

# Health and Safety Checklist for Six or Fewer Child Care Providers

The child care provider applicant or registered child care provider must cooperate and allow for an on-site inspection by the division or designee at initial application and annually thereafter. The on-site inspections shall ensure that the home where care is provided is in compliance with the following health, safety, fire, and other requirements:

<b>SIX OR FEWER CHILDREN</b>
The child care provider shall not care for more than six (6) children, regardless of relationship, and no more than three (3) under the age of two (2).

<b>LOCAL ORDINANCES, CODES, AND REGULATIONS</b>
The child care provider applicant shall meet all local ordinances, codes, and regulations, particularly with regard to fire safety and smoke or carbon monoxide detectors
The child care provider applicant shall install and maintain operable smoke and carbon monoxide detector(s) in accordance with the manufacturer’s instructions on the ceiling or wall at a point centrally located in a corridor or other area giving access to rooms used for providing child care services and ensure that when activated the smoke and carbon monoxide detector(s) shall provide an alarm.
The child care area shall be equipped with a working fire extinguisher.

<b>PHYSICAL SPACE</b>
The child care area must have inside space for play and napping.
The child care area shall be clean and free of insects, rodents, and vermin.
The food preparation area is clean and equipped to prepare snacks and meals.
The child care provider applicant shall maintain a routine schedule of cleaning, sanitizing, and disinfecting.
The child care provider applicant shall ensure that all cleaning, sanitizing, and disinfecting products are not used in close proximity to children and that adequate ventilation should be maintained during use.
The child care provider applicant shall ensure that all hazardous materials must be inaccessible to children.
The child care area must have working heating and cooling systems.
The child care area must have potable, running water, at least one (1) flushable toilet and one (1) sink for hand-washing accessible to children.
The child care area must have hygiene items such as toilet paper, soap, hand drying towels (paper or cloth) that are accessible to children.
The child care provider applicant shall ensure that any child in care does not have access or exposure to smoke, alcohol, or illicit drugs.
The child care provider applicant’s home must be free of illegal substances and criminal activities.
The child care provider applicant shall ensure weapons and ammunition are stored in locked cabinets and are inaccessible to children.
<p>The child care provider applicant shall be aware and regularly monitor the child care area:</p> <ol style="list-style-type: none"> <li>i. To ensure outlets, appliances, and fixtures are properly installed, in good working order, and tamper resistant;</li> <li>ii. To ensure electric devices should not be plugged in near a water source;</li> <li>iii. To ensure appropriate disposal of bio-contaminants;</li> <li>iv. Is safe from potential air, soil, and water contamination;</li> <li>v. Is safe from toxic or hazardous building materials;</li> <li>vi. Is safe from potential hazards in the surrounding community such as, but not limited to, pesticides, electrical sub-stations, gas lines, propane tanks, industrial facilities, etc.;</li> <li>vii. Is safe from hazards in the home, such as dryers, washing machines, gasoline, propane, fireplaces, portable heaters, etc.</li> </ol>

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## OUTDOOR PLAY AREA

The outdoor play area should either be continuous fenced to ensure that the children cannot leave and others cannot enter the premises without supervision, or if not continuously fenced, the child care provider applicant shall have a written, division approved, supervision plan that outlines how children are monitored in the outdoor play area.

All open water and water hazards should be enclosed to prevent access by any child in care or the child care provider applicant shall have a written, division approved, supervision plan that details how the children are monitored to prevent access to any open water area.

Outdoor play equipment is well-constructed and free of hazards.

Play areas are checked regularly for trash, sharp objects, tools, etc. and shall be safe, maintained, and have no hazards.

## ANIMALS

Animals must be non-threatening to children

None of the animals may have history of attacking or injuring human beings or other animals.

The animals must be disease-free and have all required vaccinations according to state and local law.

Indoor and outdoor areas used by children are free of animal excrement.

Litter boxes are not located in food preparation or serving area and are inaccessible to children.

## PREVENTION OF SUDDEN INFANT DEATH SYNDROME (SIDS), SHAKEN BABY SYNDROME (SBS), ABUSIVE HEAD TRAUMA, AND CHILD MALTREATMENT.

The child care provider applicant, who has any infant children in care, shall have a crib that does not pose any harm to the infant and follows all safe sleep practices as recommended by the American Academy of Pediatrics (AAP).

The child care provider applicant should ensure that all toys and play equipment are in good working order.

The child care provider applicant shall have a policy and procedure to:

- i. Identify and prevent shaken baby syndrome and abusive head trauma;
- ii. Recognize the need to notify emergency medical assistance as a first step;
- iii. Show an understanding of the dangers of shaking or hitting a baby's head against something, knowing the risk factors and the triggers for abuse, and finding ways to seek help, support parents, and support other caregivers when their stress level is high;
- iv. Show an understanding of strategies for coping with a crying, fussing, or distraught child;

The child care provider applicant should recognize as a mandated reporter, what and how to report suspected child abuse and neglect, to be aware of common physical and emotional signs and symptoms of child maltreatment and physical indicators or child behavioral indicators of abuse and neglect, as well as the characteristics of the caretaker, parent or guardian.

## EMERGENCY PREPAREDNESS AND RESPONSE PLAN

The child care provider applicant shall have a written emergency preparedness and response plan, which is reviewed and updated regularly, completed to include, at a minimum, steps for evacuation, relocation, shelter-in-place, and lock down, and posted in the child care area and readily accessible to parents or guardians. The plan should outline how families will be contacted during an emergency and how they will be notified at the conclusion of the emergency.

The plan should be developed based on the child care provider applicant's knowledge of each child in care's development and abilities in order to keep them safe; how to observe and anticipate behavior to help each child in care avoid danger; and of accommodations for infant and toddlers, children with disabilities, and children with chronic medical conditions.

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The plan should outline procedures and contingency plans for preparing for, responding to, and recovering from emergencies, and any such as:

- i. Lost or missing child
- ii. Injuries or illness requiring medical or dental care
- iii. Mental health emergencies
- iv. Health and safety emergencies involving parents or guardians and visitors to the program
- v. Death of a child or staff member
- vi. The presence of a threatening individual who attempts or success in gaining entrance to the child care area
- vii. Tornado, earthquake, or other natural disaster
- viii. Man-made disasters, including a fire at the child care area
- ix. Emergencies that are unique to the location of the program, such as train derailment, industrial accident, etc.

The child care provider applicant shall practice escape plans included within the emergency preparedness and response plan.

The child care provider applicant shall ensure that a list of emergency telephone numbers is readily available and posted in the child care area.

## TRANSPORTATION

The child care provider applicant who at any time, may transport any child in care, must have a written transportation policy based on state laws and regulations that addresses the safe transport of children by vehicle. At a minimum, the policy should address:

- i. The safe care of children around vehicles, such as during drop-off and pick-up times.
- ii. A procedure to handle emergencies.
- iii. Parental notification of unscheduled outings at the time of enrollment.
- iv. Children should be seated in a permanent seat in the vehicle and properly restrained by seat belts or child restraint devices in accordance with state and federal laws and regulations.
- v. How devices are installed and used in accordance with manufacturer's instruction
- vi. How identification information, including the name and address of the provider, names of each child, names, addresses, and telephone numbers for each child's parent(s), will be carried in the vehicle and be accessible.
- vii. Children remain seated while the vehicle is in motion and that all doors shall be locked while the vehicle is moving.
- viii. How children will be assisted when entering or leaving a vehicle, including that all loading and unloading should occur from the curbside unless the vehicle is in a protected area or driveway.
- ix. How the child care provider applicant will ensure that children are not left unattended in a vehicle at any time.
- x. The child care provider applicant's plan for making face-to-name counts before leaving the facility, during field trips, and when returning to the facility and how the vehicle will be inspected to ensure no children are left on or under the seats.
- xi. How staff/child ratios are maintained at any time the provider is transporting children.

The child care provider applicant shall ensure parents are informed when field trips are planned and maintain records of written parental consent for field trips and transportation. Parental notification is not necessary for short, unscheduled walks.

## PHYSICAL AND MENTAL HEALTH

The child care provider applicant shall submit a statement completed, signed, and dated by a medical professional no more than two (2) years prior to submission on a prescribed form, regarding his/her opinion of

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the physical and mental health of the child care provider applicant and certifying that a physical examination was free from communicable disease, and a not a threat to the health of children.

The child care provider applicant shall submit a "Risk Assessment for Tuberculosis" form, to be completed, signed, and dated by a medical professional no more than twelve (12) months prior to initial registration.

If a child care provider applicant has active, contagious tuberculosis, the applicant must submit documentation showing that a medical professional has certified that the applicant is non-infectious before the applicant may become registered.

### PREVENTION AND CONTROL OF INFECTIOUS DISEASES

The child care provider applicant shall have a policy to ensure proper handwashing and prevention of the transmission of illness that includes, at a minimum:

- i. The child care provider applicant shall wash his or her hands with soap and running water after toileting or assisting a child with toileting, prior to food preparation or serving of food, after handling of pets or animals, after diapering a child, and when hands are soiled.
- ii. The child care provider applicant shall teach and observe children wash their hands with soap and running water before eating, after toileting, after handling of pets or animals, and when hands are soiled.
- iii. The child care provider applicant shall not work when ill and likely to transmit an illness that might endanger the health or well-being of children.
- iv. The child care provider applicant shall ensure that each child in care shall be observed for contagious diseases or other signs of illness on arrival and throughout each day.
- v. The child care provider applicant shall contact a parent or guardian when signs of illness are observed in any child in care. The child care provider applicant shall follow guidelines which outline symptoms that require parental contact and sending a child home as required in 19 CSR 30-60.060 (5-8) (RSMo)

The child care provider applicant shall have a written policy that adopts the use of Standard Precautions developed by the U.S. Centers for Disease Control (CDC) to handle potential exposure to blood and other potentially infectious fluids. At a minimum, this policy should include hand washing, use of disposable gloves, respiratory hygiene and cough etiquette, and safe handling of potentially contaminated surfaces.

### ADMINISTRATION OF MEDICATION, CONSISTENT WITH STANDARDS FOR PARENTAL CONSENT

The care provider applicant shall maintain a Medication and Administration Log for each child in care who requires any medication during care hours. The Medication and Administration Log shall be maintained in a confidential location available only to the child care provider applicant and the parent or guardian.

- i. The Medication and Administration Log shall, at a minimum, include the child's name, name of medication, dosage of medication, and frequency of administration signed and dated by the parent or guardian indicating written permission to administer.
- ii. The Medication and Administration Log shall, at minimum, include the date and time of each medication administration, the name of the individual administering the medication, the quantity of the medication give.

The child care provider applicant shall ensure that medication prescribed for one child is never administered to another child.

The child care provider applicant shall ensure that all medications are in the original containers and labeled with the child's name, instructions for administration, and the physician's name and contact information.

The child care provider applicant shall ensure that all medications have child-resistant caps and be stored away from food at the proper temperature and are inaccessible to children.

The child care provider applicant should return any unused medication to the parent or guardian, or ensure medication is disposed of immediately after it is no longer needed.

### PREVENTION AND RESPONSE TO EMERGENCIES DUE TO FOOD ALLERGIES

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The child care provider applicant shall maintain a written plan for each child with a food allergy that includes, at a minimum:

- i. Instructions, regarding the food(s) to which the child is allergic and steps to take to avoid that food,
- ii. Specific symptoms that indicate a need to administer one or more medications.
- iii. Detailed treatment plan to implement in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications.
- iv. The process to notify the parent or guardian immediately of any suspected allergic reactions, as well as, the ingestion of, or contact with, the problem food even if reaction did not occur.
- v. The process to contact the emergency medical services systems immediately whenever epinephrine is administered.
- vi. With parent or guardian permission, the provider shall post each child's food allergies prominently wherever food is prepared or served.

### BACKGROUND CHECK

All individuals residing in the child care provider applicant's home age eighteen (18) and older must pass a background check through the Family Care Safety Register.

- If a household member turns eighteen (18) or if a person age eighteen (18) or older moves into the provider/applicant's home, the provider/applicant must notify CCPRU and register that person for a background check through the Family Care Safety Registry.

### REQUIRED TRAINING

The child care provider applicant shall register with Opportunities in a Professional Education Network (OPEN) and secure a Missouri Professional Development identifier (MOPD ID) to track and successfully complete all required training as approved by the Division

The child care provider applicant shall have documentation on file of current certification in pediatric first aid and cardiopulmonary resuscitation (CPR) training. The training shall be certified by a nationally recognized organization approved by the Division and include an in-person skills assessment.

The child care provider applicant shall successfully complete Health and Safety training in all of the following topics:

- i. Child care subsidy orientation training
- ii. Prevention of Sudden Infant Death Syndrome and safe sleeping
- iii. Prevention of Shaken Baby Syndrome and Abusive Head Trauma
- iv. Emergency disaster and response
- v. Mandatory Child Abuse and Neglect (CA/N) reporting
- vi. Prevention and control of infectious diseases, including immunizations
- vii. Administration of medication consistent with standards for parental consent
- viii. Prevention and response to food allergy emergencies
- ix. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury
- x. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants
- xi. Transportation of children

Following the first year of training, the child care provider applicant shall successfully complete six (6) clock hours of training during their registration period and annually thereafter prior to renewal. Training is available through the Missouri Workshop Calendar.

### RECORDKEEPING

The child care provider applicant shall maintain an accurate register of all children who receive care from the provider to be updated annually and as changes occur.

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At a minimum, the register shall contain the following information for each child served under the contract with the department:

- i. The child's full name and date of birth
- ii. The name, address, email address, phone number and other necessary contact information of each person legally responsible for each child.
- iii. Allergies to food, medications, insects, or other materials
- iv. A record showing all immunizations at the appropriate age as recommended by the U.S. Centers for Disease Control and Prevention (CDC) and as required in 19 CSR 30-61.185 (RSMo).
- v. Listing of persons authorized to pick-up and drop-off child as approved by person legally responsible for the child
- vi. For infants, feeding times and amount of breast milk or formula per feeding.

The child care provider shall maintain a time and attendance register of all children who receive care from the provider. At a minimum, the time and attendance register shall contain the following information for each child served under a subsidized child care contract with the department:

- i. The actual dates and times that a child received subsidized care services showing for each day of service the time that the child arrived and the time that the child was picked up.
- ii. The initials of the person who dropped off the child and the initials of the person who picked up the child.
- iii. The parent shall record the required information at the time the transaction took place.