



HEALTH AND SAFETY STANDARDS FOR LICENSE EXEMPT AND SIX OR FEWER CHILD CARE PROVIDERS

PURPOSE: The health and safety standards outlined below are intended to be followed by License Exempt and Six or Fewer child care providers who are registered with the State of Missouri to receive payment for child care services provided to children eligible for Child Care Subsidy. All standards are attainable and complement the health and safety training that is required of registered child care providers. These standards work toward the goal of ensuring the health and safety of children so that optimal growth and development can occur.

Health and Safety Standards

Prevention and control of infectious diseases (including immunizations)

Staff in facilities receiving subsidy are required to be in compliance with the standard on the Prevention and control of infectious diseases; including immunizations. Standard: Good hygiene, proper sanitation, and consistently following universal health precautions in early childhood setting is essential for reducing health risks to children and adults by limiting the spread of infectious germs. All are designed to promote wellness and prevent and control infectious diseases. Using appropriate sanitation measures and universal precautions protect the health and safety of everyone. Requirements for staff to have medical examinations, immunization requirements for children, restrictions for children and staff to be present when ill, and diapering and handwashing requirements, proper handling of food, water play, using toilet or assisting a child in the use of a toilet. Standard requires that providers have a set and routine cleaning, sanitizing and disinfecting process using soap and water, bleach/water solution, dishwasher and washing machine. Knowledge of signs and symptoms of illness, decision making if child should remain or be excluded from the child care setting and when to notify parent/guardian that child has signs or showing symptoms of illness.

Prevention of sudden infant death syndrome and use of safe sleep practices

Staff in facilities receiving subsidy are required to be in compliance with the standard on the prevention of sudden infant and death syndrome and use of safe-sleep practices. All licensed, license-exempt and registered child care providers are required to complete a training on safe sleep and SIDS at time of hire. Prevention of sudden infant death syndrome and use of safe sleep practices, as a caregiver, it is important to ensure an infant's sleep environment is a safe one. All caregivers should follow safe sleep practices as recommended by the American Academy of Pediatrics (AAP) to reduce the risk of sudden infant death syndrome (SIDS) or suffocation death and other infant deaths that could occur when an infant is in a crib or asleep. Training requirements for caregivers include appropriate sleeping areas (cribs, pack and play), bedding, sleep wear, items in cribs, and sleeping on back. Through training, the objective is for staff to recognize that safe sleep practices are used to reduce risk for SIDS or suffocation death while infants are napping or sleeping. The techniques trained and to be used include:

- Place the baby on his or her back to sleep alone, for naps and night time.
- Place the baby in a safety-approved crib with a firm surface and fitted sheet.



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- Do not use an infant seat, swing, or any other type of furniture/equipment that is not a safety-approved crib.
- Remove all soft objects, toys, blankets, bumper pads, and pillows from the sleep area.
- Dress the baby in a sleeper or sleep sack instead of using a blanket or other covering.
- Directly observe the infant by sight and sound at all times.

Administration of Medication

Child care providers need to use caution when giving medication to children in their care. Child care providers should have written consent and instructions from a parent to give children any type of medication (prescription or over-the-counter). Child care providers should have on file written consent from the parent/guardian for each prescription or over-the-counter medication to be administered to the child at the child care setting. The written consent should include:

- The child's name
- The name of the medication
- The date(s) and times the medication is to be administered
- The dose or amount of medication to be given
- Method of administration

Child care providers and staff/volunteers should ensure that all medications, refrigerated or unrefrigerated, have child-resistant caps, are stored away from food at the proper temperature, and are inaccessible to children.

Pediatric First Aid & Cardiopulmonary Resuscitation (CPR)

Child care providers and staff/volunteers responsible for the direct supervision of children must have documentation of satisfactory completion of training in pediatric first aid and CPR skills. Staff trained in pediatric first aid and cardiopulmonary resuscitation (CPR) can lessen the consequences of injury, and reduce the potential of death from life-threatening conditions. Knowledge of pediatric first aid and CPR, which addresses management of a blocked airway and rescue breathing, and the confidence to use these skills, are critically important to the outcome of an emergency.

Prevention and Response to Food And Allergic Reactions

Child care providers and staff need to be aware of the common types and symptoms of an allergic reaction, ways to prevent allergic reactions, and the steps to take to handle an allergy emergency.

Child care providers should have on file documentation on each child in care that has a history of or known allergy, including food allergies. The child care provider should be aware of steps to take to avoid the allergens, specific symptoms that would indicate the need for treatment, and what treatment is necessary in the event of an allergic reaction. The child care provider must notify the parent/guardian when a child shows signs or symptoms of an allergic reaction.



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Building and physical premises safety

Keeping children safe indoor and outdoor child care settings begins with creating and maintaining safe spaces and using proper supervision. Identifying risks and preventing injury is an important part of helping children safely explore their environment. The physical space where child care is provided must:

- Be clean, free of insects and vermin;
- Have working heating and cooling systems;
- Have potable, running water, and at least one (1) flushable toilet and one (1) sink for handwashing accessible to children;
- Have hygiene items such as toilet paper, soap, hand drying towels (paper or cloth) accessible to children;
- It must have a safe diapering table or other approved area with a waterproof, washable surface with diapering supplies, disposable tissues or wipes, diapering creams, powders or other products applied at the time of the diaper change adjacent to the diapering location; diapering surface must be cleaned with disinfectant after each use;
- If caring for children under twelve (12) months old the child care provider applicant must have a designated place for infant napping and sleeping:
 - Places baby on his or her back to sleep alone, for naps and night time;
 - Provider has a safety-approved crib with a firm surface and fitted sheet;
 - Infants should not nap or sleep in a car safety seat, bean bag chair, bouncy seat, infant seat, swing, or any other type of furniture/equipment that is not a safety-approved crib;
 - All soft objects, toys, blankets, bumper pads, and pillows removed from the sleep area;
 - Baby dressed in a sleeper or sleep sack instead of using a blanket or other covering;
 - Directly observe the infant by sight and sound at all times; and
 - Follows the *American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome. Technical report – SIDS and other sleep-related infant deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment*, by Moon RY, which is incorporated by reference in this rule as published in *PEDIATRICS* Volume 138, No. 5, November 1, 2016 and available at <http://pediatrics.aappublications.org/content/pediatrics/early/2016/10/20/peds.2016-2938.full.pdf>;
- Have a clean food preparation area equipped to prepare snacks and meals;
- Have inside space for play and napping;
- Have hazardous materials inaccessible to children;
- Be smoke free while children are present;
- Have weapons and ammunition stored in locked cabinets inaccessible to children; and
- Have smoke and carbon monoxide detectors and fire extinguisher present.

Child care providers and staff/volunteers should frequently inspect the indoor and outdoor setting to inspect for:

- Electrical hazards (such as outlets, appliances, and electrical devices)



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- Water hazards (such as pools, drains, streams, and standing water)
- Hazards in the play area or with toys and play equipment
- Environmental hazards (such as air/soil/water contamination and toxic materials)
- Fire safety and carbon monoxide
- Compliance with community building codes and zoning requirements

Shaken Baby Syndrome

Standard requires all staff have knowledge of shaken baby syndrome, also referred to as abusive head trauma, that it is the leading cause of child abuse deaths in the United States and that it is preventable. Child care staff must be knowledgeable on how to prevent, identify, and respond to shaken baby syndrome. Knowledge of possible reasons for shaken baby syndrome, have skills in and knowledge for coping with crying and the factors that contribute to an infant being vulnerable to abusive head trauma.

Handling and Storage of Hazardous Materials and the Appropriate Disposal of Bio-Contaminants

A healthy and safe environment includes proper handling and storage of hazardous materials. Additionally, caregivers need to protect themselves against possible exposure to environmental risks and blood-borne pathogens that may cause disease. Child care provider and staff/volunteers must ensure that all toxic substances are stored in the original labeled containers and inaccessible to children.

Child caregivers should use the following standards precautions, developed by the Centers for Disease Control and Prevention (CDC), to handle potential exposure to blood and other potentially infectious fluids:

- Handwashing
- Use of disposable gloves
- Respiratory hygiene and cough etiquette
- Safe handling of potentially contaminated surfaces

Transporting of Children

Child care providers and staff/volunteers should be knowledgeable about safe transportation guidelines and best practices to keep children supervised and safe in and around vehicles. Child care providers and staff/volunteers must ensure that when children are driven in a motor vehicle that all children are restrained in a developmentally appropriate and properly installed care safety seat, booster seat, seat belt, or harness that is suited to the child's weight and age in accordance with state and federal laws and regulations. Child care providers and staff/volunteers must ensure that children:

- Are never left alone or unattended in or around vehicles



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- Are continuously supervised and that a face-to-name count is conducted before leaving the program, upon arrival at a destination, before departing to return to the program and once in the building upon return

Emergency Preparedness and Response Planning

Child care programs must be prepared for and know how to respond to emergency situations or natural disasters that may require evacuation, lock-down, or shelter-in-place. Emergency preparedness and response planning is an ongoing process of planning and preparation, training, practicing, reviewing and revising. Each program shall have a written plan that addresses how to accommodate children including infants, toddlers, children with disabilities, and children with chronic medical conditions. This plan is to be shared with parents, posted in reception area, and each classroom or area where children are present. Emergency plan(s) must describe the practices and procedures to be followed during an emergency situation or natural disaster. At a minimum, written plans must include:

- Situations requiring evacuation (such as fire, flooding, and gas leak) of the location where care is provided the plan must include the name, location and phone number of the alternative location;
- Evacuation routes posted for fire, tornado or sheltering in place;
- Plan for evacuation drills to be held and documented;
- Emergency phone numbers readily available by phone(s) (911, poison control center, child abuse/neglect hotline, local fire department, local police department, local ambulance service);
- A readily available listing of parent/guardian contact for each child in care;

To prepare for emergency situations or natural disasters, child care providers should have supplies readily available in the event of an emergency situation or natural disaster. Supplies include, but are not limited to, items such as emergency contact numbers, food, water, infant supplies (if applicable), and medical supplies, including medication/equipment for children with disabilities or chronic medical conditions.

Recognition and Reporting of Child Abuse and Neglect

By law in Missouri, child care providers are mandated reporters of child abuse and neglect. Every staff person should understand their role as a mandated reporter, be aware of common physical and emotional signs of and symptoms of child maltreatment, and know how to report abuse and neglect.

Child care providers and staff/volunteers responsible for the direct supervision of children must receive training which includes an overview of the following:

- Mandated reporter law in Missouri;
- Consequences for failure to report child abuse/neglect;
- Basic definitions of abuse, neglect, and reasonable cause to suspect;



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- How to make a report; and
- Common physical and emotional signs and symptoms of child maltreatment.