled, or converted facilities means an approved side-hinged window with a minimum net clear opening of 5.7 square feet with a net clear opening height of 24 inches and width of 20 inches. Grade floor openings shall have a minimum net clear opening of 5.7 square feet. The window shall be operable from the inside with a single motion and shall be equipped with non-locking-against-egress hardware. The window shall be operable without the use of special tools. The sill height shall not be greater than 36 inches from the floor, unless an approved substantial permanent ledge or similar device not less than 12 inches wide is provided under the window, in which case the sill height may be increased to 44 inches from the floor. In an existing facility, "escape window" means a window acceptable to the fire inspecting authority.

(h) "Existing facility" means a building, accessory buildings and surrounding grounds which is licensed or approved by the department as an institution at the time these rules take effect and which is not **unoccupied** for more than 90 days. Where an increase in capacity or change in use affects fire safety requirements, the facility shall comply with all applicable requirements prior to the increase or change in use.

(i) "Facility" means a building, and surrounding grounds including recreational areas owned, leased, or primarily rented by a child care organization for use as a small, large, or secure facility to house and sleep residents. "Facility" includes new, remodeled, converted, and small, large, secure, and existing facilities. Any portion of a facility not used by residents and not used as a required means of egress and which is separated from the rest of the facility by an approved fire barrier, and buildings used by the residents strictly for up and awake activities do ~~does~~ not need to meet these rules for fire safety. However, the right of the fire inspecting authority to inspect a nonuse area for hazardous use, or any building on the grounds that is used by the residents strictly for up and awake activities, is retained and directives relative to fire safety of ~~the nonuse~~ such area or building may be issued to assure the fire safety of ~~the~~ those use areas.

(j) "Fire alarm device" means an approved device capable of sounding an alarm. A fire alarm shall be specifically designated as such and shall not be used for any purpose other than sounding an alarm of fire or other emergency or for fire drills. The device shall

be loud enough to be heard throughout the facility under normal conditions. A device may be a bell, a horn, a whistle, or any other device acceptable to the fire inspecting authority.

(k) "Fire alarm system" means an approved electrical closed circuit, self-supervised local system for sounding an alarm. The system is comprised of a panel, pull stations, and audible electric signal devices.

(l) "Fire resistance rating" means the time in hours or fractions thereof that materials or their assemblies will resist fire exposure as determined by fire tests established and conducted by approved testing laboratories.

(m) "Hazardous area" means those parts of a facility housing a flame-producing heating plant, incinerators, water heater, and kitchens and areas where combustible materials, flammable liquids, or gases are used or stored.

(n) "Large facility" means a building used to house more than 15 residents.

(o) "Means of egress and exit" means an unobstructed way of departure from any point in a building to safe open air outside at grade.

(p) "Newly constructed," "new construction," or "new facility" means a new structure or new addition to a facility after the effective date of these rules.

(q) "Non-ambulatory" means a resident, including a resident confined to a wheelchair, who is physically or mentally incapable of traversing a path to safety without the aid of another person. A path to safety includes the ascent and descent of any stairs or other approved means of egress from the building.

(r) "Remodeled" means changes in a facility that modify existing conditions and includes renovation and changes in the fire alarms, sprinkler systems, and hood suppression systems. Remodeled and affected areas of a child caring institution shall conform to the provisions of these rules for fire safety for remodeled and converted facilities. Unaffected areas of a facility are not required to conform to the required provisions for remodeled and converted facilities.

(s) "Secure facility" means a building used as a detention facility or a secure child caring institution. The building or portions of the building are used to keep residents in custody. Outside doors or individual sleeping rooms usually have locks which are secure from the inside. The locks are used in the usual course of operation. A secure facility shall meet the requirements for a large facility, regardless of the number of residents. A facility with an approved seclusion room is not a secure facility solely by virtue of having a seclusion room.

(t) "Small facility" means a building which houses at least 7 or more than 15 residents and which is not a secure facility.

(u) "Street floor" means the lowest story of a facility which is not a basement.

(v) "Story" means that part of a building between a floor and the floor or roof next above.

(w) "Substantially remodeled" means changes in a facility that result in the exposure or addition of structural joists or studs.

(x) "Wire glass" means glass which is not less than 1/4 inch thick; which is reinforced with wire mesh, No. 24 gauge or heavier with spacing not greater than 1 square inch; and which is installed in steel frames or, when approved, installed in wood frames or stops of hardwood material not less than 3/4 inch actual dimension and not

more than 1,296 square inches per frame with no single dimension more than 54 inches in length.

History: 1983 AACCS; 2015 AACCS.

**R 400.4502 Applicability.**

Rule 502. The rules in this part apply to all newly constructed, remodeled, converted, and existing facilities of an institution as indicated.

History: 1983 AACCS; 2015 AACCS.

**R 400.4504 Adoption by reference.**

Rule 504. The department adopts the following fire safety codes and standards. These codes and standards are available for inspection and distribution to the public at cost at the Department of Human Services, 201 N. Washington Square, PO Box 30650, Lansing, Michigan 48909. Copies of the codes and standards may also be obtained from the appropriate agency, organization, or association listed below.

(a) Standard E-84-07, "Standard Tests Method for Surface Burning Characteristics of Building Materials," 2014, American Society for Testing and Materials, 100 Bar Harbor Dr., West Conshohocken, PA 19428-2959, \$69.00.

(b) Standard No. 13, "Standard for the Installation of Sprinkler Systems," 2013, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$95.00.

(c) Standard No. 22, "Standard for Water Tanks for Private Fire Protection," 2013, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$46.50.

(d) Standard No. 70, "National Electric Code," 2014, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269(-9101,) \$89.50.

(e) Standard No. 72 "National Fire Alarm Code", 2013, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$80.10.

(f) Standard No. 80, "Standard for Fire Doors and Other Opening Protectives," 2013, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$46.50.

(g) Standard No. 82, "Standard on Incinerator and Waste and Linen Handling Systems and Equipment, Rubbish Handling," 2014, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269 (9101,) \$42.00.

(h) Standard No. 90A, "Installation of Air Conditioning and Ventilating Systems," 2015, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269 (9101,) \$45.00.

(i) Standard No. 96, "Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations" 2014, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269 – (9101,) \$42.00.

(j) Standard No. 220, "Standard on Types of Building Construction," 2015, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269 - (9101,) \$36.50.

(k) Standard No. 255, "Standard Method of Test of Surface Burning Characteristics of Building Materials," 2006, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269 (9101,) \$36.50.

(l) Standard 723, "Test for Surface Burning Characteristics of Building Materials" 2008, Underwriters Laboratories, Inc., 1414 Brook Dr., Downers Grove, Ill. 60513, \$631.00.

(m) "Life Safety Code 101," 2015, National Fire Protection Association, Batterymarch Park, Quincy, Massachusetts 02269, 93.00.

(n) Standard E-1590 13, "Standard Method for Fire Testing of Mattresses" American Society for Testing and Materials, 100 Bar Harbor Dr., West Conshohocken, PA 19428-2959, \$48.00.

(o) Standard No. 10, "Standard for Portable Fire Extinguishers", 2013 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9109, \$46.50.

(p) Standard No. 25, "Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems", 2014, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$54.50.

(q) Standard No. 252, "Standard Methods of Fire Tests of Door Assemblies", 2012, National Fire Protection Association, 1 Batterymarch Park, Quincy Massachusetts 02269-9101, \$36.50.

(r) Standard No. 257, "Standard on Fire Test for Window and Glass Block Assemblies", 2012, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$36.50.

(s) Standard No. 261, "Standard Method of Test for Determining Resistance of Mock-Up Upholstered Furniture Material Assemblies to Ignition by Smoldering Cigarettes", 2013 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9109, \$36.50.

(t) Standard No. 701 entitled "Standard Methods of Fire Tests for Flame Propagation of Textiles and Films," 2010 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9109, \$36.50.

History: 1983 AACCS; 2015 AACCS.

#### **R 400.4505 Plans and specifications.**

Rule 505. (1) Plans and specifications shall be submitted to the bureau of fire services for review and approval prior to any remodeling in an institution, or the construction or conversion of a structure for use as an institution.

(2) The plans shall comply with all of the following provisions:

(a) Show layout, room arrangements, construction materials to be used, and the location, size, and type of fixed equipment.

(b) For additions, show those portions, including existing exits, types of construction, and room occupancies, which may be affected by the addition.

(c) Be approved in writing by the bureau of fire services before construction begins.

(d) Bear the seal of a registered architect or engineer when the cost of the project, including labor and materials, exceeds \$15,000.

History: 2015 AACCS.

**R 400.4506 Fire drills and telephone.**

Rule 506. (1) There shall be quarterly emergency fire drills for each staff shift. Two of the drills shall include evacuations, unless approved by the department, in writing, as clinically contraindicated. Where a facility has a 24-hour staff shift, the emergency drills shall be conducted at different times of the day and night. Written records shall be maintained for each drill indicating the date and time of the drill and, where evacuation was a part of the drill, the approximate evacuation time.

(2) A telephone or other suitable means of communicating an alarm of fire to the fire department shall be provided. Pay stations are not a suitable means of communicating alarms. The telephone number of the fire department shall be posted conspicuously by all phones designated for outside service.

History: 1983 AACCS.

**R 400.4508 Facility location.**

Rule 508. A new or converted facility shall not be established within 300 feet of an aboveground storage tank containing flammable liquids used in connection with a bulk plant, marine terminal, aircraft refueling or bottling plant of a liquified petroleum gas installation, or other similar hazard.

History: 1983 AACCS.

**R 400.4510 Sleeping rooms.**

Rule 510. (1) In new construction, remodeled or converted facilities, single sleeping rooms shall not be less than 70 square feet in size, exclusive of closet space. Multi-resident sleeping rooms shall not be less than 50 square feet per resident, exclusive of closet space.

(2) In new construction, remodeled or converted facilities, locked resident sleeping rooms shall be equipped with 2-way monitoring devices.

(3) All facilities with sleeping rooms above the second floor shall comply with the requirements of a secure facility, with the exception of R 400.4522(c).

(4) A facility shall not use a basement as a sleeping room.

History: 1983 AACCS; 2015 AACCS.

**R 400.4512 Combustible materials, decorations, furnishings, and bedding.**

Rule 512. (1) A resident-occupied facility shall be kept free of all accumulation of combustible materials unnecessary for the immediate operation of the institution, unless materials are within an approved storage room.

(2) Easily ignited or rapidly burning combustible decorations are not permitted in a facility. Personal artwork and personal decorations made or owned by residents are



permitted up to 20% of wall space in each room or use areas other than means of egress and hazardous areas if they have been treated with fire retardant materials approved by Underwriter's Laboratory.

(3) Newly introduced upholstered furniture shall be tested in accordance and comply with the provisions of NFPA-261 unless located in an area having approved automatic sprinkler protection.

(4) Newly introduced mattresses shall be tested in accordance with ASTM E 1590 unless located in an area having approved automatic sprinkler protection.

History: 1983 AACCS; 2015 AACCS.

#### **R 400.4513 Rescinded.**

History: 1983 AACCS; 2015 AACCS.

#### **R 400.4515 Electrical installations.**

Rule 515. (1) In a newly constructed, converted, or remodeled facility, the electrical wiring and equipment shall be installed in accordance with the provisions of the national fire protection association standard No. 70, entitled "National Electrical Code," 2014. A final electrical certificate of approval for the electrical installation shall be obtained from a qualified local electrical inspecting authority or state electrical inspecting authority.

(2) In an existing facility, electrical wiring and equipment acceptable at the time these rules take effect shall continue to be approved until the facility or portion thereof is remodeled or converted. When an existing facility or portion thereof is remodeled or converted, only that portion remodeled or converted need comply with subrule (1) of this rule. Electrical services shall be maintained in a safe condition. When conditions indicate a need for inspection, the electrical services shall be inspected by a licensed electrical inspection service. A copy of the inspection report shall be maintained at the facility for review. Any areas cited in the report shall be corrected and a new electrical system inspection shall be obtained verifying that corrections have been made.

History: 1983 AACCS; 2015 AACCS.

#### **R 400.4517 Facility construction.**

Rule 517. (1) A new, substantially remodeled or converted large or secure facility shall be 1 of the following types of construction as specified in the national fire protection association standard No. 220, entitled "Standard on Types of Building Construction, 2015:"

(a) Type I 442 or 332 or type II 222.

(b) Type II 111, type III 211, type IV 2HH.

(c) Type II 000, type III 200, or type V 000 up to 2 stories.

(2) New, converted, and substantially remodeled small facilities shall be at least frame construction and shall be fire-stopped at all wall and floor junctures and all wall and ceiling junctures with not less than 2-inch nominal lumber.

(3) Construction in existing licensed facilities that was approved before these rules take effect and which meets the construction requirements of the fire safety guidelines these rules supersede shall continue to be approved until the facility is substantially remodeled or converted. When an existing facility is substantially remodeled or added to, only the portion of the facility being substantially remodeled or added need comply with subrule (1) or (2) of this rule and R 400.4522, as appropriate.

History: 1983 AACCS; 2015 AACCS.

**R 400.4520 Interior finish.**

Rule 520. (1) The following alphabetical classification of finished materials for flame spread and smoke development, as determined by the tunnel test in accordance with the national fire protection association, standard No. 255, 2006; American society of testing materials E-84-07, 2014, or underwriters laboratories standard No. 723, 2008, shall be used to determine interior finishes:

Class	Flame Spread	Smoke Developed
A	0 - 25	0 – 450
B	26 – 75	51 – 450
C	76 - 200	126 – 450

The same alphabetical classification is also used for combustibility of prefabricated acoustical tile units, only under federal test number SS-5-118a.

(2) Interior finish includes the plaster, wood, or other interior finish materials of walls; partitions, fixed or movable; ceiling; and other exposed interior surfaces of the facility, other than nominal wood trim.

(3) The classification of interior finish materials as to their flame spread and smoke development shall be that of the basic material used, without regard to subsequently applied paint or other coverings, except where such paint or other covering is of such a character or thickness where applied so as to affect the material classification. Finishes such as lacquer, polyurethane-based materials, or unapproved wall coverings shall not be used.

(4) In a new constructed, remodeled, or converted facility, an interior finish classification shall be that of the basic material used, without regard to subsequently applied paint or other covering in an attempt to meet the classification.

(5) Interior finish materials in facilities shall be as follows:

(a) In small and large open facilities without a sprinkler system, class A or B in exit ways and class A in seclusion rooms. In all other areas, at least class C.

(b) In open facilities with a sprinkler system, at least class C throughout, except in a seclusion room.

(c) In secure facilities, class A throughout regardless of automatic sprinkler protection.

History: 1983 AACCS; 2015 AACCS.

**R 400.4522 Fire protection.**

Rule 522. Fire protection shall be provided in all facilities as follows:

(a) In an existing licensed small facility, an attendant who is awake, fully dressed, and on duty 24 hours a day; complete sprinkler protection; or compliance with R 400.4523.

(b) In an existing licensed large facility, an attendant who is awake, fully dressed, and on duty 24 hours a day; complete sprinkler protection; or compliance with R 400.4524.

(c) In a secure facility, an attendant who is awake, fully dressed, and on duty 24 hours a day.

(d) In newly constructed facilities, conversions and additions shall be provided with automatic sprinkler protection in accordance with national fire protection pamphlet 13.

History: 1983 AACCS; 2015 AACCS.

#### **R 400.4523 Fire detection; small facilities.**

Rule 523. (1) An existing licensed small facility electing to provide fire protection by fire detection shall be protected throughout by approved fire detection provided by at least battery-operated ionization fire detection devices installed in every sleeping room and all areas, except kitchen and bathrooms. The fire detection devices shall comply with all of the following requirements:

(a) Be listed and labeled by an independent, nationally recognized testing laboratory.

(b) Be installed and maintained in accordance with the manufacturer's and test specifications.

(c) Be cleaned and tested at least quarterly, with a written record maintained of the cleaning and testing.

(d) Be of a type that provides a signal when batteries are not providing sufficient power and when batteries are missing.

(2) Any battery-operated device required by subrule (1) of this rule which signals power is low or a battery is missing shall be immediately serviced and restored to full power. There shall be not less than a 10% supply of extra batteries maintained at the facility at all times for the total number of battery-operated devices in the facility.

(3) In small facilities, licensed prior to November 30, 1983, previously approved fire detection systems shall continue to be approved until the facility or portion thereof is remodeled or converted, then fire detection shall be at least as required by this rule for newly constructed, remodeled, or converted facilities in that portion of the facility remodeled or converted.

(4) Fire detection systems in existing licensed facilities shall be maintained in proper working order and shall be tested at least quarterly, with a written record maintained of the testing.

(5) All newly licensed small facilities shall be protected with a minimum 110 volt interconnected smoke detectors with battery backup.

History: 1983 AACCS; 2015 AACCS.

#### **R 400.4524 Fire detection; large facilities.**

Rule 524. (1) An existing licensed large facility electing to provide fire protection by fire detection shall be equipped with a 100% coverage fire detection system which is tested and listed by a nationally recognized, independent testing laboratory and which is installed in compliance with the national fire protection association standard No. 72, entitled "National Fire Alarm Code", 2013 and these rules except that the installing of wiring and equipment shall comply with national fire protection association standard No. 70, entitled "National Electric Code," 2014.

(2) In an existing licensed large facility, the main power supply source for an automatic fire detection system shall be from an electric utility company and shall be on a separate circuit with an identified and locked circuit breaker. A secondary power supply shall be provided which, in the event of the main power supply failure, will maintain the system in an operative condition for 24 hours and, in the event of a fire, will sound the alarm signaling units for a 5-minute period.

(3) In an existing licensed large facility, where an automatic fire detection system is required, the detection devices shall comply with both of the following provisions:

(a) Be installed in all areas; that is, all rooms, lofts, closets, stairways, corridors, basements, attics, and like areas. Spacing of detection devices shall be as recommended by the manufacturer to provide complete coverage. Small bathrooms containing a single water closet and lavatory, small closets which are not more than 20 square feet, and similar spaces are exempted from this requirement.

(b) Be smoke detectors, except that heat detectors may be installed in attics, kitchens, bathrooms, attached garages, and heating plant rooms instead of smoke detectors. Heat detectors shall be the fixed temperature rate of rise type.

(4) In a new, remodeled, or converted large facility, an automatic fire detection system shall be an electrical, closed circuit, self-supervised system which gives a distinctive signal in a staff-occupied area when trouble occurs in the system, including loss of the main power supply and shall be in compliance with NFPA 72.

(5) In a new, remodeled, or converted large facility, complete final plans and specifications of the automatic fire detection or alarm system, where such a system is to be installed, shall be submitted to the department and approved prior to installation. The plan shall show facility floor plans and locations and types of detection devices, pull-stations, and sounding units. Newly required systems shall have a panel or annunciator located in an area regularly occupied by staff.

(6) In large facilities, licensed prior to November 30, 1983, fire detection systems shall continue to be approved until the facility is converted or a portion thereof is remodeled, then the portion of the facility remodeled or converted shall meet the appropriate requirements of this rule. Where the required new system cannot be added to the existing systems maintaining a single signaling alarm system, the total system shall be replaced and shall comply with this rule for remodeled and converted facilities.

(7) Automatic fire detection systems, fire alarm systems, and fire detection devices shall be maintained in proper working condition. When problems occur, they shall be immediately remedied. When the system is rendered inoperable, staff shall be awake and on duty until the system is again operable.

(8) Fire alarm systems shall be tested and maintained on an annual basis in accordance with NFPA 72. Smoke detector calibration shall be done as recommended. The licensee shall keep a record of fire alarm maintenance.

History: 1983 AACCS; 2015 AACCS.

**R 400.4527 Sprinkler systems.**

Rule 527. (1) A sprinkler system in a new or converted facility or an addition, shall comply with the 2013 national fire protection association pamphlet No. 13, entitled "Standard for the Installation of Sprinkler Systems." Where there is no adequate water from a community water system to supply a sprinkler system and where the area to be protected does not exceed 20,000 square feet, a special pressure tank supply for sprinklers, as specified in the 2013 edition of national fire protection association standard No. 22, entitled "Standard for Water Tanks for Private Fire Protection," shall be provided.

(2) All required sprinkler systems shall be inspected and tested and all other maintenance performed as specified in the 2014 national fire protection association standard No. 25 entitled "Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems" at least once a year by a sprinkler contractor. The licensee shall maintain documentation of the last inspection and test.

(3) A sprinkler system in an existing facility approved before these rules take effect shall continue to be approved until the facility or portion thereof is remodeled, converted, or expanded. The system shall be maintained in accordance with the standards applicable at the time it was originally approved.

(4) When an existing facility is remodeled, converted, expanded or modified which results in the existing sprinkler system not providing adequate protection, fire protection shall be provided by extension of the current system where it is possible to extend the system and maintain its integrity or a new sprinkler system shall be installed in the affected area.

(5) The sprinkler piping for any isolated hazardous area which can be adequately protected by not more than 2 sprinklers may be connected directly to the domestic water system at a point where a minimum 1-inch supply is available. An approved automatic sprinkler control valve and check valve which is locked shall be installed between the sprinklers and the connection to the domestic water supply.

History: 1983 AACCS; 2015 AACCS.

**R 400.4532 Fire extinguishers.**

Rule 532. (1) All required fire extinguishers shall be subjected to a maintenance check at least once a year. Each fire extinguisher shall have a tag or label attached indicating the month and year maintenance was performed and identifying the person or company performing the service, as specified by NFPA Standard 10.

(2) All required extinguishers shall be recharged after use.

(3) A minimum of 1 approved fire extinguisher shall be provided on each floor and in or immediately adjacent to kitchens, rooms housing combustion-type heating devices, and incinerators. Additional fire extinguishers may be required at the discretion of the fire safety inspector to assure that it is not necessary to travel more than 75 feet to a fire extinguisher.

(4) All fire extinguishers shall be located not less than 4 inches off the floor and the top of the extinguisher shall not be higher than 5 feet off the floor in a special cabinet or on a wall rack which is easily accessible at all times, unless programmatically contraindicated. Where programmatically contraindicated, the required extinguishers may be kept behind locked doors if both of the following conditions are met:

(a) The locations are clearly labeled "Fire Extinguisher."

(b) All staff carry keys to the doors.

(5) In new, remodeled, or converted facilities, a fire extinguisher shall be at least type 2-A-10BC.

(6) In existing small facilities, previously approved fire extinguishers other than type 2-A-10BC will continue to be approved if they are maintained in the area for which approved.

History: 1983 AACCS; 2015 AACCS.

#### **R 400.4535 Fire alarm.**

Rule 535. (1) All new and converted large and secure facilities shall have a fire alarm with fire alarm pull-stations at each exit on each floor unless otherwise permitted by the following:

(a) Manual fire alarm boxes may be locked, provided that staff is present within the area when it is occupied and all staff have keys readily available to unlock the boxes.

(b) Manual fire alarm boxes may be permitted in a secure staff location, provided that both of the following criteria are met:

(i) The staff location is attended when the building is occupied.

(ii) The staff attendant has direct supervision of the sleeping area.

(2) Fire alarm systems shall be installed and in compliance with NFPA-72.

(3) All new and converted small facilities with resident sleeping on only 1 floor shall have at least a fire alarm device. All new and converted small facilities with sleeping on more than 1 floor shall have a fire alarm system with at least 1 pull-station on each level.

(4) Fire alarm systems and devices in existing facilities shall be maintained in proper working order and shall continue to be approved until the facility is remodeled or converted.

History: 1983 AACCS; 2015 AACCS.

#### **R 400.4538 Means of egress.**

Rule 538. (1) Means of egress shall be considered the entire way and method of passage to free and safe ground outside a facility. All required means of egress shall be maintained in an unobstructed, easily traveled condition at all times.

(2) In an existing facility, each resident-occupied room shall have access to not less than 2 independent, properly separated, approved means of egress or have a doorway leading directly to the outside at grade.

(3) In existing licensed multistory secure and large facilities, at least 1 means of egress from each floor shall be direct to the outside or shall be through an enclosed

stairway which is properly separated from exposure from floors below and which exits direct to the outside at grade or a previously approved escape window.

(4) In a small facility where ambulatory residents use a floor above the street level, 1 of the 2 required means of egress may be an approved escape window from each resident-occupied room which provides direct access to the ground and which has a sill height not more than 5 feet above the ground below or which provides access to an approved fire escape.

(5) In a newly constructed, remodeled, or converted facility, each resident-occupied story, including a resident-occupied basement, shall have not less than 2 independent approved means of egress separated by not less than 50% of the longest dimension of the story. All child-occupied rooms shall be situated between two approved exits unless the child-occupied room has an exit leading directly to the outside at grade. One adjacent intervening room shall be permitted between a sleeping room and an approved exit access corridor that leads to two approved exits in opposite or perpendicular directions.

(6) In a newly constructed, remodeled, or converted large or secure facility, additional means of egress, in addition to the minimum of 2 required from each story, are required if the maximum possible occupancy exceeds 100 residents per story. There shall be at least 1 additional means of egress for each 100 additional residents per story. Means of egress shall be of such number and so arranged that it is not necessary to travel more than 100 feet from the door of a resident-occupied room to reach the nearest approved protected exit-way from that story.

(7) An elevator shall not be approved as a required means of egress.

(8) A means of egress shall not be used for the housing of residents or storage of any kind and shall not be obstructed or hidden from view by ornamentation, curtains, or other appurtenances.

(9) Each required means of egress from floors where non-ambulatory residents are permitted shall discharge at grade or shall be equipped with a ramp which terminates at grade level. Ramps shall not exceed 1 foot of rise in 12 feet of run and shall have sturdy handrails. Once at grade, there shall be a surface sufficient to permit occupants to move a safe distance from the facility.

(10) In a small facility housing 1 or more non-ambulatory or wheelchair residents, required exit-ways forming part of a required means of egress from portions of the facility housing such residents shall be not less than 48 inches wide in a new facility and not less than 44 inches wide in a converted facility, with doors a minimum of 36 inches wide.

History: 1983 AACCS; 2015 AACCS.

#### **R 400.4540 Stairways, halls, and corridors.**

Rule 540. (1) In existing and small facilities, all stairways and other vertical openings shall be enclosed with materials equal in fire resistance to the standard partition construction of the building, if such partition construction is at least standard lath and plaster. There shall be at least 1 3/4-inch solid core wood door with self-closing and latching hardware installed so that there is effective fire and smoke separation between floors or each sleeping room on the second floor shall be equipped with at least 1 1 3/4-inch solid core wood door with latching hardware.

(2) In all new and converted large and/or secure facilities, stairways and floor-to-floor openings shall be enclosed with materials having at least the fire-resistance rating specified by the national fire protection association standard No. 220, "Standard on Types of Building Construction", 2015, for the type of construction. All other vertical openings through floors shall be fire-stopped with like materials.

(3) Where a facility has 2 or fewer levels, where both levels exit at grade, and where elevations between levels do not exceed 4 feet, the building shall be considered to be 1 story and enclosures shall not be required between levels.

(4) In all new and converted facilities, stairs shall have treads and risers of uniform width and height, with treads not less than 11 inches deep, exclusive of nosing, and risers not more than 7 inches in height.

(5) Stairs in new, remodeled, and converted facilities shall change direction by use of an intermediate landing and not by a variance in the width of treads. A sturdy and securely fastened handrail located between 34 and 38 inches, measured vertically, above the nose of the treads shall be provided.

(6) Stairs in existing facilities approved before these rules take effect shall continue to be approved until the portion of the building encompassing the stairs is remodeled.

(7) An outside stairway or fire escape used as part of an approved means of egress shall be protected against fire in the building by blank or closed walls directly under such stairway and for a distance of 6 feet in all directions. Windows may be allowed within this area if they are stationary wire glass windows.

(8) In newly constructed small facilities, halls, corridors, aisles, and stairs used as part of a means of egress shall be not less than 44 inches wide and not less than 36 inches wide in converted small facilities, except as required by R 400.4538(10).

(9) In newly constructed and converted large and secure facilities, halls, corridors, and aisles used as part of an exit way shall be not less than 5 feet wide and 90 inches high, and stairs shall be not less than 4 feet wide.

History: 1983 AACCS; 2015 AACCS.

### **R 400.4543 Doors.**

Rule 543. (1) Doors to required means of egress shall comply with all of the following provisions:

(a) Be side-hinged and installed at floor level.

(b) Be not less than 36 inches wide in new and converted large and secure facilities and new small facilities, and not less than 30 inches wide in remodeled and converted small facilities, except as required by R 400.4538(10).

(c) Be not less than 78 inches high in new, remodeled, and converted facilities.

(d) In large and secure facilities, doors shall be hung to swing in the direction of egress, except doors to single-occupant rooms and bathrooms.

(e) Be equipped with at least knob-type, properly operating, approved, positive-latching, nonlocking-against-egress-type hardware which insures the opening of the door with a single motion, such as turning a knob or applying pressure of normal strength on a latch, except as where otherwise provided by subrule (2) of this rule and R 400.4545.



(2) In secure facilities, locking hardware is permitted if resident sleeping rooms are equipped with approved electric locks or if there are staff present and awake, fully dressed, on duty, and in possession of keys to release residents in an emergency.

(3) Doors entering stairs and other vertical openings and doors to fire rated enclosures shall not be held in an open position at any time by an underdoor wedge or hold-open device.

(4) Interior doors to any enclosure which is required to have not less than a 1-hour fire resistance rating shall be B-labeled fire doors in labeled frames and shall be equipped with positive-latching hardware and self-closing devices.

History: 1983 AACCS.

#### **R 400.4545 Seclusion room.**

Rule 545. (1) A seclusion room shall be approved in writing for use as such by the fire inspecting authority and the licensing authority.

(2) A seclusion room shall be constructed to allow for both visual and auditory supervision of a resident in the room.

(3) A seclusion room shall have walls and ceiling made of noncombustible materials.

(4) A seclusion room may have 1 approved locking-against-egress device on the door if a staff person is immediately present and awake and is in possession of a key for the door locking device when the room is being used.

(5) The egress door in a seclusion room shall open in the direction of egress.

History: 1983 AACCS; 2015 AACCS.

#### **R 400.4546 Partition construction.**

Rule 546. In new, remodeled, or converted large and secure facilities, rooms shall be separated from corridors used as means of egress with partition construction which extends to the floor or deck above and which affords at least a ¾-hour fire resistance rating. Doors shall be at least 1¾-inch solid wood core. Any glass in these partitions, including doors, shall be wired glass which is not more than 54 inches in any 1 lineal dimension and not more than a total of 1,296 square inches. Where glass breakage is a potential hazard, clear acrylic may be placed directly in contact with and between 2 layers of wired glass to give added strength. Glazing in compliance with national fire protection association pamphlet 257, 2007, and having the required fire resistant rating, may also be used in walls and in doors when tested in accordance with national fire protection association standard 252, 2012. This rule does not apply where the type of construction requires more restrictive separation.

History: 1983 AACCS; 2015 AACCS.

#### **R 400.4548 Large and secure facilities; lighting in means of egress.**

Rule 548. (1) In large and secure facilities, all halls, stairways, and means of egress shall be constantly lighted. Approved exit signs shall be installed over each required exit. Exit directional signs shall be provided where exit signs are not readily visible in means of egress. In new and converted large and secure facilities, emergency light packs and exit lights shall be provided along the means of egress. These devices shall include an electric charging unit that will maintain the batteries fully charged.

(2) In new and converted multistory large ~~and~~ or multistory secure facilities, there shall be a system of emergency backup capable of maintaining required lighting for not less than 24 hours in the event of power failure.

History: 1983 AACCS; 2015 AACCS.

#### **R 400.4550 Elevators and dumbwaiters.**

Rule 550. Elevator and dumbwaiter shafts shall be completely enclosed by noncombustible materials with a fire-resistance rating of not less than 1 hour. An opening shall not be permitted through the side wall enclosure for ventilation or for any other purpose. Doors and frames servicing elevators and dumbwaiters shall be approved B-labeled fire door assemblies and labeled fire frame construction and shall be hung so as to be reasonably smoketight when the doors are closed. Glass side lights, transoms, and panels above the doors shall be wire glass and shall not exceed 100 square inches.

History: 1983 AACCS.

#### **R 400.4552 Heating devices and flame-producing devices.**

Rule 552. (1) In large and secure facilities and all newly constructed and converted facilities, flame-producing-type heating devices and incinerators shall be in an enclosure providing at least 1-hour resistance to fire. Adequate combustion air shall be provided directly from the outside through a permanently open louver. Fire dampers are not required in ducts penetrating this enclosure.

(2) In existing small facilities, flame-producing-type heating devices and incinerators approved under the standards these rules replace shall continue to be approved with regard to enclosure or lack of enclosure until the portion of the facility containing the flame-producing device is remodeled or the facility is converted. This shall not preclude requirements relative to maintaining doors and other safety factors in proper working order.

(3) Electric heating shall be installed in accordance with the manufacturer's specifications and shall be approved by a nationally recognized, independent testing laboratory.

(4) Portable heaters and space heaters, including solid fuel heaters, are prohibited.

(5) A fireplace is permitted if it is masonry and has all of the following components:

(a) An approved glass door shielding the opening. The door shall be closed at all times except when a fire is being tended.

(b) A noncombustible hearth extending a minimum of 16 inches out from the front and 8 inches beyond each side of the fireplace opening.

(c) A noncombustible face extending not less than 12 inches above and 8 inches on each side of the fireplace opening.

(d) A masonry chimney constructed with approved flue liners.

(e) The chimney shall be visually inspected every other month while in use and cleaned as needed, but not less than once every 12 months.

(6) A heating plant room shall not be used for combustible storage or for a maintenance shop unless the room is provided with automatic sprinkler protection. Flammable liquids or gases shall not be stored in a heating plant room.

(7) A furnace and other flame-producing unit shall be installed according to manufacturer and test specifications and shall be vented by metal ducts to a chimney which is constructed of bricks, solid block masonry, or reinforced concrete, which has an approved flue lining, and is properly erected and maintained in a safe condition. A bracket chimney is not permitted. This rule does not prohibit the installation and use of any prefabricated chimney bearing the label of an approved, nationally recognized, independent testing laboratory if the chimney is installed and used in accordance with manufacturer and test specifications and is compatible with the heating unit or units connected to it. Only gas and oil-fired units may be connected to a prefabricated chimney.

(8) All furnaces shall be inspected on an annual basis by a licensed inspector. A copy of the inspection must be made available to the qualified fire inspector or the department's licensing authority upon request.

(9) A carbon monoxide detector, bearing a safety certification mark of a recognized testing laboratory such as UL (Underwriters Laboratories) or ETL (Electro technical Laboratory), shall be placed on all levels approved for child care and in all furnace zones.

History: 1983 AACCS; 2015 AACCS.

#### **R 400.4554 Air-handling equipment.**

Rule 554. (1) In newly constructed or converted large or secure facilities, air-conditioning, warm air heating, air cooling, and ventilating systems shall comply with the national fire protection association standard No. 90A, entitled "Installation of Air Conditioning and Ventilating Systems," 2002.

(2) In newly constructed or converted large or secure facilities, fans and air handling equipment used for re-circulating air in more than 1 room or single area shall have an approved automatic smoke detector located in the system at a suitable point in the return air duct ahead of the fresh air intake, the actuating of which shall open the electrical circuit supplying the fan motor and when an approved fire alarm system is installed, be connected to the fire alarm system in accordance with national fire protection association standard No. 72, 2013.

(3) In existing facilities, fans and air-handling equipment and systems approved in accordance with the standards these rules replace shall continue to be approved until the facility is converted. This shall not preclude requirements relative to maintaining the equipment, including thermostatic or other detection devices, and systems, in proper and safe working order.

(4) Fan rooms shall not be designed or used for any other use except housing other mechanical equipment.

History: 1983 AACCS; 2015 AACCS.

**R 400.4555 Smoke barriers.**

Rule 555. (1) Smoke barriers with a 1-hour fire resistance rating shall be provided on each floor used for sleeping rooms for more than 24 residents and shall be so located as to form an area of refuge on either side that is served with an approved means of egress. The barriers shall be located as close as possible to the middle of the floor to be protected and shall extend from outside wall to outside wall and from the floor through any inter-stud spaces to the roof or floor structure above.

(2) Doors in the smoke barrier shall be at least 20-minute fire-rated door or 1 ¾ inch solid core flush door hung in labeled frames with self-closing devices. Where double doors without mullions are used, synchronizing hardware and astragals shall be installed and maintained regularly. For new construction, additions and conversions these doors shall be arranged so that each door swings in a direction opposite from the other.

(3) Doors in smoke barrier partition may be held open only by electric hold-open devices designed so that interruption of the electric current or actuation of the fire alarm, sprinkler system, or the heat or smoke detector will cause the release of the doors. The doors shall also be capable of being opened and closed manually.

History: 1983 AACCS; 2015 AACCS.

**R 400.4557 Storage rooms.**

Rule 557. Storage rooms larger than 100 square feet used for the storage of combustible materials shall be separated from the remainder of the facility by construction with at least a 1-hour fire resistance rated construction.

History: 1983 AACCS.

**R 400.4559 Combustible storage.**

Rule 559. (1) In a new, remodeled, or converted large facility, hazardous areas and rooms for storage of combustible materials, including all janitor rooms and closets, linen rooms, shipping and receiving rooms, kitchens, kitchen storage rooms, and maintenance shops shall be separated from the remainder of the building by construction having at least a 1-hour fire resistance rating with a “B” rated door with an approved hydraulic closer.

(2) In an existing facility, combustible materials storage rooms and hazardous areas, including janitor rooms and closets, shipping and receiving rooms, kitchen storage rooms, and maintenance shops approved before these rules take effect, shall continue to be approved until the facility or portion thereof is remodeled or converted. All features of fire protection, including fire detection, automatic sprinkler protection, and required fire separations, shall be properly maintained.

History: 1983 AACCS; 2015 AACCS.

#### **R 400.4560 Cooking appliances.**

Rule 560. (1) Cooking appliances shall be suitably installed in accordance with approved safety practices.

(2) Where metal hoods or canopies are provided over domestic cooking appliances, they shall be equipped with filters which shall be maintained in an efficient and clean condition.

(3) In a newly constructed, remodeled, or converted large and secure facility, where metal hoods or canopies are provided over commercial kitchen cooking appliances, they shall be designed and equipped in compliance with the national fire protection association standard No. 96, entitled "Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations," 2014, and shall comply with all of the following requirements:

(a) Filters shall be maintained in an efficient and clean condition.

(b) Only vapor proof electrical wiring and equipment shall be permitted in hoods or canopies.

(c) Exhaust ducts from hoods shall be run to the outside by the shortest possible route. When exhaust ducts are run through open spaces between a ceiling and a floor or roof or through any floors above, the ducts shall be enclosed in horizontal or vertical shafts protected from the remainder of the building by construction which affords a 2-hour fire resistance rating.

(d) Fire extinguishment equipment for the hood and exhaust duct of a cooking appliance in a kitchen shall be in compliance with the national fire protection association standard No. 96, entitled "Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations,".

(4) In an existing facility, metal hoods and canopies approved before these rules take effect shall continue to be approved until the facility or portion thereof which incorporates the kitchen is remodeled or converted. When the kitchen is remodeled or the facility is converted, hoods, canopies, and kitchen hood suppression systems for cooking appliances shall comply with the requirements of this rule for new construction. Filters in any hood or canopy in an existing facility shall be maintained in an efficient and clean condition.

History: 1983 AACCS; 2015 AACCS.

#### **R 400.4562 Rubbish handling and incinerators.**

Rule 562. (1) In a newly constructed, remodeled, or converted large or secure facility, rubbish handling and incinerators shall be in accordance with the national fire protection association standard No. 82, entitled "Standard on Incinerators and Waste and Linen Handling Systems and Equipment", 2014 Rubbish chutes and refuse bins or rooms shall comply with the provision of this pamphlet for industrial-type incinerators. Approved 2-bushel or less gas incinerators may be placed in an approved furnace room and shall be equipped with approved automatic 100% shutoff controls, including a safety pilot. Feed doors shall be located in an enclosed room that is provided with automatic sprinkler protection or compartment separated from other parts of the building by walls,

floor, and a ceiling having a fire-resistance rating of not less than 1 hour with openings to such rooms or compartments protected by approved B-labeled fire door assembly and fire door frames.

(2) In a newly constructed, remodeled, or converted large and/or secure facility, rubbish chutes shall extend not less than 4 feet above the roof and shall be covered by a metal skylight glazed with thin pane glass. A sprinkler head shall be installed at the top of rubbish chutes and within the chutes at alternate floor levels in buildings more than 2 stories in height. A rubbish chute shall empty into a separate room, closet, or bin constructed of materials having at least a 1-hour resistance to fire and protected with an automatic sprinkler system.

(3) In new construction, incinerator rooms shall have at least 1 wall on an outside wall not exposing a closed court.

(4) In an existing large or secure facility, rubbish handling and incinerators approved before these rules take effect shall continue to be approved until the facility is converted or the portion of the facility which includes the rubbish handling facilities or incinerators is remodeled.

History: 1983 AACCS; 2015 AACCS.

#### **R 400.4563 Laundries.**

Rule 563. (1) In a newly constructed, remodeled, or converted large or secure facility with a laundry, the laundry shall comply with all of the following requirements:

(a) Be located in a room constructed of materials that have a 1-hour fire resistance rating.

(b) Have steam lines installed with a 1-inch clearance from combustibles.

(c) Have dryer vents constructed of rigid metal vented directly to the exterior or through the roof. Lint traps shall be cleaned each time the dryer is used.

(d) Have 100% automatic and manual shutoff controls for gas appliances other than domestic laundry equipment, which need only have manual shutoff controls.

(e) Have adequate outside air for combustion where combustion-type equipment is used.

(2) In a newly constructed, remodeled, or converted facility, laundry chutes shall be in compliance with all of the following requirements:

(a) Be enclosed in shafts constructed of an assemblage of noncombustible materials having at least a 1-hour resistance to fire. If the shaft does not extend through the roof of the building, the top shall be covered with noncombustible material affording at least a 1-hour resistance to fire. There shall be no openings into the shaft other than those necessary to the intended use of the laundry chute. Feed doors shall be located in an enclosed room that is provided with automatic sprinkler protection or compartment separated from other parts of the building by walls, a floor, and a ceiling having a fire-resistance rating of not less than 1 hour with openings to such rooms or compartments protected by B-labeled fire doors and in labeled frames with self-closing, positive latching hardware.

(b) Have a sprinkler head installed at the top of the chutes and within the laundry chutes at alternate floor levels in buildings over 2 stores in heights.

(c) Empty into a separate room, closet, or bin constructed of materials having at least a 1-hour resistance to fire and protected by automatic sprinklers.

(d) Have an open vent at the top where the shaft extends through the roof of the building, a skylight which is glazed with ordinary glass and which is not less than 10% of the shaft area, or a window of ordinary glass which is not less than 10% of the shaft area and which is set into the side of the shaft with the sill of the window not less than 2 feet above the roof level and 10 feet from any property line or other exposure it faces.

(3) In an existing facility, laundry facilities and laundry chutes approved before these rules take effect shall continue to be approved until the facility is converted or the portion of the facility which includes the laundry facility or chute is remodeled.

History: 1983 AACCS; 2015 AACCS.

#### **R 400.4564 Motor vehicle housing.**

Rule 564. A motor vehicle or gasoline-powered equipment or devices which may cause or communicate fire and are not necessary for the personal care of residents shall not be stored within a facility, unless the area housing such equipment is separated from the rest of the facility by materials having at least a 1-hour fire resistance rating.

History: 1983 AACCS.

#### **R 400.4566 Garages.**

Rule 566. (1) Garages located beneath, or attached to, a facility shall have walls, partitions, floors, and ceilings separating the garage space from the rest of the facility by construction with not less than a 1-hour fire resistance rating.

(2) In existing facilities, garages located beneath or attached to the facility approved before November 30, 1983 shall continue to be approved until the facility is converted or the portion of the facility containing the garage is remodeled.

History: 1983 AACCS; 2015 AACCS.

#### **R 400.4568 Assemblage area.**

Rule 568. A resident use assemblage area in a newly constructed, remodeled, or converted facility, such as a recreation room, dining hall, or chapel, with an occupancy of 51 or more persons, as computed by the public assemblage regulations, shall be maintained and arranged in accordance with national life safety code standard 101, 2015, governing places of public assemblage. These rules may be obtained from the department. Each door from an assemblage area occupied by residents shall enter a corridor between exits or there shall be direct egress to the outside from each room. In an existing facility, assemblage areas approved before these rules take effect shall continue to be approved until the areas are remodeled or converted.

History: 1983 AACCS; 2015 AACCS.

## **PART 6. FIRE SAFETY FOR RESIDENTIAL GROUP HOME FACILITIES**

### **R 400.4601 Applicability.**

Rule 601. The rules in this part apply to residential group homes.

History: 1983 AACRS; 2015 AACRS.

### **R 400.4602 Definitions.**

Rule 602. As used in this part:

(a) "Approved" means acceptable to the department and fire inspecting authority and in accordance with these rules. The department shall make the final approval based on recommendations from the fire inspecting authority.

(b) "Basement" means a story of a building or structure having  $\frac{1}{2}$  or more of its clear height below average grade for at least 50% of the perimeter of the story.

(c) "Combustible" means that any part of a material can ignite and burn when subjected to fire or excessive heat.

(d) "Conversion" or "converted" means a change, after the effective date of these rules, in the use of a facility or portion thereof from some previous use to that of a licensed or approved institution, or an increase in capacity from a residential group home facility to a small facility or a large facility or a change in a secure facility. A converted facility shall comply with these rules for fire safety for converted facilities.

(e) "Existing facility" means a building, accessory buildings and surrounding grounds which are licensed or approved by the department as an open institution for 6 or fewer residents at the time these rules take effect and which is not unoccupied or unlicensed for more than 90 consecutive days thereafter. Where an increase in capacity or change in use affects fire safety requirements, the facility shall comply with all applicable requirements prior to the increase or change in use.

(f) "Facility" means a building and surrounding grounds and recreational areas owned, leased, or primarily rented by a child care organization for use as a residential group home facility to house and sleep residents. "Facility" includes new, remodeled, converted, and existing facilities. Any portion of a facility not used by residents and not used as a required means of egress and which is separated from the rest of the facility by an approved fire barrier, and buildings used by the residents strictly for up and awake activities do not need to meet these rules for fire safety. However, the right of the fire inspecting authority to inspect a nonuse area for hazardous use, or any building on the grounds that is used by the residents strictly for up and awake activities, is retained and directives relative to fire safety of such area or building may be issued to assure the fire safety of the those use areas.

(g) "Fire alarm device" means an approved device capable of sounding an alarm. A fire alarm shall be specifically designated as such and shall not be used for any purpose other than sounding an alarm of fire or other emergency or for fire drills. The device shall be loud enough to be heard throughout the facility under normal conditions. A device may be a bell, a horn, a whistle, or any other device acceptable to the fire inspecting authority.



(h) "Fire resistance rating" means the time in hours or fractions thereof that materials or their assemblies will resist fire exposure as determined by fire tests established and conducted by approved testing laboratories.

(i) "Means of egress or exit" means an unobstructed way of departure from any point in a building to safe open air outside at grade.

(j) "Newly constructed," "new construction," or "new facility" means a structure or addition to a facility after the effective date of these rules.

(k) "Non-ambulatory" means a resident, including a resident confined to a wheelchair, who is physically or mentally incapable of traversing a path to safety without the aid of another person. A path to safety includes the ascent and descent of any stairs or other approved means of egress from the building.

(l) "Remodeled" means changes in a facility that modify existing conditions and includes renovation. Remodeled and affected areas of an institution shall conform to these rules for fire safety for remodeled and converted facilities. Unaffected areas of a facility are not required to conform to the required provisions for remodeled and converted facilities.

(m) "Residential group home facility" means a building used to house not more than 6 residents and is not a secure facility.

(n) "Second story" means the story of a building above the highest story that has a means of egress that is not more than 4 feet to grade.

(o) "Street floor" means the lowest story of a facility that is not a basement.

(p) "Story" means that part of a building between a floor and the floor or roof next above.

History: 1983 AACCS; 2015 AACCS.

#### **R 400.4604 Adoption by reference.**

Rule 604. The department adopts the fire safety codes and standards in this rule. These codes and standards are available for inspection and distribution to the public at cost at the Department of Human Services, 201 N. Washington Square, P.O. Box 30650, Lansing, Michigan 48909. Copies of the codes and standards may also be obtained from the appropriate agency, organization, or association listed below. The costs indicated are those in effect at the time these rules are promulgated. The codes and standards adopted are as follows:

(a) Standard No. 10, "Standard for Portable Fire Extinguishers". 2013 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9109, \$46.50.

(b) Standard No. 13D, "Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes", 2007 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9109, \$33.50.

(c) Standard No. 25, "Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection systems", 2014 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9109, \$54.50.

(d) Standard No. 70, "National Electric Code," 2014, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$89.50.

(e) Standard No. 72, “National Fire Alarm Code”, 2013 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$80.10.

(f) Standard No. 80, “Standard for Fire Doors and Other Opening Protectives”, 2013, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$46.50.

(g) Standard No. 261, “Standard Method of Test for Determining Resistance of Mock-Up Upholstered Furniture Material Assemblies to Ignition by Smoldering Cigarettes”, 2013 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$36.50.

(h) Standard No. 255, “Standard Method of Test of Surface Burning Characteristics of Building Materials”, 2006, National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$36.50.

(i) Standard No. 701, “Standard Methods of Fire Tests for Flame Propagation of Textiles and Films”, 2010 National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02269-9101, \$36.50.

(j) Standard E-1590 2002, “Standard Method for Fire Testing of Mattresses” American Society for Testing and Materials, 100 Bar Harbor Dr., West Conshohocken, PA, 19428-2959.

History: 2015 AACCS.

#### **R 400.4605 Plan review.**

Rule 605. (1) Plans and specifications shall be submitted to the bureau of fire services for review and approval prior to any remodeling in a residential group home or the construction or conversion of a residential group home.

(2) The plans shall comply with all of the following provisions:

(a) Show layout, room arrangements, construction materials to be used, and the location size, and type of fixed equipment.

(b) For additions, show those portions, including existing exits, types of construction, and room occupancies, which may be affected by the addition.

(3) The plans shall be approved in writing by the bureau of fire services before construction begins.

(4) The plans for residential group homes for not more than 6 residents do not require the seal of a registered architect or engineer.

History: 2015 AACCS.

#### **R 400.4606 Evacuation training and telephone.**

Rule 606. (1) Staff shall be trained in evacuation of the facility in the event of emergency. A record shall be maintained of the training.

(2) There shall be a telephone for communicating an alarm of fire to the fire department. A pay phone is not acceptable as a phone for communicating an alarm of fire.

(3) The telephone number of the fire department shall be posted by all phones.

History: 1983 AACCS.

**R 400.4608 Facility location.**

Rule 608. A residential group home facility shall not be established within 300 feet of an aboveground storage tank containing flammable liquids used in connection with a bulk plant, marine terminal, aircraft refueling, or bottling plant of a liquid petroleum gas installation or other similar hazard.

History: 1983 AACCS.

**R 400.4612 Combustible materials, decorations, furnishings, and bedding.**

Rule 612. (1) A residential group home facility shall be kept free of all accumulation of combustible materials other than those necessary for the daily operation of the residential group home.

(2) Easily ignited or rapidly burning combustible decorations are not permitted in a facility. Personal artwork and personal decorations made or owned by residents are permitted up to 6 square feet of wall space in each room or area other than means of egress or hazardous areas.

(3) Newly introduced upholstered furniture shall be tested in accordance with and comply with NFPA-261 unless located in an area having automatic sprinkler protection.

(4) Newly introduced mattresses shall be tested in accordance with ASTM E 1590 unless located in an area having automatic sprinkler protection.

History: 1983 AACCS; 2015 AACCS.

**R 400.4613 Basement as sleeping room prohibited.**

Room 613. A basement shall not be used for sleeping.

History: 1983 AACCS.

**R 400.4615 Electrical service.**

Rule 615. (1) The electrical service shall be maintained in a safe condition.

(2) Where the inspecting authority believes there is a need for an inspection of the electrical system because of its condition, the electrical service shall be inspected by a qualified electrical inspection service. A copy of the inspection report shall be maintained at the facility for review.

(3) Where an electrical system inspection indicates deficiencies in the electrical system, the deficiencies shall be corrected and a certificate of approval shall be maintained at the facility confirming that all deficiencies related to the electrical system have been corrected.

History: 1983 AACCS.

**R 400.4617 Residential group home facility construction.**

Rule 617. A residential group home facility shall be at least of ordinary construction, light platform frame, and not over 2 stories high above the highest grade.

History: 1983 AACCS.

**R 400.4618 Locked seclusion room; prohibition.**

Rule 618. A locked seclusion room is not permitted in a residential group home facility.

History: 1983 AACCS; 2015 AACCS.

**R 400.4620 Interior finish.**

Rule 620. (1) The following alphabetical classification of finished materials for flame spread and smoke development, as determined by the tunnel test in accordance with the national fire protection association, standard No. 255, 2006; American society of testing materials E-84-77A, 2014; or Underwriters Laboratories standard No. 723, 2008, shall be used to determine interior finishes:

Class	Flame Spread	Smoke Developed
A	0 - 25	0 - 450
B	26 - 75	51 - 450
C	76 - 200	126 - 450

The same alphabetical classification is used for combustibility of prefabricated acoustical tile units, only under federal specifications test No. SS-5-118a.

(2) The classification of interior finish materials as to their flame spread and smoke development shall be that of the basic material used, without regard to subsequently applied paint or other coverings, except where such paint or other covering is of such a character or thickness where applied to affect the material classification. Finishes such as lacquer, polyurethane-based materials, or unapproved wall coverings shall not be used.

(3) In a newly constructed, remodeled, or converted residential group home, an interior finish classification shall be that of the basic material used, without regard to subsequently applied paint or other covering in an attempt to meet the classification.

(4) Interior finishes and materials shall be at least class C throughout.

History: 1983 AACCS; 2015 AACCS.

**R 400.4621 Automatic sprinkler protection.**

Rule 621. All newly constructed residential group homes shall be provided with automatic sprinkler protection in accordance with the requirements of NFPA-13D.

Sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25.

History: 2015 AACS.

**R 400.4623 Smoke detection equipment.**

Rule 623. (1) Newly constructed or licensed residential group homes shall be protected by interconnected smoke detectors in accordance with NFPA 72.

(2) A residential group home facility shall be protected by at least battery-operated smoke detection devices installed in all of the following areas:

- (a) Between sleeping areas and the other areas of the facility.
- (b) At the top of all interior stairways.

(c) In the immediate vicinity of combustion-type heating and incinerating devices, where such devices are not in an enclosure providing at least 1-hour resistance to fire. Where such devices are in enclosures which provide at least 1-hour resistance to fire, a fire detection device shall be immediately outside of the enclosure.

(d) At least 1 on every floor.

(3) Fire detection devices shall comply with all of the following requirements:

(a) Be listed or labeled by an independent, nationally recognized testing laboratory.

(b) Be installed and maintained in accordance with the manufacturer's and test specifications.

(c) Be cleaned and tested at least quarterly.

(d) Have the batteries replaced at least annually.

(e) Be of a type that provides a signal when batteries are not providing sufficient power and where batteries are missing.

(4) Any device required by this rule which signals that power is low or a battery is missing shall be immediately serviced and restored to full power.

(5) A written record shall be maintained in the facility of quarterly cleanings and testing of devices and of annual battery replacements.

(6) Fire detection systems in an existing residential group home facility, approved before November 30, 1983 shall continue to be approved. All fire detection systems in residential group homes shall be maintained in proper working order.

History: 1983 AACS; 2015 AACS.

**R 400.4632 Fire extinguishers.**

Rule 632. (1) All required fire extinguishers shall be subjected to a maintenance check at least once a year. Each fire extinguisher shall have a tag or label attached indicating the month and year maintenance was performed and identifying the person or company performing the service.

(2) All required extinguishers shall be recharged after use.

(3) A minimum of 1 approved fire extinguisher shall be provided on each floor.

(4) All fire extinguishers shall be at least 4 inches off the floor and the top of the extinguisher shall be less than 5 feet off the floor in a special cabinet or on a wall rack which is easily accessible at all times, unless programmatically contraindicated. Where

programmatically contraindicated, the required extinguishers may be kept behind locked doors if all staff carry keys to the doors.

(5) In new, remodeled, or converted facilities, a fire extinguisher shall be at least a type 2-A-10BC.

(6) In existing facilities licensed prior to November 30, 1983, previously approved fire extinguishers other than a 2-A-10BC type will continue to be approved if they are maintained in the area for which they are approved.

History: 1983 AACCS; 2015 AACCS.

#### **R 400.4635 Fire alarm systems.**

Rule 635. A residential group home facility shall be equipped with a fire alarm device. The device shall be used only to sound an alarm of fire, for practice fire drills, and other emergencies requiring evacuation of the facility.

History: 1983 AACCS; 2015 AACCS.

#### **R 400.4638 Means of egress.**

Rule 638. (1) Means of egress shall be considered the entire way and method of passage to free and safe ground outside a facility. All required means of egress shall be maintained in unobstructed, easily traveled condition at all times.

(2) There shall be not less than 2 means of egress from the street floor story. At least 1 of the 2 means of egress shall be through a side-hinged door. The door shall be a minimum of 30 inches wide, except as provided in R 400.4639. The second means of egress may be a sliding glass door.

(3) A second story shall only be used by ambulatory residents and shall comply with 1 of the following requirements:

(a) Two open stairways separated by not less than 50% of the longest dimension of the story.

(b) One open interior stairway and 1 exterior stairway or fire escape separated by not less than 50% of the longest dimension of the story. An exterior stairway or fire escape does not require protection from fire in the building. An exterior stairway or fire escape shall be constructed of not less than 2-inch nominal lumber and be in good repair.

(c) One interior stairway and all floors separated by materials which afford at least a 3/4-hour fire resistance rating. The doors separating floors shall be at least 1 3/4-inch solid wood core and shall be equipped with positive latching hardware and approved self-closing devices. Each sleeping room on the second story shall have a window of not less than 5 square feet with no dimension less than 22 inches to allow for emergency rescue.

(4) A basement used by residents requires 1 means of egress which may be a stairway. The stairway may be an open stairway, except as required by subrule (3)(c) of this rule.

History: 1983 AACCS; 2015 AACCS.

**R 400.4639 Special requirements for facilities caring for nonambulatory residents.**

Rule 639. A residential group home facility providing care to 1 or more nonambulatory residents shall comply with all of the following provisions:

(a) House such residents only on the street floor.

(b) Have required exitways which are not less than 48 inches wide in a new facility and not less than 44 inches wide in an existing or converted facility. Doors shall be a minimum of 36 inches wide.

(c) Have required exits discharge at grade level or have required exits equipped with ramps. Ramps shall not exceed 1 foot of rise in 12 feet of run and shall have sturdy handrails. Once at grade, there shall be a surface sufficient to permit occupants to move a safe distance from the facility.

History: 1983 AACCS.

**R 400.4640 Stairs.**

Rule 640. (1) In new and converted facilities, stairs shall have treads of uniform width and risers of uniform heights. In converted facilities, treads shall be not less than 9 1/2 inches deep, exclusive of nosing, and risers shall be not more than 7 3/4 inches in height. In newly constructed facilities, treads shall be not less than 11 inches deep, exclusive of nosing, and risers shall be not more than 7 inches in height.

(2) Stairs in an existing facility approved before these rules take effect shall continue to be approved until the portion of the building encompassing the stairs is remodeled.

History: 1983 AACCS; 2015 AACCS.

**R 400.4643 Doors.**

Rule 643. (1) Doors to required means of egress shall be equipped with at least knob-type, properly operating, positive-latching, nonlocking-against-egress-type hardware which insures the opening of the door with a single motion, such as turning a knob or applying pressure of normal strength on a latch, except that an approved sliding door may be equipped with a non-key locking device.

(2) Required doors entering stairs and doors to fire rated enclosures shall not be held in an open position at any time by an underdoor wedge or hold-open device.

History: 1983 AACCS.

**R 400.4652 Heating devices and flame-producing devices.**

Rule 652. (1) Flame-producing-type heating devices and incinerator devices on any story used by residents shall be in an enclosure that provides at least 1-hour resistance to fire. Any interior door to the enclosure shall be of at least a B-labeled fire door in a labeled frame equipped with latching hardware and a self-closing device. Adequate combustion air shall be provided to the enclosure directly from the outside through a

permanently opened louver or continuous ducts. Fire dampers are not required in ducts penetrating this enclosure.

(2) Where flame-producing-type heating devices or incinerator devices are located on a story not used by residents, there shall be a separation between the story or stories containing such devices and resident-used stories such that at least a 3/4-hour resistance to fire is provided. Any interior stairway to such a nonresident-used story shall have at least a 1<sup>3</sup>/<sub>4</sub> inch solid wood core door which is equipped with latching hardware and a self-closing device separating the non-resident-used story from resident-used stories.

(3) Electric heating shall be installed in accordance with the manufacturer's specifications and shall be of a type approved by a nationally recognized, independent testing laboratory.

(4) Portable heaters and space heaters, including solid fuel heaters, are prohibited.

(5) A fireplace is permitted if it is masonry and has all of the following components:

(a) An approved glass door shielding the opening. The door shall be closed at all times except when a fire is being tended.

(b) A noncombustible hearth extending a minimum of 16 inches out from the front and 8 inches beyond each side of the fireplace opening.

(c) A noncombustible face extending not less than 12 inches above and 8 inches on each side of the fireplace opening.

(d) A masonry chimney constructed with approved flue liners.

(e) The chimney shall be visually inspected every other month while in use and cleaned as needed, but at least once every 12 months.

(6) A heating plant room shall not be used for combustible storage or for a maintenance shop unless the room is provided with automatic sprinkler protection.

(7) A furnace and other flame-producing unit shall be installed according to manufacturer and test specifications and shall be vented by metal ducts to a chimney which is constructed of bricks, solid block masonry, or reinforced concrete which has an approved flue lining and is properly erected and maintained in safe condition. A bracket chimney is not permitted. This rule does not prohibit the installation and use of any prefabricated chimney bearing the label of an approved, nationally recognized, independent testing laboratory if it is installed in accordance with manufacturer and test specifications and is compatible with the heating unit or units connected to it. Only gas and oil-fired units may be connected to a prefabricated chimney.

(8) All furnaces shall be inspected on an annual basis by a licensed inspector. A copy of the inspection must be made available to the qualified fire inspector or the department's licensing authority upon request.

History: 1983 AACCS; 2015 AACCS.

#### **R 400.4657 Storage rooms.**

Rule 657. Storage rooms larger than 100 square feet used for the storage of combustible materials shall be separated from the remainder of the facility by construction with at least a 1-hour fire resistance rating and interior door openings protected with minimum B-labeled fire door and frame assemblies that has approved self-closing, latching hardware.



History: 1983 AACCS; 2015 AACCS.

**R 400.4660 Cooking appliances.**

Rule 660. (1) Cooking appliances shall be of the domestic type and shall be installed in accordance with approved safety practices.

(2) Where hoods or canopies are provided over the cooking appliances, they shall be equipped with filters which shall be maintained in an efficient and clean condition.

History: 1983 AACCS.

**R 400.4666 Garages.**

Rule 666. (1) Garages located beneath a residential group home facility shall have walls, partitions, floors, and ceilings separating the garage from the rest of the facility by construction with not less than a 1-hour fire resistance rating with connecting door openings protected with B-labeled fire door and frame assemblies.

(2) Garages attached to a facility shall be separated from the rest of the facility by construction with not less than a 1-hour fire resistance rating with connecting door openings protected with B-labeled fire door and frame assemblies that has approved self-closing, latching hardware.

History: 1983 AACCS; 2015 AACCS.