



Rules of Department of Health and Senior Services

Division 30—Division of Regulation and Licensure Chapter 61—Licensing Rules for Family Day Care Homes

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**Title 19—DEPARTMENT OF
HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and
Licensure
Chapter 61—Licensing Rules for Family
Day Care Homes**

19 CSR 30-61.010 Definitions

PURPOSE: This rule defines the terms used in the licensing rules for family day care homes.

PUBLISHER'S NOTE: The publication of the full text of the material that the adopting agency has incorporated by reference in this rule would be unduly cumbersome or expensive. Therefore, the full text of that material will be made available to any interested person at both the Office of the Secretary of State and the office of the adopting agency, pursuant to section 536.031.4, RSMo. Such material will be provided at the cost established by state law.

- (1) Adult is any individual eighteen (18) years of age or older.
- (2) The assistant is an adult who is employed or volunteers in the home to care for children in case of an emergency, to meet staff/child ratios, to substitute for the provider during absences or to assist the provider with the care of children.
- (3) Caregiver is the child care provider or an assistant.
- (4) Child care provider or provider is the person(s) licensed or required to be licensed under section 210.221, RSMo in order to establish, conduct or maintain a child care facility. This person(s) shall have the following rights and responsibilities as determined by the division:
- (A) Ultimate responsibility for making and implementing decisions regarding the operation of the facility; and
- (B) Ultimate financial control of the operation of the facility.
- (5) A child day care center or center, whether known or incorporated under another title or name, is a child care program conducted in a location other than the provider's permanent residence, or separate from the provider's living quarters, where care is provided for children not related to the child care provider for any part of the twenty-four (24)-hour day.
- (6) Day care is care of a child away from his/her own home for any part of the twenty-four (24)-hour day for compensation or otherwise. Day care is a voluntary supplement to parent responsibility for the child's protection, development and supervision. Day care may be given in a family day care home, group day care home or day care center.
- (7) A day care facility or facility is a day care home, day care center or group day care home.
- (8) Director is the director of the Missouri Department of Health.
- (9) Department is the Missouri Department of Health.
- (10) A family day care home or home, whether known or incorporated under another title or name, is a child care program where care is given by a person licensed as a family day care home provider for no more than ten (10) children not related to the provider for any part of the twenty-four (24)-hour day. The provider may be licensed to operate no more than one (1) family day care home or group day care home.
- (11) Graded boarding school is a public or private school which provides education in at least the first through the sixth grade and which provides lodging and meals for the pupils for the standard school term.
- (12) A group day care home, whether known or incorporated under another title or name, is a child care program where care is given by a person licensed as a group day care home provider for eleven (11), but not more than twenty (20), children not related to the child care provider, for any part of the twenty-four (24)-hour day. A group day care home shall be in a location other than the provider's permanent residence or separate from the provider's living quarters. The provider may be licensed to operate no more than one (1) group day care home or family day care home.
- (13) Infant is any child under twelve (12) months of age.
- (14) Night is the part of the twenty-four (24)-hour day between 9:00 p.m. and 6:00 a.m.
- (15) Nursery school is a program operated by a person or organization with the primary function of providing an educational program for preschool-age children for no more than four (4) hours per child per day.
- (16) Preschool child is any child two through five (2—5) years of age who is not in kindergarten for five (5)-year-old children.
- (17) Premises is a house(s), dwelling(s) or building(s) and its adjoining land.
- (18) Related is any of the following relationships by marriage, blood or adoption between the provider and the children in care: parent, grandparent, great-grandparent, brother, sister, stepparent, stepbrother, stepsister, uncle, aunt, niece, nephew or first cousin.
- (19) Review board is the Child Care Licensing Review Board.
- (20) School-age child is any child five (5) years of age or older who is in kindergarten or elementary school.
- (21) School system is a program established primarily for education and which meets the following criteria:
- (A) Provides education in at least the first through the sixth grade; and
- (B) Provides evidence that the school system's records will be accepted by a public or private school for the transfer of any student.
- (22) Staff/child ratio is the number of caregivers required in relation to the number of children in care.
- (23) Summer camp is a program operated from May to September by a person or organization with the primary function of providing a summer recreational program for children no younger than five (5) years of age and providing no day care for children younger than five (5) years of age in the same building or in the same outdoor play area.
- (24) Toddler is any child between twelve to twenty-four (12–24) months of age.
- (25) A well-known religious order is defined as—
- (A) An entity that qualifies for federal tax exemption status as a not-for-profit religious organization under Section 501(c)(3) of the *Internal Revenue Code* of 1954; and
- (B) An entity whose real estate on which the child care facility is located is exempt from taxation because it is used for religious purposes.

AUTHORITY: section 210.221.1(3), RSMo Supp. 1993. This rule previously filed as 13 CSR 40-61.010 and 19 CSR 40-61.010. Original rule filed in 1956. Amended: Filed Dec. 19, 1975, effective Jan. 1, 1976. Rescinded: Filed April 13, 1982, effective Aug. 31, 1982. Readopted: Filed April 13, 1982, effective Sept. 1, 1982. Amended: Filed March 14, 1985, effective Aug. II, 1985. Amended: Filed Oct. 7, 1987, effective*



March 25, 1988. Rescinded and readopted: Filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-61.010, effective Dec. 9, 1993. Emergency amendment filed Aug. 18, 1993, effective Aug. 28, 1993, expired Dec. 25, 1993. Emergency amendment filed Jan. 4, 1994, effective Jan. 14, 1994, expired May 13, 1994. Amended: Filed Aug. 18, 1993, effective April 9, 1994. Changed to 19 CSR 30-61.010 July 30, 1998.

*Original authority: 210.221.1(3), RSMo 1949, amended 1955, 1987, 1993.

19 CSR 30-61.015 Exemption of Day Care Facilities

PURPOSE: This rule defines the basis on which a family day care home may qualify for exemption from licensure.

(1) A day care facility does not qualify for exemption from licensure unless it is under the exclusive control of an entity qualifying for exemption under section 210.211, RSMo.

(2) When a nonreligious organization having as its principal purpose the provision of child care services enters into an arrangement with a well-known religious order to provide continuing assistance in the maintenance or operation of a day care facility, the facility is not under the exclusive control of the well-known religious order and does not qualify for exemption from licensure under section 210.211(5), RSMo.

(3) If the person(s) operating the facility claims exemption from licensure, s/he shall file all information requested by the department to make a determination of exemption prior to opening. Facilities may waive the right to apply for exemption and request voluntary licensure. These facilities shall comply with all licensing rules.

AUTHORITY: sections 210.221.1(3), RSMo, Supp. 1993. * This rule previously filed as 13 CSR 40-61.035, 13 CSR 40-61.035, 13 CSR 40-61.015. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-61.015, effective Dec. 9, 1993. Emergency amendment filed Aug. 18, 1993, effective Aug. 28, 1993, expired Dec. 25, 1993. Emergency amendment filed Jan. 4, 1994, effective Jan. 14, 1994, expired May 13, 1994. Amended: Filed Aug. 18, 1993, effective April 9, 1994. Changed to 19 CSR 30-61.015 July 30, 1998.

*Original authority: 210.221.1(3), RSMo 1949, amended 1955, 1987, 1993.



MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES/CHILD CARE LICENSING UNIT

APPLICATION FOR LICENSE TO OPERATE A FAMILY DAY CARE HOME

INITIAL
 RENEWAL

IDENTIFYING INFORMATION

a) APPLICANT NAME (LAST, FIRST) _____ NAME OF SPOUSE _____

FACILITY ADDRESS (STREET) _____ CITY _____

COUNTY _____ STATE _____ ZIP CODE _____ TELEPHONE NUMBER _____
()

MAILING ADDRESS _____ CITY _____

COUNTY _____ STATE _____ ZIP CODE _____ TELEPHONE NUMBER _____
()

b) MAXIMUM NUMBER OF CHILDREN TO RECEIVE CARE _____ AGE RANGE OF CHILDREN TO BE ENROLLED _____ DAYS OF OPERATION
 M T W Th
 F S SUN CHILD CARE HOURS _____ TO _____

c) LIST NAMES OF ALL HOUSEHOLD MEMBERS INCLUDING PROVIDER (USE SEPARATE PAGE IF NECESSARY AND ATTACH)

NAME	SOCIAL SECURITY NUMBER	SEX		RACE	DATE OF BIRTH	RELATIONSHIP TO PROVIDER	EMPLOYMENT		PLACE
		M	F				HOURS FROM	TO	

Does any household member depend upon the applicant for extensive health care during the hours of child care? YES NO

HOUSING (FOR INITIAL APPLICANTS ONLY)

a) TYPE DWELLING
 MOBILE HOME APARTMENT HOUSE OTHER

b) FLOOR(S) FOR DAY CARE USE
 BASEMENT 1ST FLOOR 2ND FLOOR OTHER

c) SOURCE OF HEAT _____ d) WATER SYSTEM
 PUBLIC WELL WATER OTHER

e) SEWAGE DISPOSAL SYSTEM TYPE
 PUBLIC OTHER (SPECIFY) _____

f) LOCATION OF OUTDOOR PLAY SPACE _____ IS YARD FENCED?
 YES NO
 HEIGHT OF FENCE _____

g) DIRECTIONS TO FACILITY _____



19 CSR 30-61.025 Organization and Administration

PURPOSE: This rule defines the requirements for the organization and administration of family day care homes.

(1) Each family day care home shall be organized according to written policies and procedures which clearly establish job responsibilities and lines of administrative authority.

(2) If a family day care home is owned by a legal entity, the legal entity shall designate a person to be responsible for the daily operation of the facility and to meet the requirements of the child care provider. The department shall be notified in writing immediately if there is a change of the person designated to be responsible for the daily operation of the facility and to meet the requirements of the child care provider.

(3) The person(s) or legal entity who owns a family day care home shall be responsible for meeting all debts and obligations incurred by the facility and for maintaining compliance with all licensing rules for family day care homes.

(4) When the responsibility for the operation of a family day care home rests with a board of directors, the department shall be notified in writing immediately if there is a change of the board president or chairperson.

AUTHORITY: section 210.221.1(3), RSMo 2016. * This rule previously filed as 13 CSR 40-61.060, 13 CSR 40-61.025, and 19 CSR 40-61.025. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-61.025, effective Dec. 9, 1993. Changed to 19 CSR 30-61.025 July 30, 1998. Emergency amendment filed Feb. 15, 2019, effective Feb. 25, 2019, expired Aug. 23, 2019. Amended: Filed Feb. 15, 2019, effective Aug. 30, 2019.

*Original authority: 210.221.1(3), RSMo 1949, amended 1955, 1987, 1993, 1995, 1999, 2015.

19 CSR 30-61.045 Initial Licensing Information

PURPOSE: This rule describes the procedures for application for licensure, the licensing investigation, and provisions for continued licensing investigations after the initial license is granted.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the

entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Persons Subject to Licensure.

(A) Any person(s) planning to offer day care for more than four (4) unrelated children at any one (1) time, except those coming under the exceptions of the law, shall apply for licensure and meet the requirements of the licensing rules before accepting more than four (4) unrelated children for care.

(B) Licensing rules shall not apply to children related to the provider as defined in section 210.211, RSMo. In order to document the exemption for related children, identifying information shall be on file at the home on related children as required by 19 CSR 30-61.135 Admission Policies and Procedures.

(C) In a family day care home owned by a legal entity the exemption for related children shall apply. If more than one (1) member of the legal entity is responsible for the daily operation of the family day care home, the exemption for related children shall only be granted for children who are related to one (1) of the members.

(2) Licensing Process.

(A) Upon receipt of an inquiry regarding day care licensing, an applicant shall complete the inquiry orientation available on the department's website to learn about the licensing process and rules. An application for licensure shall be provided by the department upon documentation of completion of the inquiry orientation.

(B) Upon receipt of a completed Application For License To Operate Child Care Home form, a licensing inspection shall be made. See Application For License To Operate Child Care Home form, promulgated as of 2017, incorporated by reference in this rule, as published by the Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102-0570 and available by the department at https://health.mo.gov/safety/childcare/forms.php. This rule does not incorporate any subsequent amendment or additions. If licensing rules are not met within six (6) months, the application shall be void and another application shall be filed.

(C) The licensing process shall include an

inspection of the entire premises of the day care home by the licensing representative.

(D) Prior to the granting of a license, the following shall be submitted by the applicant:

1. A sketch or diagram of the home showing the arrangement of the rooms, including the location of toilet and handwashing facilities, the kitchen and the doors. The licensing representative and the applicant shall measure the home jointly;

2. A sketch or diagram of the outdoor play area and placement of equipment, indicating if the area is fenced. The licensing representative and the applicant shall measure the area jointly;

3. Written policies pertaining to the program goals, admission, care, and discharge of children;

4. A schedule of daily activities for children;

5. A sample weekly menu;

6. An itemized list of available materials and equipment to be used by children;

7. A written narrative description of child care practices and concepts, including discipline and guidance policies;

8. Written policies and procedures which clearly establish job responsibilities and lines of administrative authority;

9. Listing of all household members;

10. Sample forms used, other than those supplied by the department;

11. Evidence of compliance with local or state, or both, sanitation requirements;

12. Documentation as required by the Missouri Secretary of State and state law to verify the legal entity is in good standing if a family day care home is owned by a legal entity;

13. Required information for assistants;

14. A written disaster emergency plan;

15. A written safe sleep policy, if licensed to care for children under twelve (12) months of age;

16. A completed Safety Plan form, if a sex offender resides within one thousand (1,000) feet of the family day care home. See Safety Plan form, promulgated as of 2018 and incorporated by reference in this rule, as published by the Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102-0570 and available by the department at https://health.mo.gov/safety/childcare/forms.php. This rule does not incorporate any subsequent amendments or additions; and

17. Other information required by the department to make a determination regarding licensure of the family day care home.

(E) Prior to the granting of a license, the provider shall meet the requirements of 19 CSR 30-61.086 Fire Safety.



(F) The facility owner(s), board president, or chairperson, and all members of an LLC, shall have qualifying background screening results on file as required by 19 CSR 30-63.020 General Requirement, prior to initial issuance of the license.

(G) Child care staff members shall have qualifying background screening results on file as required by 19 CSR 30-63.020 General Requirements, prior to initial issuance of the license. Background screening information received by the provider shall be retained in the individual's file in a confidential manner and available for review.

(H) Medical examination reports for the provider and child care assistants as required by 19 CSR 30-61.125 Medical Examination Reports, shall be on file at the home and available for review.

(I) Medical examination reports shall be on file at the home within thirty (30) days following the admission of each infant, toddler, or preschool child as required by 19 CSR 30-61.125 Medical Examination Reports. A health report for school-age children shall be on file as required by 19 CSR 30-61.125.

(J) Enrollment information for each child shall be on file at the home as required by 19 CSR 30-61.135 Admission Policies and Procedures.

(K) Identifying information shall be on file at the home for each child to be cared for who is related to the provider and not living in the home as required by 19 CSR 30-61.135 Admission Policies and Procedures.

(L) The child care provider shall not provide care for more than four (4) unrelated children until the home is in compliance with state statutes and licensing rules for family day care homes.

(M) The official license shall be granted for up to two (2) years and may be renewed upon reapplication and inspection. The official license shall be posted near the entrance of the home where it may be seen easily by parents or others who visit.

(N) The license shall not be transferable and shall apply only to the person(s) and address shown on the license.

(O) A change of ownership occurs when the facility is sold to a new owner, the owner changes legal entity status, or the ownership is transferred to another legal entity. The licensee shall notify the department prior to the date the ownership changes.

(P) The department may grant a short-term license to the new owner, if required documentation for licensure has been submitted to the department. The new owner shall submit the following in advance of the change of ownership:

1. An application for licensure;

2. Statement of intent signed by the previous owner(s) and new owner(s) that documents the date the change of ownership is expected to occur;

3. Listing of all household members;

4. A document indicating the organizational structure of the facility's operation; and

5. Qualifying background screening results for facility owner(s), board president, or chairperson, all members of an LLC, and child care staff members, on file as required by 19 CSR 30-63.020 General Requirements.

(Q) If there is a change of ownership of a family day care home, the new owner(s) shall meet the requirements of the current licensing rules. A licensing inspection shall be made as required by 19 CSR 30-61.045 Initial Licensing Information.

(R) The license shall be the property of the department and shall be subject to revocation by the director upon failure of the provider to comply with state statutes and licensing rules for family day care homes. The license shall be returned to the department if revoked, not renewed, or if the owner closes the facility.

(S) If a facility's license is revoked or denied due to failure to comply with state statutes and licensing rules, the department shall not accept a subsequent application from the provider for that facility within twelve (12) months after the effective date of revocation or denial or within twelve (12) months after all appeal rights have been exhausted, whichever is later.

(T) The number and ages of children a family day care home is authorized to have in care at any one time shall be specified on the license and shall not be exceeded except as permitted within these rules.

(U) All day care provided on the premises of a licensed family day care home shall be in compliance with the licensing rules and the conditions specified on the license.

(V) The provider shall permit the department access to the facility, premises, and records during all inspections.

(W) A licensed child care provider shall not deny a child admission to, or the benefits of, any program provided by the family day care home on the basis of race, sex, religion, or national origin.

AUTHORITY: section 210.221.1(3), RSMo 2016, and section 210.1080, RSMo Supp. 2018. This rule previously filed as 13 CSR 40-61.020, 13 CSR 40-61.045, and 19 CSR 40-61.045. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-61.045, effective Dec. 9, 1993. Emergency amendment filed Aug. 18, 1993, effective Aug. 28, 1993, expired Dec. 25, 1993. Emergency amendment filed Jan. 4,*

1994, effective Jan. 14, 1994, expired May 13, 1994. Amended: Filed Aug. 18, 1993, effective April 9, 1994. Amended: Filed Sept. 12, 1995, effective March 30, 1996. Changed to 19 CSR 30-61.045 July 30, 1998. Amended: Filed Feb. 18, 1999, effective Sept. 30, 1999. Emergency amendment filed Feb. 15, 2019, effective Feb. 25, 2019, expired Aug. 23, 2019. Amended: Filed Feb. 15, 2019, effective Aug. 30, 2019.

**Original authority: 210.221.1(3), RSMo, 1949, amended 1955, 1987, 1993, 1995, 1999, 2015 and 210.1080, RSMo 2018.*

19 CSR 30-61.055 License Renewal

PURPOSE: This rule defines the procedures for license renewal.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) An application for license renewal shall be filed at least sixty (60) days prior to expiration of the license. In addition, the following information is required:

(A) Evidence of compliance with a fire and safety inspection as conducted by the State Fire Marshal or his/her designee;

(B) Evidence of compliance with local, state, or both, sanitation requirements;

(C) Medical examination reports on file at the home as required by 19 CSR 30-61.125 Medical Examination Reports;

(D) A health report on file at the home for each school-age child in care as required by 19 CSR 30-61.125 Medical Examination Reports;

(E) Enrollment information on file at the home for each child in care as required by 19 CSR 30-61.135 Admission Policies and Procedures;

(F) Identifying information on file at the home regarding each child in care who is related to the provider and not living in the home as required by 19 CSR 30-61.135 Admission Policies and Procedures;

(G) A current list of available equipment;

(H) Materials and information which have changed since the previous licensing period;



(I) Documentation as required by the Missouri Secretary of State and state law to verify the legal entity is in good standing if a family day care home is owned by a legal entity;

(J) A completed Safety Plan form if a sex offender resides within 1,000 feet of the facility. See Safety Plan form, promulgated as of 2018 and incorporated by reference in this rule. As published by the Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102-0570 and available by the department at https://health.mo.gov/safety/childcare/forms.php. This rule does not incorporate any subsequent amendments or additions. If the provider has an existing safety plan a new form is not required. This rule does not incorporate any subsequent amendments or additions; and

(K) A listing of household members.

(2) The child care provider shall conduct a Family Care Safety Registry check for all child care staff members within sixty (60) days prior to the expiration of the license.

(3) Child care staff members shall have qualifying background screening results on file as required by 19 CSR 30-63.020 General Requirements, prior to renewal of the license.

(4) Upon determination of the applicant's continued compliance with state statutes and licensing rules for family day care homes, an official license shall be granted for up to two (2) years.

AUTHORITY: section 210.221.1(3), RSMo 2016, and section 210.1080, RSMo Supp. 2018.* This rule previously filed as 13 CSR 40-61.031, 13 CSR 40-61.055, and 19 CSR 40-61.055. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-61.055, effective Dec. 9, 1993. Changed to 19 CSR 30-61.055 July 30, 1998. Amended: Filed Feb. 18, 1999, effective Sept. 30, 1999. Emergency amendment filed Feb. 15, 2019, effective Feb. 25, 2019, expired Aug. 23, 2019. Amended: Filed Feb. 15, 2019, effective Aug. 30, 2019.

*Original authority: 210.221.1(3), RSMo 1949, amended 1955, 1987, 1993, 1995, 1999, 2015 and 210.1080, RSMo 2018.

19 CSR 30-61.085 Physical Requirements of the Family Day Care Home

PURPOSE: This rule sets forth the requirements for the physical plant and indoor and outdoor space.

(1) General Requirements.

(A) The premises shall be safe and suitable for the care of children.

(B) The premises shall conform to the fire and safety requirements of the State Fire Marshal or his/her designee.

(C) It shall be the responsibility of the child care provider to determine any applicable local zoning regulations.

(D) Water supply and sewage disposal systems shall conform to state or local requirements, or both.

(E) Children shall have no access to areas not approved for child care.

(F) Stairways in approved child care space shall be well-lighted and free of obstructions. Stairways in approved child care space having more than three (3) steps shall have a handrail the children can reach.

(G) Porches, decks, stairwells or other areas in approved child care space having a drop-off of more than twenty-four inches (24") from which children might fall and be injured shall have an approved railing or approved barrier. The railing or barrier shall be constructed to prevent the child from crawling or falling through, or becoming entrapped.

(H) Approved safety gates at stairways and doors shall be provided and used as needed.

(I) Heaters, floor furnaces, radiators, hot water heaters or other equipment which poses a threat to children shall meet the requirements of 19 CSR 30-61.086 Fire Safety.

(J) All flammable liquids, matches, cleaning supplies, poisonous materials, medicines, alcoholic beverages, hazardous personal care items or other hazardous items shall be inaccessible to children.

(K) Ammunition, guns, hunting knives, bows and arrows or other weapons shall be stored in a locked cabinet or locked closet.

(L) No person shall smoke or otherwise use tobacco products in any area of the child care facility during the period of time when children cared for under the license are present.

(2) Indoor Space.

(A) General Requirements.

1. Any floor of a home used for child care shall be approved by the State Fire Marshal or his/her designee.

2. Open windows and doors shall be screened securely. Barriers to prevent children from falling against windows or falling from windows shall be provided when windows are less than twenty-four inches (24") from the floor and not constructed of safety glass or other nonbreakable material.

3. Clear glass doors shall be marked plainly at varying heights to avoid impact.

4. Artificial or natural lighting shall sup-

ply at least ten (10) footcandles of light throughout each room used for child care.

5. The home shall be dry, temperature controlled, well-ventilated and free of drafts. Children shall not be overheated or chilled. The temperature of the rooms shall be no less than sixty-eight degrees Fahrenheit (68°F) and no more than eighty-five degrees Fahrenheit (85°F) when measured two feet (2') from the floor.

6. Walls, ceilings and floors shall be finished with material which can be cleaned easily and shall be free of splinters, cracks and chipping paint. Floor covering shall be in good condition. Lead-free paint shall be used for all painted surfaces.

7. Concrete floors in areas counted as child care space shall be covered with carpet, tile, linoleum or other floor covering.

8. Floor surfaces under indoor equipment over twenty-four inches (24") in height from which children might fall and be injured shall be protected with pads or mats which will effectively cushion the fall of a child. Carpeting alone is not an acceptable resilient surface under indoor equipment.

9. The home shall be clean at all times and free of dirt, insects, spiders, rodents or other pests.

10. A telephone in working order shall be available for incoming and outgoing calls. If a telephone answering machine is used, it must be turned on so incoming messages can be heard and parents' calls can be returned promptly.

11. Telephone numbers for the police, fire department, ambulance and other emergency telephone numbers shall be posted near the telephone.

(B) Floor Space Calculations and Utilization.

1. At least thirty-five (35) square feet of usable floor space shall be provided for each child coming into the home for day care.

2. Floor space shall be measured wall-to-wall from the inside walls of areas used for children's activities.

3. Floor space shall not include food preparation areas, bathrooms, hallways used exclusively as passageways, closets, office space or floor space occupied by furniture or shelving not used by the children or for their activities.

4. Space occupied by permanently placed cots, cribs, beds or playpens used for napping cannot be counted as usable floor space. Cots shall not be set up early or left in place to interfere with children's play activities.

5. Storage space for play materials shall be provided. Some of the space shall be accessible to the children.



(C) Bathrooms.

1. General requirements.

A. A flush toilet and an adjacent handwashing facility with running water shall be provided.

B. Toilet and handwashing facilities shall be in working order and convenient for the children's use.

C. An individual cloth towel for each child or paper towels, soap and toilet paper shall be provided and easily accessible so the children can reach them without assistance. If individual towels are used, they shall be laundered daily.

D. Children shall be monitored while in the bathroom.

E. Bathrooms shall be clean and odor free.

2. Infants and toddlers. At least one (1) potty chair, junior commode or toilet with an adaptor seat shall be provided. Potty chairs shall be located in the bathroom and shall be emptied, cleaned and disinfected after each use.

(D) Kitchens.

1. A kitchen shall be required for meal preparation unless meals are catered from a source approved by the local or state sanitarian, or both.

2. Kitchens used for meal preparation shall be equipped with a stove, sink, hot and cold running water, a refrigerator and storage space for food, dishes and cooking utensils.

3. If meals are catered, a sink, hot and cold running water, a refrigerator and storage space for food, dishes and cooking utensils shall be provided.

4. Kitchens shall not be used for children's play activities unless the activities are part of the learning program and the children are supervised by adults.

5. Kitchens shall not be used for napping.

(3) Outdoor Space.

(A) General Requirements.

1. An outdoor play area shall be available on or adjoining the day care property. The play area shall be located so it is convenient and the children can gain access to it without hazard. It shall be fenced when necessary for the protection of children from traffic, water or other hazards. For family day care homes initially licensed after the effective date of these rules, or for the installation of new fences in existing facilities, the fence shall be at least forty-two inches (42") high. Fences shall be constructed to prevent children from crawling or falling through or becoming entrapped.

2. A minimum of seventy-five (75) square feet per child of outdoor play area shall be provided.

3. An adult shall be outside at all times to provide supervision for children under three (3) years of age.

4. An adult shall be outside with the children at all times if the play area is not fenced and adjoining the building exit, or unless the children are of school age and definite limits have been established as their boundaries. These children shall receive frequent and routine supervision.

5. The play area shall be safe for children's activities, well-maintained, free of hazards such as poisonous plants, broken glass, rocks or other debris and shall have good drainage.

6. The fall-zone area under and around outdoor equipment where children might fall and be injured shall be covered with impact-absorbing materials which effectively cushion the fall of a child. This material may include sand, pea gravel, tanbark, shredded tires, wood chips, rubber matting or other approved resilient material. Grass may be an approved resilient material, but if grass becomes worn or sparse, the area must be covered with another approved resilient material.

7. The provider shall be responsible for the type, depth and fall-zone area of resilient material necessary for the protection of children.

8. Areas under and around outdoor equipment shall have continuous maintenance to ensure that the material remains in place and retains its cushioning properties. The resilient material shall be supplemented immediately or replaced as needed.

9. Concrete, asphalt, carpet or bare soil is not an acceptable surface under outdoor equipment from which children might fall and be injured.

(B) Swimming and Wading Pools.

1. Swimming and wading pools used by children shall be constructed, maintained and used in a manner which safeguards the lives and health of children.

2. Swimming and wading pools shall have a water filtration system. The water in swimming and wading pools shall be treated, cleaned and maintained in accordance with health practices and rules as determined by the local or state health authority, or both.

3. Swimming and wading pools shall be fenced to prevent access by children. For family day care homes initially licensed after the effective date of these rules, the fence shall be at least forty-two inches (42") high and shall have a locked gate. Above-the-ground pools may use a forty-two inch (42") fence around the top of the pool with barricades of the steps to the pool deck.

4. Children using swimming or wading pools shall be instructed in water safety and supervised by an adult at all times.

5. An adult with a current lifeguard training certificate, including infant/child cardiopulmonary resuscitation (CPR) training, shall be on duty when a swimming or wading pool containing a depth of forty-eight inches (48") or more of water is being used.

6. An adult who has completed a course in basic water safety, which includes infant/child CPR, shall be on duty when a swimming or wading pool containing less than forty-eight inches (48") of water is being used.

(4) Animals.

(A) Animals which may pose a threat to the health or safety of children shall not be permitted on the premises or shall be penned securely in an area which is inaccessible to the children.

(B) If an animal bites a child, the parent(s) shall be notified immediately. The provider shall contact a veterinarian to determine a course of action in the diagnosis of possible rabies in the animal. If possible, the provider shall restrain the animal for observation by a veterinarian.

(C) Animal pens shall be kept clean.

(D) Areas used by children shall be free of animal excrement.

(E) Litter boxes shall not be located in areas used by children or in food preparation areas.

(F) Food and water dishes used by animals shall not be accessible to the children.

*AUTHORITY: sections 210.221 and 210.223, RSMo Supp. 2015. * This rule previously filed as 13 CSR 40-61.070 and 13 CSR 30-61.085. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-61.085, effective Dec. 9, 1993. Changed to 19 CSR 30-61.085 July 30, 1998. Amended: Filed Feb. 18, 1999, effective Sept. 30, 1999. Emergency amendment filed Nov. 10, 2015, effective Nov. 20, 2015, expired May 17, 2016. Amended: Filed Nov. 10, 2015, effective April 30, 2016.*

**Original authority 210.221.1(3), RSMo 1949, amended 1955, 1987, 1993, 1995, 1999, 2015 and 210.223, RSMo 2015.*

19 CSR 30-61.086 Fire Safety

PURPOSE: This rule establishes the fire safety requirements for family day care homes.

(1) The following definitions shall be used in interpreting this rule:

(A) Alterations are changes made to the structure or floor plan of the facility by removing or adding walls and doors or adding space;

(B) Dead-end is a corridor or hallway with



no exit at the end that causes occupants to retrace their path to reach an exit;

(C) Exit is the portion of a means of egress that is separated from all other areas of the building or structure by construction or equipment required to provide a protected way of travel to the exit discharge. Exits include exterior exit doors, exit passageways, horizontal exits, separated exit stairs, and separated exit ramps;

(D) Exit access is the portion of a means of egress that leads to an exit;

(E) Exit discharge is the portion of a means of egress between the termination of an exit and a public way;

(F) Fire barrier is a structural element, either vertical or horizontal, such as a wall or floor assembly that is designed and constructed with a specified fire resistance rating to limit the spread of fire and restrict the movement of smoke. Such barriers may have protected openings;

(G) Fire resistance rating is the length of time in minutes or hours that materials or structural elements can withstand fire exposure;

(H) Flame resistant material is the property of material or their structural elements that prevents or retards the passage of excessive heat, hot gases, or flames under the conditions in which they are used;

(I) Flame retardant is a chemical applied to material or other substance that is designed to retard ignition or the spread of fire;

(J) Interior finish includes the interior wall and ceiling finish, and interior floor finish;

(K) Level exit discharge is a horizontal plane that is located from the point at which an exit terminates and the exit discharge begins. The horizontal plane shall not vary more than two inches (2") in rise or fall;

(L) Level is the portion of a building included between the upper surface of a floor and the ceiling above it, or any upper surface of a floor and the ceiling above it that is separated by more than five (5) steps on a stairway;

(M) Means of egress is a continuous and unobstructed way of travel from any point in a building or structure to a public way. A means of egress consists of three (3) distinct parts: the exit access, the exit, and the exit discharge;

(N) Mixed occupancy is when a family day care home is located in the same building or structure as another occupancy. This may include a business or place of assembly;

(O) Public way is an area such as a street or sidewalk that is open to the outside and is used by the public for moving from one location to another;

(P) Remote exit or means of egress is when

two (2) exits or two (2) exit access doors are required. Each exit or exit access door shall be placed at a distance apart equal to at least one-half (1/2) the length of the maximum overall diagonal dimension of the building or area to be used;

(Q) Self-closing means to be equipped with an approved device that will ensure closing after having been opened;

(R) Smoke barrier is a structural element, either vertical or horizontal, such as a wall, floor, or ceiling assembly that is designed and constructed to restrict the movement of smoke. A smoke barrier may or may not have a fire resistance rating; and

(S) Supervised automatic sprinkler system is a system with the initiating devices monitored by the fire alarm control panel. This may include switches used to monitor the position of valves, a low air pressure switch, a water flow switch, and a tamper switch.

(2) General Requirements.

(A) The Missouri Division of Fire Safety shall inspect the facility annually for the capacity specified on the license application and the fire inspection request. The inspection shall include a determination of whether or not the facility is approved for overlap care as provided in 19 CSR 30-61.155 Overlap Care of Children.

(B) At least one (1) portable, operable flashlight for each staff member shall be located on each level of the home and accessible to staff in the event of power failure.

(C) Child care staff shall conduct at least one (1) fire drill each month and a disaster drill at least every three (3) months. The disaster drills shall include tornado drills. The provider shall maintain a written record at the facility of the date, type of drill, time required to evacuate the building, and number of children present during the drill.

1. Unscheduled drills may be held at the fire inspector's discretion.

2. A full evacuation of the home may be postponed during severe weather.

3. An evacuation/emergency plan for fires and tornadoes that is approved by the fire inspector shall be posted in the home in a central location and be visible to all occupants. The plan shall include special instructions for infants and nonambulatory children.

4. Fire drills shall be conducted as follows:

A. Drills shall simulate an actual fire condition;

B. The children shall not obtain clothing or other items after the alarm has sounded;

C. The children shall proceed to a predetermined location outside the building

that is sufficiently remote to avoid fire danger, interference with fire department operations, or confusion among different groups of children; and

D. Groups shall remain in place until a recall to the building is issued or the children are dismissed.

(D) Children shall have no access to areas of the building that do not meet fire safety requirements.

(E) All flammable or combustible liquids, matches, lighters, or other hazardous items shall be stored so they are inaccessible to the children.

(F) The house numbers shall be plainly visible from the street in case of emergency.

(G) Housekeeping practices that ensure fire safety shall be maintained daily.

(H) Stairways, walks, ramps, and porches shall be kept free of ice and snow.

(I) The provider shall immediately report any fire in the family day care home to the Office of the State Fire Marshal and the Department of Health, Bureau of Child Care Safety and Licensure.

(J) No fresh-cut Christmas trees shall be used unless they are treated with a flame resistant material. Documentation of the treatment shall be on file at the facility and available for review by the fire inspector.

(K) The Division of Fire Safety may make additional requirements that provide adequate life safety protection if it is determined that the safety of the occupants is endangered. Every building or structure shall be constructed, arranged, equipped, maintained, and operated to avoid danger to the lives and safety of its occupants from fire, smoke, fumes, or resulting panic during the period of time necessary for escape from the building.

(L) Mobile homes manufactured after November 27, 1973, shall comply with the Missouri Public Service Commission, regulations for mobile home tie-down systems. Manufactured homes shall comply with section 700.070, RSMo 1994, regarding tie-down systems.

(M) The latest edition of the National Fire Protection Association (NFPA), Chapter 101, *Life Safety Code*, shall prevail in the interpretation of this rule.

(N) When the licensed capacity increases, hours of care change, alterations are completed, or other changes occur that affect fire safety, the provider shall meet all the requirements of this rule unless otherwise excepted by the Division of Fire Safety.

(O) Facilities that were licensed and areas approved for child care prior to the effective date of this rule shall have ceilings at least seven feet (7') in height. Facilities initially licensed and areas initially approved for child



care on or after the effective date of this rule shall meet all the requirements of this rule and shall have ceilings at least seven feet, six inches (7'6") in height. If alterations are made in facilities licensed prior to the effective date of this rule, those facilities shall meet all the requirements of this rule and shall have ceilings at least seven feet, six inches (7'6") in height in the altered space. The fire inspector may make an allowance for the installation of ductwork and plumbing.

(P) Facilities served by a volunteer or membership fire department shall be a member in good standing with the fire department. A copy of the membership or receipt for membership shall be on file at the facility and available for review.

(Q) Clothes dryers shall be vented and maintained properly.

(3) Mixed Occupancies.

(A) In addition to meeting all the requirements of this rule, family day care homes initially licensed and areas initially approved for child care on or after the effective date of this rule, shall meet the following requirements. If alterations are made in facilities licensed prior to the effective date of this rule, those facilities shall meet these requirements in the altered space—

1. When a facility is located in a building containing mixed occupancies, the other occupancies shall be separated from the family day care home by at least a one (1)-hour fire barrier; and

2. In facilities in apartment buildings, when both exit accesses exit into the same corridor, the corridor shall be protected throughout by a fire barrier with at least a one (1)-hour fire resistance rated construction. All doors that open into the corridor shall be at least thirty-two inches (32") wide, have a twenty (20)-minute fire resistance rating, and be self-closing.

(4) Exiting and Means of Egress.

(A) Each level occupied by children shall have at least two (2) remotely located means of egress. Each door opening in a means of egress shall be at least twenty-eight inches (28") wide. In new construction, each door opening shall be a minimum of thirty-two inches (32") wide.

(B) Each room over three hundred (300) square feet in size that is used for day care shall have at least two (2) means of egress. At least one (1) means of egress shall be a door or stairway providing a means of unobstructed travel through the home to the outside of the building at street or ground level. The second means of egress may be a window in accordance with 19 CSR 30-

61.086(5) Fire Safety.

(C) No room or space that is accessible only by a ladder, folding stairs, overhead door, or through a trap door shall be occupied at any time.

(D) Facilities that use a garage as a second exit shall have no flammable or combustible liquids stored in the garage unless approved by the fire inspector. Overhead garage doors are not recognized as exit doorways.

(E) Automobiles shall not be stored in the garage during day care hours if there is an exit through the garage, unless the fire inspector determines that there is sufficient space for safe evacuation.

(F) No door in a means of egress shall be locked against egress travel when the building is occupied. Locking devices that impede or prohibit egress or that cannot be disengaged easily shall not be used. Dead bolt locks that require a key to unlock the door from the inside shall not be used. Locking or latching devices installed on doors shall not be located higher than fifty inches (50") above the finished floor.

(G) Where two (2) exits or exit access doors are required, they shall be remotely located from each other.

(H) Closet door latches shall be designed so children can open the doors from the inside. Bathroom door locks shall be designed to permit opening of the door from the outside in an emergency. The opening device or key shall be readily accessible to the staff.

(I) Stairways, landings, and ramps shall be free of all objects.

(J) Dead-ends as defined by 19 CSR 30-61.086(1)(B) Fire Safety shall not exceed twenty feet (20').

(5) Windows for Rescue and Ventilation.

(A) In addition to meeting all the requirements of this rule, facilities initially licensed and areas initially approved for child care on or after the effective date of this rule, shall meet the following requirements. If alterations are made in facilities licensed prior to the effective date of this rule, those facilities shall meet these requirements in the altered space—

1. Every room or space greater than three hundred (300) square feet used by children shall have at least one (1) outside window for emergency rescue and ventilation. The window shall be operable from the inside without the use of tools and shall provide a clear opening of at least twenty inches (20") wide, twenty-four inches (24") in height. The total clear opening space shall be no less than 5.7 square feet in size. The bottom of the opening shall be no more than forty-four

inches (44") above the floor and any latching device shall be operated easily. The clear opening shall be a rectangular solid, with a minimum width and height that provides the required 5.7 square feet opening and a minimum depth of twenty inches (20") to allow passage through the opening. The windows shall be accessible by the fire department and shall open into an area having access to a public way. This does not apply when the room or space has a door leading directly to the outside of the building; and

2. No windows shall have bars or any other items placed over them in a stationary manner that would impede a rescue or evacuation attempt.

(6) Level of Exit Discharge.

(A) Areas used for day care shall not be located more than one (1) level below ground level.

(B) In addition to meeting all the requirements of this rule, facilities initially licensed and areas initially approved for child care on or after the effective date of this rule, shall meet the following requirements. If alterations are made in facilities licensed prior to the effective date of this rule, those facilities shall meet these requirements in the altered space—

1. Where children are occupying a level below or above the level of exit discharge (basement or second floor), at least one (1) means of egress shall be an exit discharging directly to the outside. The vertical travel to ground level shall not exceed eight feet (8') for the basement and twelve feet (12') for the second floor; and

2. Where children are occupying a level below or above the level of exit discharge (basement or second floor), arrangement of means of egress shall be remote from each other.

(7) Travel Distance.

(A) The travel distance between any room door intended as an exit access or an exit shall not exceed one hundred feet (100'). This travel distance may be increased by fifty feet (50') in buildings protected throughout by a supervised automatic sprinkler system that is approved by the fire inspector based on the National Fire Protection Association's Standards for Sprinkler Systems.

(B) The travel distance between any point in a room and an exit shall not exceed one hundred fifty feet (150'). This travel distance may be increased by fifty feet (50') in buildings protected throughout by a supervised automatic sprinkler system that is approved by the fire inspector based on the National Fire Protection Association's Standards for



Sprinkler Systems.

(C) The travel distance between any point in a sleeping room and an exit access to that room shall not exceed fifty feet (50').

(8) Emergency Lighting.

(A) Emergency lighting shall be installed if the facility is providing nighttime care or if the fire inspector determines that the safety of the occupants is endangered. Emergency lights shall have a ninety (90)-minute battery backup and shall be installed at a location determined by the fire inspector.

(9) Interior Finish.

(A) Interior wall and ceiling finishes throughout shall be Class C as provided in the latest edition of the National Fire Protection Association, Chapter 101, *Life Safety Code*. Textile materials having a napped, tufted, looped, woven, nonwoven, or similar surface shall not be applied to walls or ceilings. Foam plastic materials or other highly flammable or toxic material shall not be used as an interior wall, ceiling, or floor finish.

(B) In addition to meeting all the requirements of this rule, facilities initially licensed and areas initially approved for child care on or after the effective date of this rule, shall have wall studs, ceiling joists, and floor joists that are covered with a minimum of Class C finish with no exposed studs or joists. If alterations are made in facilities licensed prior to the effective date of this rule, those facilities shall meet these requirements in the altered space.

(10) Detection and Extinguishment.

(A) Smoke detectors shall be installed in all family day care homes.

(B) Smoke detectors shall be in good operating condition with a functional battery installed. If the smoke detector is not operational, the provider shall install a smoke detector that is powered by the home's electrical system with a nine (9)-volt battery backup.

(C) Smoke detectors shall be installed on each level of the home in or near all sleeping areas. Additional smoke detectors shall be required in other rooms and areas if the fire inspector determines that the safety of the occupants is endangered.

(D) Facilities using equipment or appliances that pose a potential carbon monoxide risk, including homes with attached garages, shall install a carbon monoxide detector(s). The detector(s) shall be installed according to the manufacturer's instructions. The fire inspector may require additional carbon monoxide detectors if the inspector deter-

mines that the safety of the occupants is endangered.

1. Carbon monoxide detectors shall be in good operating condition. If a battery-operated detector is not operational, the provider shall install a detector that is powered by the home's electrical system with a battery backup.

2. If an elevated carbon monoxide level is detected during a fire inspection, the provider shall have all gas-fired appliances checked by a heating and air conditioning company to identify the source of the carbon monoxide. Until the provider has documentation on file at the facility verifying that all gas-fired appliances were checked by a heating and air conditioning company and are in safe working order, and the facility is determined safe by the fire inspector, the fire inspection shall not be approved.

3. If a level of carbon monoxide is determined that endangers the children in care, the fire inspector shall take measures necessary to protect the children. This may include evacuation of the building or closing the facility. The provider shall obtain and have on file at the facility, documentation verifying that all gas-fired appliances were checked by a heating and air conditioning company and are in safe working order. The facility shall be reinspected by the fire inspector and determined safe before the children can return to the building or the facility can reopen.

(E) At least one (1) portable, 5 lb., 2 A-10 BC, fire extinguisher shall be required in all facilities and located near the kitchen or a location required by the fire inspector. Facilities using more than one (1) level shall have an additional extinguisher on each level.

(F) Fire extinguishers shall be installed and maintained according to the instructions of the fire inspector and shall be inspected and approved annually by a fire extinguisher company. Documentation of the inspection and approval shall be on file at the facility and available for review by the fire inspector.

(G) In addition to meeting all the requirements of this rule, facilities initially licensed and areas initially approved for child care on or after the date of this rule, shall meet the following requirements. If alterations are made in facilities licensed prior to the effective date of this rule, those facilities shall meet these requirements in the altered space—

1. Smoke detectors shall be powered by the home's electrical system and have a nine (9)-volt battery backup. When more than one (1) smoke detector is required by the fire inspector, the smoke detectors shall be interconnected so that when one smoke detector activates, it causes an alarm in all smoke

detectors; and

2. Where the family day care home is located within a building of another occupancy such as in an apartment building or office building, any corridors serving the family day care home shall be provided with a smoke detector(s) that will activate the smoke detector(s) inside the family day care home.

(H) Facilities that have a supervised automatic sprinkler system installed shall have the system tested and approved annually by a fire sprinkler company. A copy of the test report and approval of the system shall be kept on file at the facility and available for review by the fire inspector.

(11) Electrical Services.

(A) Electrical wiring shall be installed and maintained in good working order. If the fire inspector considers the wiring to be unsafe for the occupants or it is installed improperly, an inspection by a licensed electrician may be required prior to fire safety approval. The inspection by the licensed electrician shall be based on National Fire Protection Association, Chapter 70, *National Electrical Code*.

(B) Protective covers or inserts for electrical receptacles shall be installed in all areas occupied by children.

(C) Electrical extension cords shall not be used unless approved in writing by the fire inspector.

(12) Heating, Cooling, and Air Conditioning Equipment.

(A) Unvented fuel-fired room heaters and portable electrical space heaters shall not be used during child care hours. The provider shall sign a compliance letter verifying that such equipment will not be used.

(B) Facilities with a water heater over two hundred thousand (200,000) British thermal units (Btus) per hour input or larger, or that is heating with a boiler, shall have a valid permit from the Division of Fire Safety posted on the premises. A copy of the permit shall be kept on file at the Division of Fire Safety.

(C) Floor furnaces shall have noncombustible protective guards installed around them and shall be located so they do not block access to an exit from any area of the licensed day care space.

(D) Heating equipment, fireplaces, and radiators in areas occupied by children shall have partitions, screens, or other means to protect children from hot surfaces and open flames. If solid partitions are used, provisions shall be made to ensure adequate air for combustion and ventilation for heating equipment. Partitions shall be constructed of noncombustible material and shall not obstruct exit access.



(E) Gas and electric heating equipment shall be equipped with thermostatic controls. Gas water heaters shall have a properly sized pressure relief valve and be vented properly by galvanized flue pipe and screws at every joint in the pipe or by material recommended by the manufacturer. The drip leg pipe on the pressure relief valve shall extend to approximately six inches (6") above the floor.

(F) Furnace rooms shall be vented properly. Furnace flue pipes shall be constructed of galvanized pipe or material recommended by the manufacturer. Galvanized pipe shall be secured by screws at every joint in the pipe.

(G) Joints in gas supply pipes shall be located outside the furnace cabinet housing.

(H) Furnaces, water heaters and boilers shall be located inside a fire resistant room that is constructed of five-eighth inch (5/8") sheet rock or equivalent on the interior, exterior, and ceiling. The room shall have a one and three-quarter inch (1 3/4") thick solid core door. Furnace rooms and rooms containing water heaters shall not be required to be fire resistive if an automatic sprinkler head is installed off the domestic water system and a smoke detector is located directly outside the room that is interconnected to the other smoke detectors throughout the home.

(I) Furnace rooms and rooms containing water heaters shall have adequate combustion air for the units. The vent size opening for the combustion air shall be measured at one (1) square inch per one thousand (1,000) Btu input, if the combustion air is drawn from inside the structure and one (1) square inch per four thousand (4,000) Btu input if the air is drawn from outside the structure through the attic or crawl space. There shall be two (2) combustion air vent openings in each furnace room. One (1) opening shall be located at the lower level and the other at the upper level.

(J) Air conditioning, heating, ventilating ductwork, and related equipment shall be installed safely and be in good operating condition as determined by the fire inspector. The fire inspector shall base this on the National Fire Protection Association, Chapter 90A, Standard for the Installation of Air Conditioning and Ventilating Systems; or National Fire Protection Association, Chapter 90B, Standard for the Installation of Warm Air Heating and Air Conditioning Systems, as applicable.

(K) Fireplaces and wood burning stoves shall be installed safely and operate in good working condition as determined by the fire inspector.

(L) Flues shall be inspected and cleaned once a year, and the provider shall have documentation of the inspection and cleaning on

file at the facility and available for review by the fire inspector. A spark arrestor shall be installed at the chimney outlet.

(M) In addition to meeting all the requirements of this rule, facilities initially licensed and areas initially approved for child care on or after the effective date of this rule, shall meet the following requirements. If alterations are made in facilities licensed prior to the effective date of this rule, those facilities shall meet these requirements in the altered space—

1. Gas shut off valves shall be located next to all gas appliances, furnaces, and water heaters;

2. If a furnace or water heater is located inside a garage, it shall be at least eighteen inches (18") above the finished floor and enclosed inside a fire resistant room. The room shall be constructed of five-eighth inch (5/8") sheet rock on the interior and exterior wall and interior ceiling and shall have a one and three-quarter inch (1 3/4") thick solid core door; and

3. Furnaces shall be equipped with an electrical fused switch to protect the unit from electrical overloading and to disconnect the electrical supply.

(13) Equivalency Concepts.

(A) Nothing in this rule is intended to prevent the use of systems, methods, or devices of equivalent or superior quality, strength, fire resistance, effectiveness, durability, and safety as alternatives required by this rule. These alternatives may be used only if technical documentation to demonstrate equivalency and the system, method, or device is submitted and approved by the Missouri Division of Fire Safety.

AUTHORITY: section 210.221.1(3), RSMo Supp. 1998. Original rule filed Feb. 18, 1999, effective Sept. 30, 1999.*

**Original authority: 210.221.1(3), RSMo 1949, RSMo 1955, 1987, 1993, 1995.*

19 CSR 30-61.090 Disaster and Emergency Preparedness

PURPOSE: This rule requires family child care homes to prepare and respond to disasters and emergencies.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in

this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Disaster Emergency Plan.

(A) The facility shall develop, implement, and maintain policies and procedures for responding to a disaster emergency, including a written plan for:

1. Medical and non-medical emergencies and disaster situations that could pose a hazard to staff and children, such as a fire, tornado, flood, chemical spill, exposure to carbon monoxide, power failure, bomb threat, person coming to the facility whose health or behavior may be harmful to a child or staff member, or kidnapping;

2. Evacuation from the facility in the event of a disaster emergency that could cause damage to the facility or pose a hazard to the staff and children;

3. Lock-down procedures in a situation that may result in harm to persons inside the facility such as a shooting, hostage incident, intruder, trespassing, or disturbance or to be used at the discretion of the director, designee, or public safety personnel; and

4. Evacuation from a vehicle used to transport children.

(B) When developing disaster emergency plans, the facility shall consider—

1. The age and physical and mental abilities of the children;

2. The types of services offered, including whether the facility provides care for non-ambulatory children or overnight care;

3. The types of disasters likely to affect the area;

4. The requirements of the Division of Fire Safety and the Department of Health and Senior Services' *The ABC's of Emergency Preparedness Ready in 3 Program* (2006), which is incorporated by reference and is published by the Department of Health and Senior Services, Center for Emergency Response and Terrorism, PO Box 570, Jefferson City, MO 65102-0570, telephone number 573-526-4768, and is available at www.health.mo.gov, and advice from the Red Cross or other health and emergency professionals. This rule does not include any later amendments or additions; and

5. The need for ongoing communication and data sharing with other types of agencies providing services to children and with state and local emergency management agencies.



(C) At a minimum, a disaster emergency plan shall identify the staff members responsible for implementing the plan and ensuring the safety of the children and shall include:

1. The location of the child's attendance record and emergency information and emergency supplies;

2. Diagrams that identify exit routes from each area of the facility used for child care to a safe location out of the facility and to a safe location within the facility where children and staff members can stay until the threat of danger passes;

3. A list of emergency contacts as set out in subsection (2)(B) below;

4. The disaster and emergency procedures to be followed, which include but are not limited to the following:

A. Use of alarms to warn other building occupants and summon staff;

B. Emergency telephone call to the fire department;

C. Response to alarms;

D. Isolation of a fire, including confinement by closing doors to the fire area;

E. Evacuation of the immediate area;

F. Two (2) off-site locations identified as meeting places in case of evacuation;

G. Relocation as detailed in the disaster and emergency plan, including individuals with special needs, such as non-ambulatory children and children who sleep overnight, if applicable; and

H. System of contact for parents of children and notification of parents of the plan to assist in re-unification; and

5. Lock down procedures shall include:

A. An announcement of the lock-down by the director or designee. The alert may be made using a pre-selected code word;

B. In a lock-down situation, staff shall keep children in their rooms or other designated location that are away from the danger; and

C. Staff is responsible for accounting for children and ensuring that no one leaves the room or safe area until "all clear" is announced.

(2) Access to Disaster Emergency Information. The licensee shall ensure that—

(A) At all times, a copy of the facility's disaster emergency plan is readily available in the office area and in each room used for care of children; and

(B) The following information is posted in each room used for child care and beside each telephone in the facility:

1. Contact information, including the following:

A. The name, address, and telephone number of the facility;

B. A list of emergency numbers, including 911, if available, the fire department, police department, ambulance service, poison control center, and local radio station;

C. When a facility operates at more than one (1) site, the name and telephone number of the facility's principal place of business; and

D. When a facility occupies space it does not own, the name and telephone number of the owner of the building or the building manager;

2. A diagram of evacuation routes from the room; and

3. Any special instructions for infants and non-ambulatory children.

(3) Disaster Emergency Response Drills for Staff and Children.

(A) The licensee shall ensure that the facility has on file documentation that, at least every three (3) months, all staff and children at the facility have participated in a disaster or emergency drill based on the facility's disaster and emergency plan.

(B) In addition to fire safety requirements found in 19 CSR 30-61.086, a review of the following disaster drill procedures with the staff and children shall be conducted:

1. Staff duties and responsibilities in the event of an emergency;

2. Disaster drill procedures such as fire drill, tornado drill, carbon monoxide exposure, power failure, bomb threat, chemical spill, intruder training, and CPR or other medical procedures;

3. The use of and response to fire alarms; and

4. The use of fire extinguishers.

AUTHORITY: section 210.221, RSMo 2000. Original rule filed April 29, 2011, effective Oct. 30, 2011.*

**Original authority: 210.221, RSMo 1949, amended 1955, 1987, 1993, 1995, 1999.*

19 CSR 30-61.095 Furniture, Equipment, and Materials

PURPOSE: This rule sets forth the requirements for the furniture, equipment and materials needed in a family day care home.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available

to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Indoor Furniture and Equipment.

(A) General Requirements.

1. All furniture and equipment shall be constructed safely, in good condition and free of sharp, loose or pointed parts. Only lead-free paint shall be used.

2. Furniture and equipment shall be arranged to provide a clear passage to all exits.

(B) Sleeping Equipment.

1. General requirements.

A. A cot, bed, sofa, padded playpen, or crib shall be provided for each child who naps or sleeps. An individually assigned sheet and blanket shall be provided for each child twelve (12) months and older who naps or sleeps. Upper levels of bunk beds shall not be used.

B. If family beds are used for napping or sleeping, a clean sheet shall be spread over the family bedding.

C. If a double bed or larger is used only two (2) children may nap or sleep on it at one (1) time.

D. All bedding shall be clean with sheets laundered at least once a week. Once bedding has been used by a child, it shall not be used by another child until it has been laundered.

E. Sleeping equipment shall be arranged to provide at least a two-foot (2') aisle on one (1) long side of the equipment.

2. Infants.

A. A crib, portable crib, or playpen shall be provided and used for each infant. Stack cribs shall not be used.

B. Cribs and playpens shall meet the Consumer Product Safety Commission and ASTM International (formerly the American Society for Testing and Materials) safety standards for full size baby cribs as found in 16 CFR Part 1219 and for non-full size baby cribs as found in 16 CFR Part 1220. The 2014 crib safety standards found in 16 CFR Parts 1219 and 1220 are incorporated by reference as part of this rule and are published by and available at the U.S. Government Publishing Office, 732 North Capitol Street NW, Washington, D.C. 20401-0001, 202-512-1800, www.bookstore.gpo.gov/catalog/laws-regulations/code-federal-regulations-cfrs-print. This rule does not include any later amendments or additions.

C. The crib mattress or playpen pad shall be sized correctly to the crib or playpen, in good condition, waterproof, and kept clean and dry, be firm and maintain its shape even



when the fitted sheet designated for that model is used, such that there are no gaps between the mattress and the side of the crib or playpen. Only fitted sheets shall be used and shall be changed immediately when soiled or wet.

D. Soft materials or objects such as pillows, quilts, comforters, or sheepskins, even if covered by a sheet, shall not be placed under a sleeping infant. If a mattress cover to protect against wetness is used, it shall be tight fitting and thin.

E. Cribs, portable cribs, and playpens shall be free of soft objects, loose bedding, or any object that can increase the risk of entrapment, suffocation, or strangulation. Examples include bumper pads, pillows, quilts, comforters, sleep positioning devices, sheepskins, blankets, flat sheets, cloth diapers, bibs, pillow-like toys, wedges, infant positioners, special mattresses, special sleep surfaces, and other similar items.

F. Blankets or other soft or loose bedding shall not be hung on the sides of cribs or put under the fitted sheet. Only sleep clothing that is designed to keep an infant warm without the possible hazard of covering the head or face may be used during sleep or nap time.

G. Sitting devices such as car safety seats, strollers, swings, infant carriers, infant slings, and other sitting devices shall not be used for sleep/nap time. Infants who fall asleep anywhere other than a crib, portable crib, or playpen must be placed in the crib or playpen for the remainder of their sleep or nap time.

(C) Tables and Seating Equipment.

1. Preschool and school-age children. Table and seating space for eating and table activities shall be available for children twelve (12) months of age and older.

2. Infants and toddlers. Infants and toddlers who are unable to sit at a table shall be served meals at a feeding table, high chair, infant seat or other safely designed infant-seating equipment. Equipment shall be provided which will allow a child to sit comfortably and securely while being fed. Appropriate restraints shall be used.

(2) Indoor Play Equipment and Materials.

(A) General Requirements.

1. Play equipment and materials shall be clean, in good condition with all parts intact and accessible to children.

2. Play equipment and materials shall be replaced as needed to maintain the number of items required for the licensed capacity of the home.

3. Toys or materials that come in sets shall be considered one (1) item.

(B) Preschool and School-Age Children.

1. Children twenty-four (24) months of age or older shall have an ample variety of age-appropriate toys, books, creative materials and activities which provide fun, stimulation, development and opportunities for individual choices.

2. A minimum of forty (40) approved items shall be required. The forty (40) items shall include at least four (4) items from each of the following categories:

A. Blocks, construction and transportation toys;

B. Manipulatives;

C. Creative arts;

D. Large muscle activities;

E. Library and language activities;

F. Music and rhythm activities;

G. Dramatic and housekeeping play; and

H. Science activities or sensory experiences.

(C) Infants and Toddlers.

1. Infants and toddlers shall have safe toys which shall be washed when soiled. Toys, parts of toys or other materials shall not be small enough to be swallowed. Toys and materials shall include a minimum of one (1) approved item from each of the following categories for each infant and toddler in the licensed capacity of the home:

A. Push-pull toys;

B. Balls or other large muscle equipment;

C. Blocks, stacking toys or other manipulatives; and

D. Cloth or plastic-coated books.

(3) Outdoor Equipment.

(A) All outdoor equipment shall be constructed safely, in good condition and free of sharp, loose or pointed parts. Only lead-free paint shall be used.

(B) Outdoor equipment shall be provided for the ages and number of children in care to meet their physical and developmental needs.

(C) Children shall be instructed in the safe use of outdoor equipment.

(D) Stationary equipment such as swings, slides and climbers shall be securely anchored, have no exposed footings and be placed to avoid accidents or collisions.

(E) For family day care homes initially licensed after the effective date of these rules or for homes installing new equipment, any part of the equipment from which children might fall shall not be more than six feet (6') in height.

(F) Equipment with moving parts which might pinch or crush children's hands or fingers shall not be used unless the moving parts which pose a threat to children have guards or covers. "S" hooks shall be pinched together

to avoid catching children's skin or clothing.

(G) Swings shall have lightweight seats of rubber, plastic, canvas or nylon.

(H) Exposed bolts and screws shall be recessed into the frame, covered or filed to avoid sharp edges.

(I) Ropes, loops or any hanging apparatus that might entrap, close or tighten upon a child shall not be permitted.

(J) Trampolines shall not be used. Mini-trampolines, aerobic bouncers or other similar small jumping equipment may be used with close supervision.

*AUTHORITY: sections 210.221 and 210.223, RSMo Supp. 2015. * This rule previously filed as 13 CSR 40-61.080, 13 CSR 40-61.095, and 19 CSR 40-61.095. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-61.095, effective Dec. 9, 1993. Changed to 19 CSR 30-61.095 July 30, 1998. Emergency amendment filed Nov. 10, 2015, effective Nov. 20, 2015, expired May 17, 2016. Amended: Filed Nov. 10, 2015, effective April 30, 2016.*

**Original authority: 210.221.1(3), RSMo 1949, amended 1955, 1987, 1993, 1995, 1999, 2015 and 210.223, RSMo 2015.*

19 CSR 30-61.105 The Day Care Provider and Other Day Care Personnel

PURPOSE: This rule sets forth the requirements for the day care provider and assistants, and number and age limitations of children in care and staff training.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) General Requirements.

(A) The provider routinely shall be present during the hours of highest attendance a minimum of forty (40) hours per week.

(B) The provider shall name an assistant caregiver who shall be available to substitute during his/her absence or to meet staff/child ratios.

(C) Caregivers shall be eighteen (18) years



of age or older, have knowledge of the needs of children, and be sensitive to the capabilities, interests, and problems of children in care.

(D) Caregivers shall be of good character and intent and shall be qualified to provide care conducive to the welfare of children.

(E) Caregivers shall be capable of handling emergencies promptly and intelligently.

(F) All caregivers shall cooperate with the department.

(G) The provider shall not be engaged in any other employment while on duty at the family day care home.

(H) The provider shall have available a copy of the *Licensing Rules for Family Day Care Homes in Missouri*. Providers and assistants shall review and be knowledgeable of the rules at the time they begin work, and shall be able to understand and apply the rules which relate to their respective responsibilities.

(I) The child care provider shall ensure that within seven (7) days of employment or volunteering and before being left alone with children that caregivers receive a facility orientation. The child care provider shall ensure that documentation verifying completion of the facility orientation is maintained and on file for review by the department for each caregiver. The facility orientation shall include:

1. A tour of the facility, indoors and outdoors; and
 2. A review of the following:
 - A. Licensing rules;
 - B. The facility's license and its limitations, if any;
 - C. The facility's written child care practices, including procedures for medication administration, child illness, discipline, and guidance policies;
 - D. The daily schedule;
 - E. The assigned duties and responsibilities of staff;
 - F. The names and ages of the children for whom the staff member will be responsible, including any special health, nutritional or developmental needs;
 - G. The location of children's records;
 - H. The facility's safe sleep policy, if applicable;
 - I. The facility's disaster emergency plan and the location of emergency information; and
 - J. The mandated responsibility to report any suspected child abuse or neglect to the Children's Division at the toll-free number 1-800-392-3738 or online at <https://apps.dss.mo.gov/OnlineCanReporting/default.aspx>.
- (J) The provider, assistant(s), volunteers,

or others in the home shall not be under the influence of alcohol or illegal drugs while child care is being provided or in any vehicles used by the program. The child care provider or other child care personnel shall not be in a state of impaired ability due to use of medication while providing child care.

(K) The department shall evaluate any information received that indicates that the subject of the criminal record review poses a threat to the safety or welfare of children. In addition to those individuals automatically disqualified from presence at a child care facility by 19 CSR 30-63.020 General Provisions, the department may also prohibit the presence of any person on the premises of the family day care home during child care hours that has a criminal history that the department determines to be evidence that said person poses a threat to the safety and welfare of children.

(L) The provider shall request the results of a criminal background check for child care staff members as required by 19 CSR 30-63.020 General Requirements.

(M) Child care staff members shall have qualifying background screening results on file as required by 19 CSR 30-63.020 General Requirements.

(N) Child care staff members with disqualifying background screenings results as defined in 19 CSR 30-63.020 General Requirements, shall be prohibited from being present on the premises of the facility during child care hours.

(O) A prospective child care staff member may begin work for a child care provider after the criminal background check has been requested from the department; however, pending completion of the criminal background check, the prospective child care staff member shall be supervised at all times by another child care staff member who received a qualifying result on the criminal background check within the past five (5) years.

(P) Background screening information received by the provider shall be retained in the individual's file in a confidential manner and available for review.

(Q) If an employee reports licensing deficiencies in the home, the child care provider shall not take any action against the employee because of the report that would adversely affect his/her employment or terms or conditions of employment.

(R) The provider shall have documentation on file at the home of current certification in age-appropriate first aid and cardiopulmonary resuscitation (CPR) training. The training shall be certified by a nationally-recognized organization, such as the American Red Cross, American Heart Association, or

an equivalent certification, include an in-person skills assessment, and be approved by the department. At least one (1) caregiver with current certification in age-appropriate first aid and CPR must be on site at all times when children are present. First aid/CPR training may count toward the annual clock hour training requirement.

(2) Licensing Capacities.

(A) If there is one (1) adult provider, the home may be licensed for up to six (6) children including a maximum of three (3) children under age two (2), or for up to ten (10) children including a maximum of two (2) children under age two (2), or both. If only four (4) children are present, all the children may be under the age of two (2).

(B) If the provider has an assistant present, the home may be licensed for up to ten (10) children including a maximum of four (4) children under age two (2) or for up to eight (8) children who may all be under age two (2).

(C) A family day care home may be licensed at maximum capacity for a period of eighteen (18) consecutive hours of the twenty-four- (24-) hour day. For the remaining six (6) hours of the twenty-four- (24-) hour day, care may be provided for one-third (1/3) the licensed capacity of the home.

(3) Assistants.

(A) An approved assistant shall be available. If there is a change of assistants, the provider shall notify the department immediately.

(B) All assistants shall submit to the department the names and addresses of two (2) references not related to them who have knowledge of their character, experience, and ability.

(C) All assistants shall be screened for child abuse/neglect.

(D) An assistant who is employed or volunteers more than five (5) hours per week shall provide a medical examination report according to 19 CSR 30-61.125 Medical Examination Reports.

(E) The names, addresses, and telephone numbers of all assistants shall be posted with other emergency numbers in the home.

(F) Parents shall be notified of any absence of the provider and informed of the name of the assistant on duty.

(4) Child Care Training.

(A) The provider shall obtain at least twelve (12) clock hours of child care-related training during each calendar year. Any assistant working more than five (5) hours per week shall meet the same training requirements. Clock



hour training shall be approved by the department.

(B) A clock hour shall be a minimum of one (1) hour.

(C) Caregivers who were employed less than the full year shall obtain one (1) clock of hour training for each one (1) month of employment, regardless of the date employment began.

(D) The clock hour training shall meet a least one (1) of the eight (8) Content Areas of the *Core Competencies for Early Childhood and Youth Development Professionals (Kansas and Missouri)* (2011) published by Child Care Aware® Of Kansas/OPEN Initiative/Missouri AfterSchool Network/Kansas Enrichment Network. Copies may be obtained by contacting: OPEN Initiative at 573-884-3373 or OPENInitiative@missouri.edu or www.OPENInitiative.org. This rule does not incorporate any later amendments or additions. The eight (8) Content Areas are as follows: I. Child and Youth Growth and Development; II. Learning Environment and Curriculum; III. Observation and Assessment; IV. Families and Communities; V. Health and Safety; VI. Interactions with Children and Youth; VII. Program Planning and Development; and VIII. Professional Development and Leadership.

(E) Training shall be documented with the dates, the individual participant's name, the number of hours of training completed, the title of the training, training approval identification code, and the name of the trainer(s).

1. Caregivers shall obtain a Missouri Professional Development Identification (MOPD ID) number at www.OPENInitiative.org.

2. All clock hour training records shall be recorded in the Missouri Professional Development Registry (MOPD Registry) at www.OPENInitiative.org. A summary of training from the MOPD System will serve as documentation of training hours completed.

3. Child-related college courses from an accredited college or university as identified by the U.S. Department of Education's Office of Post-Secondary Education (<http://ope.ed.gov/accreditation/>) may be counted as clock hour training. Child-related college courses shall meet the following guidelines:

A. College coursework accepted for clock hours must be child related;

B. One (1) college credit is equal to fifteen (15) clock hours;

C. College credit is only applicable to the calendar year in which the course is successfully completed;

D. College coursework does not include clock hour training or Continuing

Education Units (CEUs) taken from a college. Clock hour training provided through colleges, such as a continuing education program or an extension office, must follow the procedures for clock hour training approval; and

E. College coursework shall be documented by a transcript from an accredited college.

(F) Completing a Child Development Associate (CDA) or Youth Development Credential (YDC) shall count for twelve (12) clock hours for the year the credential was awarded.

(G) Caregivers shall not receive clock hours for duplicate training taken within the same calendar year.

(H) Clock hours obtained in excess of the twelve (12) training clock hours for the current year shall not be carried over into the next calendar year.

(I) Clock hours earned to complete the previous year's requirements shall not be applied to the current year's clock hour requirements. Caregivers shall submit the *Clock Hour Training Credit Reassignment* form, promulgated as of July 2018 and incorporated by reference in this rule, as published by the Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102-0570 and available by the department at <https://health.mo.gov/safety/childcare/forms.php>, to the OPEN Initiative to assign clock hours to the appropriate year.

(J) Clock hour training taken prior to beginning employment or becoming licensed at the family child care home may be counted as long as it occurred within that calendar year.

(K) High school coursework shall not be approved for clock hours.

(L) Trainers shall not be awarded clock hours for training sessions which they conducted.

(M) Caregivers shall not be counted in ratio when obtaining clock hour training.

(5) Safe Sleep Training. Every three (3) years the provider and assistant(s) in a family child care home licensed to provide care for infants less than one (1) year of age shall successfully complete department-approved training regarding the American Academy of Pediatrics (AAP) safe sleep recommendations contained in 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.aapublications.org/content/pediatrics/early/2016/10/20/peds.2016-2938.full.pdf>. This rule does not incorporate any subsequent amendments or additions.

(A) The training shall be documented and maintained as described in paragraph (4)(E)2. of this rule.

(B) The provider and assistant(s) in a family child care home licensed after the effective date of this rule shall complete the safe sleep training described in section (5) of this rule prior to licensure.

(C) The provider and any assistant hired or volunteering at the facility after initial licensure shall complete the safe sleep training described in section (5) of this rule within thirty (30) days of employment or volunteering at the facility.

AUTHORITY: sections 210.221 and 210.223, RSMo 2016, and section 210.1080, RSMo Supp. 2018. This rule previously filed as 13 CSR 40-61.090, 13 CSR 40-61.105, and 19 CSR 40-61.105. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-61.105, effective Dec. 9, 1993. Emergency amendment filed Aug. 18, 1993, effective Aug. 28, 1993, expired Dec. 25, 1993. Emergency amendment filed Jan. 4, 1994, effective Jan. 14, 1994, expired May 13, 1994. Amended: Filed Aug. 18, 1993, effective April 9, 1994. Changed to 19 CSR 30-61.105 July 30, 1998. Amended: Filed Feb. 18, 1999, effective Sept. 30, 1999. Amended: Filed Jan. 28, 2011, effective July 30, 2011. Emergency amendment filed Nov. 10, 2015, effective Nov. 20, 2015, expired May 17, 2016. Amended: Filed Nov. 10, 2015, effective April 30, 2016. Emergency amendment filed Feb. 15, 2019, effective Feb. 25, 2019, expired Aug. 23, 2019. Amended: Filed Feb. 15, 2019, effective Aug. 30, 2019.*

**Original authority: 210.221, RSMo 1949, amended 1955, 1987, 1993, 1995, 1999, 2015; 210.223, RSMo 2015; and 210.1080, RSMo 2018.*

19 CSR 30-61.115 Day Care Family and Household

PURPOSE: This rule contains the requirements for family members and others sharing the home with day care children.

(1) Relationships between members of the day care household shall provide a positive environment for children. There shall be agreement among the adult members of the household for sharing their home with the day care children.



(2) The financial resources of the family shall be sufficient to maintain minimum standards of care as set forth by the department.

(3) If an individual(s) requiring extensive care due to illness or handicapping conditions is present in the home during the hours of child care, another adult shall be available in the home on a full-time basis who shall be responsible for caring for the individual(s) requiring extensive care.

(4) The provider shall notify the department of any new household members.

(5) Any household member or any person present at the home during hours in which child care is provided shall not present a threat to the health, safety or welfare of the children.

*AUTHORITY: section 210.221.1(3), RSMo Supp. 1993. * This rule previously filed as 13 CSR 40-61.100, 13 CSR 40-61.115 and 19 CSR 40-61.115. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-61.115, effective Dec. 9, 1993. Emergency amendment filed Aug. 18, 1993, effective Aug. 28, 1993, expired Dec. 25, 1993. Emergency amendment filed Jan. 4, 1994, effective Jan. 14, 1994, expired May 13, 1994. Amended: Filed Aug. 18, 1993, effective April 9, 1994. Changed to 19 CSR 30-61.115 July 30, 1998.*

**Original authority: 210.221.1(3), RSMo 1949, amended 1955, 1987, 1993.*

19 CSR 30-61.125 Medical Examination Reports

PURPOSE: This rule sets forth the requirements for medical examinations for caregivers and children in care.

(1) Day Care Provider and Assistants.

(A) The child care provider shall be in good physical and emotional health with no physical or mental conditions which would interfere with child care responsibilities.

(B) The provider shall have a medical examination report on file at the time of initial licensure.

(C) All assistants shall be in good physical and emotional health with no physical or mental conditions which would interfere with child care responsibilities.

(D) Assistants who are employed or volunteer more than five (5) hours per week shall have a medical examination report on file within thirty (30) days of beginning work in the home.

(E) Medical examination reports shall

include a "Risk Assessment for Tuberculosis" form, included herein, completed and signed by a health care professional, as provided by the Missouri Department of Health and Senior Services (MDHSS). If the person has signs or symptoms of tuberculosis, or risk factors for tuberculosis, then testing for tuberculosis shall occur.

1. If the person has no documented history of ever receiving a tuberculin skin test (TST), and elects to receive a TST, then a two (2)-step TST is required. A history of bacilli Calmette-Guerin vaccination (BCG) shall not exempt a person from receiving a tuberculin test.

2. Persons that have a newly positive tuberculin test(s) shall not be allowed to work until a medical evaluation is performed to determine if the person has active contagious tuberculosis.

3. Persons with active contagious tuberculosis shall be excluded from employment until deemed non-infectious by MDHSS or the local public health agency. The person may return to work once the above criteria have been met, as long as the person adheres to his/her prescribed treatment regimen.

4. All positive tuberculin tests shall be reported to the Missouri Department of Health and Senior Services or local public health agency as required by 19 CSR 20-20.020.

(F) Medical examination reports shall be signed by a licensed physician or registered nurse who is under the supervision of a licensed physician and completed not more than twelve (12) months prior to beginning work in the home. These reports may be transferable to another day care facility for subsequent employment.

(G) The medical examination report form shall be supplied by the department or the provider may use his/her own form if it contains all the information on the department's form.

(H) A child care employee, who is identified as a contact to an active tuberculosis case, shall be evaluated for tuberculosis to determine if the person has active contagious tuberculosis, or be excluded from work.

(I) If at any time the department has reason to question the physical or mental health of a provider or assistant, the department shall require a physical or mental examination of that person.

(J) No individual shall work when ill if the health or well-being of children is endangered.

(2) Children.

(A) The provider shall require, within thirty (30) days following the admission of each

infant, toddler or preschool child, a medical examination report signed by a licensed physician or registered nurse who is under the supervision of licensed physician and completed not more than twelve (12) months prior to admission.

(B) Examination reports shall determine if a child's medical history and current state of health is satisfactory for participation in a day care program.

(C) Medical examination reports shall not apply to any child if the parent(s) files a signed statement of objection based on religious beliefs.

(D) The parent(s) of a school-age child shall provide a report at the time of enrollment indicating the child's health history, any current health problems, and any restrictions necessary for the child's care.

(E) The medical examination report form and the health history report for school-age children shall be supplied by the department or the provider may use his/her own form if it contains all the information on the department's form.



Missouri Department of Health and Senior Services
Bureau of Communicable Disease Control and Prevention
Tuberculosis (TB) Risk Assessment Form

Patient's Name: _____ Date of Birth: _____ Date: _____

A. Please answer the following questions:

Have you ever had a positive Mantoux tuberculin skin test (TST)? Yes No

Have you ever been vaccinated with BCG? Yes No

Have you ever had a positive Interferon Gamma Release Assay (IGRA) test? Yes No

B. TB Risk Assessment - Persons with any of the following are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented.

Have you ever had close contact with anyone who was sick with tuberculosis (TB)? Yes No

Have you ever traveled to/in one or more of the countries listed below? Yes No
(If yes, please CHECK the country/ies)

Were you born in one of the countries listed below and arrived in the U.S. within the past 5 years? (If yes, please CIRCLE the country) Yes No

Afghanistan	Chad	Guinea-Bissau	Mali	Peru	Tanzania-UR
Algeria	China	Guyana	Marshall Islands	Philippines	Thailand
Angola	Colombia	Haiti	Mauritania	Poland	Timor-Leste
Anguilla	Comoros	Honduras	Mauritius	Portugal	Togo
Argentina	Congo	India	Mexico	Qatar	Tokelau
Armenia	Congo DR	Indonesia	Micronesia	Romania	Tonga
Azerbaijan	Cote d'Ivoire	Iran	Moldova-Rep.	Russian Federation	Tunisia
Bahamas	Croatia	Iraq	Mongolia	Rwanda	Turkey
Bahrain	Djibouti	Japan	Montenegro	St. Vincent &	Turkmenistan
Bangladesh	Dominican Republic	Kazakhstan	Morocco	The Grenadines	Tuvalu
Belarus	Ecuador	Kenya	Mozambique	Sao Tome & Principe	Uganda
Belize	Egypt	Kiribati	Myanmar	Saudi Arabia	Ukraine
Benin	El Salvador	Korea-DPR	Namibia	Senegal	Uruguay
Bhutan	Equatorial Guinea	Korea-Republic	Nauru	Seychelles	Uzbekistan
Bolivia	Eritrea	Kuwait	Nepal	Sierra Leone	Vanuatu
Bosnia & Herzegovina	Estonia	Kyrgyzstan	New Caledonia	Singapore	Venezuela
Botswana	Ethiopia	Lao PDR	Nicaragua	Solomon Islands	Viet Nam
Brazil	Fiji	Latvia	Niger	Somalia	Wallis & Futuna Islands
Brunei Darussalam	French Polynesia	Lesotho	Nigeria	South Africa	W. Bank & Gaza Strip
Bulgaria	Gabon	Liberia	Niue	Spain	Yemen
Burkina Faso	Gambia	Lithuania	N. Mariana Islands	Sri Lanka	Zambia
Burundi	Georgia	Macedonia-TFYR	Pakistan	Sudan	Zimbabwe
Cambodia	Ghana	Madagascar	Palau	Suriname	
Cameroon	Guam	Malawi	Panama	Syrian Arab Republic	
Cape Verde	Guatemala	Malaysia	Papua New Guinea	Swaziland	
Central African Rep.	Guinea	Maldives	Paraguay	Tajikistan	

Source: World Health Organization Global Tuberculosis Control, WHO Report 2006, Countries with Tuberculosis incidence rates of > 20 cases per 100,000 population. For future updates, refer to www.who.int/globalatlas/dataQuery/default.asp

Have you ever had an abnormal chest x-ray? Yes No

Do you have HIV or AIDS? Yes No

Are you an organ transplant recipient or donor? Yes No

Are you immunosuppressed (taking an equivalent of > 15 mg/day of prednisone for ≥1 month, or currently taking prescription arthritis medication)? Yes No

Are you a resident, employee, or volunteer in a high-risk congregate setting (e.g., correctional facilities, nursing homes, homeless shelters, hospitals, and other health care facilities)? Yes No

Do you have any medical conditions such as diabetes, silicosis, head, neck, or lung cancer, hematologic or reticuloendothelial disease such as Hodgkin's disease or leukemia, end stage renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndrome, low body weight (i.e., 10% or more below ideal)? Yes No

Do you have you a cough lasting 3 weeks or longer, chest pain, weakness or fatigue, weight loss, chills, fever and/or night sweats? Are you coughing up blood or phlegm? Yes No



Missouri Department of Health and Senior Services
Bureau of Communicable Disease Control and Prevention
Tuberculosis (TB) Risk Assessment Form

Patient please skip to Section D for required signature below.

C. Medical Evaluation (to be completed by Health Care Professional - if required)

Health Care Provider: If the answer to any of the TB Risk Assessment questions is YES, proceed with additional evaluation as needed.

1. Tuberculin Skin Test (TST)

(TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0". The TST interpretation should be based on mm of induration as well as risk factors.)**

Date Given: Result: mm of induration Date Read: **Interpretation: positive negative
Date Given: Result: mm of induration Date Read: **Interpretation: positive negative

**Interpretation Guidelines

>5 mm is positive:

- Recent close contacts of an individual with infectious TB
Persons with fibrotic changes on a prior chest x-ray consistent with past TB disease
Organ transplant recipients
Immunosuppressed persons: taking > 15 mg/d of prednisone for >= 1 month; taking a TNF-alpha antagonist
Persons with HIV/AIDS

>15 mm is positive:

- Persons with no known risk factors for TB disease

> 10 mm is positive:

- Persons born in a high prevalence country or who resided in one for a significant* amount of time
History of illicit drug use
Mycobacteriology laboratory personnel
History of resident, worker or volunteer in high-risk congregate settings
Persons with the following clinical conditions: silicosis, diabetes mellitus, chronic renal failure, leukemias and lymphomas, head, neck or lung cancer, low body weight (>10% below ideal), gastrectomy or intestinal bypass, chronic malabsorption syndromes
Children < 4 years of age
Children and adolescents exposed to adults in high-risk categories

2. Interferon Gamma Release Assay (IGRA)

Date Obtained: (specify method) QFT-G QFT-GIT other
Result: Negative Positive Intermediate
Date Obtained: (specify method) QFT-G QFT-GIT other
Result: Negative Positive Intermediate

3. Chest X-ray: (Required if TST or IGRA is positive)

Date of chest x-ray: Result: normal abnormal

Comments:

4. Sputum Collection: Please collect three (3) consecutive sputum, one early morning and all must be at least eight (8) hours apart with a minimum of 2 milliliters/2ml per tube. Collect in containers provided by the Missouri Department of Health and Senior Services State Public Health Laboratory. (Contact 573-751-3334 to order sputum containers.)

1. Date Obtained: Result: 2. Date Obtained: Result:
2. Date Obtained: Result:

If you have any questions regarding this form, please contact the Bureau of Communicable Disease Control and Prevention at (573) 751-6113.

D. Needed Signatures

Patient Signature (Required)

Date:

I hereby certify that this application contains no misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

Health Care Professional(Required)

Date:



AUTHORITY: section 210.221, RSMo 2000. This rule was previously filed as 13 CSR 40-61.110, 13 CSR 40-61.125, and 19 CSR 40-61.125. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-61.125, effective Dec. 9, 1993. Emergency amendment filed Aug. 18, 1993, effective Aug. 28, 1993, expired Dec. 25, 1993. Emergency amendment filed Jan. 4, 1994, effective Jan. 14, 1994, expired May 13, 1994. Amended: Filed Aug. 18, 1993, effective April 9, 1994. Changed to 19 CSR 30-61.125 July 30, 1998. Amended: Filed April 29, 2011, effective Oct. 30, 2011.*

**Original authority: 210.221, RSMo 1949, amended 1955, 1987, 1993, 1995, 1999.*

19 CSR 30-61.135 Admission Policies and Procedures

PURPOSE: This rule defines admission policies and procedures for children in care.

PUBLISHER'S NOTE: The publication of the full text of the material that the adopting agency has incorporated by reference in this rule would be unduly cumbersome or expensive. Therefore, the full text of that material will be made available to any interested person at both the Office of the Secretary of State and the office of the adopting agency, pursuant to section 536.031.4, RSMo. Such material will be provided at the cost established by state law.

(1) The provider shall establish, implement, and maintain written policies pertaining to the program goals, admission, safe sleep practices for children less than one (1) year of age, care and discharge of children, and shall provide a copy to the parent(s) at the time of enrollment.

(2) The provider's infant safe sleep policy shall comply with section 210.223, RSMo, and shall include, but not be limited to:

(A) The following safe sleep practices:

1. The policy shall list the licensee's expectations regarding how and when caregivers are to be trained on safe sleep;

2. A requirement that children less than one (1) year of age be placed on their backs to sleep;

3. A requirement that the facility shall receive a written statement from the infant's licensed health care provider stating that the infant requires alternative sleep positions or special sleeping arrangements that differ from those set forth in 19 CSR 30-61.175(2)(C) prior to allowing the infant to be placed in a sleep position that is not on his or her back;

and

4. Supervision of infants during nap/sleep times, to include:

A. Positioning of staff;

B. Lighting in the nap room;

C. Physical checks of the child to ensure he or she is not overheated or in distress; and

D. Prohibitions against the use of any equipment such as a sound machine that may interfere with the caregiver's ability to see or hear a child who may be distressed; and

(B) The following requirements for safe sleep environments:

1. The policy shall state that cribs and playpens must have a firm mattress and tight fitting sheets, be free of loose bedding, bumper pads, pillows, and soft toys;

2. Shall require infants' heads be uncovered during nap/sleep times;

3. Shall prohibit covering cribs or playpens with blankets or bedding;

4. Shall prohibit smoking in the child care home during the hours children are in care; and

5. Shall require giving the parent(s) or guardian(s) of each infant in care a copy of the provider's safe sleep policy upon the child's enrollment.

(3) The provider shall have available a copy of the *Licensing Rules for Family Day Care Homes in Missouri* and shall advise the parent(s) at the time of enrollment of his/her child of the availability of the rules for review.

(4) A child who has a special physical, developmental, or behavioral need shall have on file an individualized plan for specialized care from a professionally qualified source.

(5) The provider shall assess his/her ability to provide care for the special needs child while also meeting the needs of the other children.

(6) The provider shall develop and implement a procedure for admitting children which shall include:

(A) A personal interview with the parent(s) and child to exchange information and arrive at a mutual decision about admitting a child;

(B) A plan for continuing communication between the child care provider and the parent(s);

(C) Discussion of the plan for providing for the care of the ill child as required by 19 CSR 30-61.185 Health Care;

(D) Discussion of the parental plan for providing for the care of the child when the provider is ill or for the care of school-age children on scheduled days of school closing;

and

(E) Completion by the parent(s) of the following written information which shall be on file before the child is accepted for care:

1. All information required by 19 CSR 30-61.210 Records and Reports;

2. Information regarding a child's personal development, behavior patterns, habits, and individual needs;

3. Instructions for action to be taken if the parent(s) or physician designated by the parent(s) cannot be reached in an emergency and permission for emergency medical care;

4. Information indicating that the child has completed age-appropriate immunizations, is in the process of completing immunizations, or is exempt from immunization requirements as defined by 19 CSR 30-61.185 Health Care;

5. Permission for field trips, transportation to and from school, and other transportation;

6. Permission for school-age children to leave the home to participate in classes, clubs, or other activities, naming the activity, time of leaving and returning, and the method of transportation to and from the activity (Permission for regular activities such as scouting may be given for the entire school term.); and

7. Acknowledgement by the parent(s) that—

A. They have received a copy of the provider's policies pertaining to the admission, care, and discharge of children;

B. They have been informed that the *Licensing Rules for Family Day Care Homes in Missouri* are available in the home for their review;

C. They and the provider have agreed on a plan for continuing communication regarding the child's development, behavior and individual needs;

D. They understand and agree that the child may not be accepted for care when ill;

E. They have received a copy of the provider's safe sleep policy when enrolling children less than one (1) year of age; and

F. They have been notified that they may request notice at initial enrollment in or attendance at the facility or upon request of whether there are children for whom an immunization exemption has been filed currently enrolled in or attending the facility.

(7) If care is provided for children related to the provider who do not live in the home, the parent(s) shall complete and sign a form which is supplied by the department. The form shall be on file at the home before related children are accepted for care and shall contain the following identifying information:

(A) Each child's name, address, birth date,



and date of admission;

(B) Each child's relationship to the provider; and

(C) The parent's(s)' name(s), address(es), and telephone number(s).

(8) If a provider enrolls children for irregular or intermittent care, all procedures for admitting children shall be followed. Children enrolled on an irregular or intermittent basis shall be accepted only by appointment and shall not cause the home to exceed its licensed capacity.

(9) After attempts have been made to meet a child's individual needs, any child who demonstrates an inability to benefit from the care offered by the child care provider or whose presence is detrimental to other children may be discharged from the home.

(10) Care of a child may be discontinued if the provider and the parent(s) cannot establish a mutually satisfactory working relationship.

(11) Parents shall have access to the home at any time during child care hours.



AUTHORITY: sections 210.221 and 210.223, RSMo Supp. 2015. * This rule previously filed as 13 CSR 40-61.120, 13 CSR 40-61.135, and 19 CSR 40-61.135. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-61.135, effective Dec. 9, 1993. Emergency amendment filed Aug. 18, 1993, effective Aug. 28, 1993, expired Dec. 25, 1993. Emergency amendment filed Jan. 4, 1994, effective Jan. 14, 1994, expired May 13, 1994. Amended: Filed Aug. 18, 1993, effective April 9, 1994. Changed to 19 CSR 30-61.135 July 30, 1998. Emergency amendment filed Nov. 10, 2015, effective Nov. 20, 2015, expired May 17, 2016. Amended: Filed Nov. 10, 2015, effective April 30, 2016.

*Original authority: 210.221.1(3), RSMo 1949, amended 1955, 1987, 1993, 1995, 1999, 2015 and 210.223, RSMo 2015.

19 CSR 30-61.145 Nighttime Care

PURPOSE: This rule sets forth requirements for facilities providing nighttime care for children.

(1) If nighttime care is to be offered on a regular basis, rules shall be met as set forth for nighttime care and the home shall be specifically licensed to include nighttime care.

(2) Family day care homes licensed for nighttime care shall meet the requirements of the following additional rules:

(A) Special effort shall be made by the child care provider to individualize care at children's bedtime and awakening. The parent(s) shall be consulted concerning his/her child's particular behavior patterns at bedtime and awakening;

(B) As parents will be calling for children at various hours during nighttime care, room arrangements shall take into consideration the child's need for undisturbed sleep;

(C) Combs, brushes, toothbrushes or other personal items shall be individually marked with the child's name;

(D) Night-lights shall be located in areas as required by individual children's needs;

(E) Separate sleeping and dressing areas shall be provided for school-age boys and girls; and

(F) During sleeping hours, the provider or assistant(s) shall be in close proximity to sleeping areas in order to respond to children needing attention. Close proximity means that the provider shall be close enough to the children to be able to hear any sounds they might make that would indicate a need for assistance.

AUTHORITY: section 210.221.1(3), RSMo

Supp. 1993. * This rule previously filed as 13 CSR 40-61.130, 13 CSR 40-61.145 and 19 CSR 40-61.145. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-61.145, effective Dec. 9, 1993. Changed to 19 CSR 30-61.145 July 30, 1998.

*Original authority: 210.221.1(3), RSMo 1949, amended 1955, 1987, 1993.

19 CSR 30-61.155 Overlap Care of Children

PURPOSE: This rule defines overlap care and sets forth the requirements of overlap care.

(1) There may be situations (for example, to accommodate parents' work shifts or before- and after-school care) when the number of children in care over two (2) years of age may exceed the licensed capacity of the home. The number in care shall never be more than one-third (1/3) over the licensed capacity of the home at the time of overlap. The overlap period(s) shall not exceed two (2) hours total in any twenty-four (24)-hour child-care day. The two (2) hours of available overlap time may be utilized in smaller time periods.

(2) Overlap care of children under two (2) years of age shall not be permitted.

(3) Overlap care shall not be provided until an overlap request has been submitted, including the hours overlap care will be provided, and written approval has been received from the department. Any changes in the hours of overlap care shall require that a new overlap request form be submitted and approved.

(4) All procedures for admitting children shall be followed if a provider chooses to enroll children for overlap care.

AUTHORITY: section 210.221.1(3), RSMo Supp. 1993. * This rule previously filed as 13 CSR 40-61.140, 13 CSR 40-61.155 and 19 CSR 40-61.155. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-61.155, effective Dec. 9, 1993. Emergency amendment filed Aug. 18, 1993, effective Aug. 28, 1993, expired Dec. 25, 1993. Emergency amendment filed Jan. 4, 1994, effective Jan. 14, 1994, expired May 13, 1994. Amended: Filed Aug. 18, 1993, effective April 9, 1994. Changed to 19 CSR 30-61.155 July 30, 1998.

*Original authority: 210.221.1(3), RSMo 1949, amended 1955, 1987, 1993.



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 DIVISION OF FAMILY SERVICES/CHILD CARE LICENSING UNIT
DAY CARE FACILITY OVERLAP REQUEST

CHECK ONLY ONE: DAY CARE HOME
 GROUP DAY CARE HOME
 DAY CARE CENTER

NOTE: DAY CARE FACILITY COMPLETE ITEMS 1-8 ONLY

1. FACILITY NAME (OWNER(S) NAME(S) IF A DAY CARE HOME)					
2. FACILITY ADDRESS (STREET, CITY, ZIP CODE)					TELEPHONE NUMBER ()
3. LICENSED CAPACITY		4. TOTAL NUMBER OF CHILDREN TO BE CARED FOR DURING OVERLAP			
5. AGE RANGE OF ADDITIONAL CHILDREN WHO WILL BE CARED FOR DURING OVERLAP					
6. HOURS OF OVERLAP					
FROM:	TO:	FROM:	TO:	FROM:	TO:
7. AGREEMENTS					
<p>I have read and agree to abide by all Licensing Rules which relate to overlap care of children. I understand that:</p> <p>Overlap care is limited to one-third (1/3) the licensed capacity of the facility;</p> <p>Overlap care of children under age two (2) is not permitted in a day care home;</p> <p>Overlap care is not permitted until written approval has been received from the Division;</p> <p>Any changes in the hours of overlap care shall require that a new overlap request form be submitted and approved;</p> <p>All procedures for admitting children shall be followed for all children enrolled for overlap care;</p> <p>The overlap period(s) shall not exceed two (2) hours total daily; and</p> <p>Staff/child ratios must be maintained during overlap periods.</p>					
8. SIGNATURE OF OWNER, BOARD PRESIDENT OR CHAIRPERSON OR DIRECTOR					DATE
DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY					
9. Request for overlap					
<input type="checkbox"/> a. Fire/Safety approval on file <input type="checkbox"/> b. Approved as requested Maximum number of children to be in care during overlap: _____ Infant/Toddler (GDCH/centers only) _____ Preschool/School-age <input type="checkbox"/> c. Denied Reason for Denial _____ _____ _____					
10. Comments/Restrictions, if any					
_____ _____ _____					
FOR PENDING APPLICANTS: Approval for overlap care shall not be effective until a license to operate is received.					
11. LICENSING REPRESENTATIVE		DATE	LICENSING SUPERVISOR		DATE



19 CSR 30-61.165 Emergency School Closings

PURPOSE: This rule allows one-third additional attendance of school-age children on unscheduled days of school closing.

(1) On days when schools are closed due to emergencies such as inclement weather or physical plant failure, the home may accommodate enrolled school-age children who need care. The provider shall be permitted to exceed for the day the licensed capacity of the home by one-third (1/3). The one-third (1/3) excess attendance shall not be in addition to the one-third (1/3) excess attendance allowed for overlap care. At no time may the total number in care be more than one-third (1/3) over the licensed capacity of the home.

(2) The provider shall maintain a written record including the date of the emergency school closing, the reason for the closing and the number of children in care on that date.

(3) Emergency school closing overlap shall not be permitted for scheduled days of school closing.

AUTHORITY: section 210.221.1(3), RSMo Supp. 1993. This rule previously filed as 13 CSR 40-61.150, 13 CSR 40-61.165 and 19 CSR 40-61.165. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-61.165, effective Dec. 9, 1993. Changed to 19 CSR 30-61.165 July 30, 1998.*

**Original authority: 210.221.1(3), RSMo 1949, amended 1955, 1987, 1993.*

19 CSR 30-61.175 Child Care Program

PURPOSE: This rule sets forth the requirements for the care of children, including supervision, emergency drills, discipline, diapering and toileting, and daily activities.

(1) Care of the Child.

(A) General Requirements.

1. Child care providers shall not leave any child without competent adult supervision.

2. The provider or an assistant personally shall admit each child upon arrival and personally shall dismiss each child upon departure. Children shall be dismissed only to the parent(s), guardian, legal custodian, or to the individual(s) approved by the parent(s), guardian, or legal custodian.

3. Caregivers shall provide frequent, direct contact so children are not routinely left unobserved on the premises.

4. Children under three (3) shall be

supervised and assisted while in the bathroom.

5. Caregivers shall check on the children frequently during napping or sleeping and shall remain in close enough proximity to the children to be able to hear them if they have difficulty during napping or when they awaken. Home monitors or commercial devices marketed to reduce the risk of Sudden Infant Death Syndrome (SIDS) shall not be used in place of supervision while children are napping or sleeping.

6. If children are napped with no caregiver in the room, the door to the room cannot be closed.

7. All children shall nap on the same floor and a caregiver shall remain on the floor where children are napping at all times.

8. Preschool children who do not sleep shall rest on sleeping equipment at least thirty (30) minutes, but shall not be forced to remain on the sleeping equipment longer than one (1) hour. They shall then be permitted to leave the napping area to engage in quiet play.

9. The provider shall ensure that special attention is given on an individual basis to new children having problems adjusting, distressed children, etc. Children shall be encouraged, but not forced, to participate in group activities.

10. Children shall not be subjected to child abuse/neglect as defined by section 210.110, RSMo.

(B) Fire and Tornado Drills.

1. Fire, tornado, and other disaster drills shall meet the requirements of 19 CSR 30-61.086 Fire Safety.

(C) Discipline.

1. The provider shall establish simple, understandable rules for children's behavior and shall explain them to the children.

2. Expectations for a child's behavior shall be appropriate for the developmental level of that child.

3. Only constructive, age-appropriate methods of discipline shall be used to help children develop self-control and assume responsibility for their own actions.

4. Praise and encouragement of good behavior shall be used instead of focusing only upon unacceptable behavior.

5. Brief, supervised separation from the group may be used based on a guideline of one (1) minute of separation for each year of the child's age.

6. Firm, positive statements or redirection of behavior shall be used with infants and toddlers.

7. Physical punishment including, but not limited to, spanking, slapping, shaking, biting, or pulling hair shall be prohibited.

8. No discipline technique which is

humiliating, threatening, or frightening to children shall be used. Children shall not be shamed, ridiculed, or spoken to harshly, abusively, or with profanity.

9. Punishment or threat of punishment shall not be associated with food, rest, or toilet training.

10. Children shall not be placed in a closet, a locked or unlit room, or any other place which is frightening.

11. Children shall not be permitted to intimidate or harm others, harm themselves, or destroy property.

(D) Care of Infants and Toddlers.

1. Infants and toddlers shall have constant care and supervision.

2. The provider shall be alert to various needs of the child such as thirst, hunger, diaper change, fear of or aggression by other children, and the need for attention.

(E) Diapering and Toilet Training.

1. A safe diapering table or other approved area with a waterproof, washable surface shall be used for changing diapers. The table or area shall be cleaned thoroughly with a disinfectant after each use.

2. Diapering supplies and warm, running water shall be adjacent to the diapering area.

3. Disposable tissues or wipes shall be used to cleanse the child at each time of diapering. Any diapering creams, powders, or other products applied at the time of diapering shall be provided by the parent(s) and labeled with the child's name.

4. The child shall not be left unattended at any time while on the diapering table or approved diapering area.

5. Diapers and wet clothing shall be changed promptly.

6. Wet or soiled diapers shall be placed in an airtight disposal container. If cloth diapers are provided by the parent(s), individual airtight plastic bags shall be used to store each soiled diaper for return each day to the parent(s).

7. Caregivers changing diapers shall wash their hands with soap and water each time after changing a child's diaper.

8. The diapering area and handwashing area shall be separate from any food service area and any food-related materials.

9. No effort shall be made to toilet train a child until the parent(s) and provider agree on when to begin.

10. The routine for toilet training shall be discussed with the parent(s) so the same method will be used at the family day care home and the child's home.

11. Children shall not be punished, berated, or shamed in any way for soiling his/her clothes. The parent(s) shall provide



extra clothing for his/her child in case the child accidentally soils him/herself.

(2) Daily Activities for Children.

(A) A daily schedule shall be established in written form which shall include activities for all ages of children in care.

(B) Daily activities for preschool and school-age children shall include:

1. Developmentally appropriate play experiences and activities planned to meet the interests, needs, and desires of the children;

2. Individual attention and conversation with adults;

3. Indoor and outdoor play periods which provide a balance of quiet and active play, and individual and group activities. Activities shall provide some free choice experiences;

4. A total of at least one (1) hour of outdoor play for children in attendance a full day unless prevented by weather or special medical reasons (Based on wind chill factor or heat index, children shall not be exposed to either extreme element.);

5. Toilet and handwashing times;

6. Regular snack and meal times;

7. A supervised nap or rest period for preschool children after the noon meal;

8. A quiet time for school-age children after the noon meal with a cot or bed available for those who wish to nap or rest; and

9. A study time for school-age children who choose to do homework, with a separate, quiet work space.

(C) Daily activities for infants and toddlers shall include:

1. Developmental and exploratory play experiences and free choices of play appropriate to the interests, needs, and desires of infants and toddlers;

2. Regular snack and meal times according to each infant's individual feeding schedule, as stated by the parent(s);

3. Supervised "tummy time" for children under one (1) year of age to promote healthy development;

4. A supervised nap period that meets the child's individual needs shall meet the following requirements:

A. A child under twelve (12) months of age shall be placed on his/her back to sleep;

B. An infant's head and face shall remain uncovered during sleep;

C. Infants unable to roll from their stomachs to their backs and from their backs to their stomachs shall be placed on their backs when found face down. When infants can easily turn from their stomachs to their backs and from their backs to their stomachs, they shall be initially placed on their backs,

but shall be allowed to adopt whatever positions they prefer for sleep;

D. An infant shall not be overdressed when sleeping, to avoid overheating. Infants should be dressed appropriately for the environment, with no more than one (1) layer more than an adult would wear to be comfortable in that environment;

E. When, in the opinion of the infant's licensed health care provider, an infant requires alternative sleep positions or special sleeping arrangements that differ from those set forth in this rule, the provider shall have on file at the facility written instructions, signed by the infant's licensed health care provider, detailing the alternative sleep positions or special sleeping arrangements for such infant. The provider and the assistant(s) shall put the infant to sleep in accordance with such written instructions;

F. Pacifiers, if used, shall not be hung around the infant's neck. Pacifier mechanisms or pacifiers that attach to infant clothing shall not be used with sleeping infants;

G. After awakening, an infant may remain in the crib as long as s/he is content, but never for periods longer than thirty (30) minutes; and

H. Toddlers shall be taken out of bed for other activities when they awaken;

5. Individual attention and play with adults, including holding, cuddling, talking, and singing;

6. Opportunities for sensory stimulation which includes visual stimulation through pictures, books, toys, nonverbal communication, games, and the like; auditory stimulation through verbal communication, music, toys, games, and the like; and tactile stimulation through surfaces, fabrics, toys, games, and the like;

7. Encouragement in the development of motor skills by providing opportunities for supervised "tummy time," reaching, grasping, pulling up, creeping, crawling, and walking; and

8. Opportunity for outdoor play when weather permits.

AUTHORITY: sections 210.221 and 210.223, RSMo Supp. 2015. This rule previously filed as 13 CSR 40-61.160, 13 CSR 40-61.175, and 19 CSR 40-61.175. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-61.175, effective Dec. 9, 1993. Changed to 19 CSR 30-61.175 July 30, 1998. Amended: Filed Feb. 18, 1999, effective Sept. 30, 1999. Amended: Filed Jan. 28, 2011, effective July 30, 2011. Emergency amendment filed Nov. 10, 2015, effective Nov. 20, 2015, expired May 17, 2016. Amended: Filed Nov. 10, 2015, effective April 30, 2016.*

**Original authority: 210.221, RSMo 1949, amended 1955, 1987, 1993, 1995, 1999, 2015 and 210.223, RSMo 2015.*

19 CSR 30-61.185 Health Care

PURPOSE: This rule outlines the requirements for reporting communicable diseases, caring for a child when ill, medication, emergency care and handwashing.

(1) General Requirements. The provider shall report to the local health department if any child in the facility is suspected of having a reportable disease as defined by section 210.003, RSMo. In the event of an outbreak of communicable disease in the facility, caregivers shall implement control measures recommended by a local or state health authority as required by the department.

(2) The Ill Child.

(A) Each child shall be observed for contagious diseases and for other signs of illness on arrival and throughout the day.

(B) Each child's parent(s) shall be notified immediately when any contagious disease occurs in the home.

(C) Unusual behavior shall be monitored closely and parents shall be contacted if the behavior continues or if other symptoms develop. These behaviors include, but shall not be limited to:

1. Is cranky or less active than usual;

2. Cries more than usual;

3. Feels general discomfort or seems unwell; or

4. Has loss of appetite.

(D) The parent(s) or his/her designee shall be contacted when signs of illness are observed. Unless determined otherwise by the parent(s) or provider, a child with no more than one (1) of the following symptoms may remain in care:

1. A child with a temperature of up to one hundred degrees Fahrenheit (100°F) by mouth or ninety-nine degrees Fahrenheit (99°F) under the arm;

2. After an illness has been evaluated by a physician, medication has been prescribed and any period of contagion has passed as determined by a licensed physician;

3. When it has been determined that a child has a common cold unless the provider and the parent(s) agree that isolation precautions should be taken;

4. When a child has vomited once with no further vomiting episodes, other symptoms, or both; or

5. When a child has experienced loose stools only one (1) time with no further problems or symptoms.



(E) If children exhibit any of the following symptoms, they must be sent home:

1. Diarrhea—more than one (1) abnormally loose stool. If a child has one (1) loose stool, s/he shall be observed for additional loose stools or other symptoms;
2. Severe coughing—if the child gets red or blue in the face or makes high-pitched croupy or whooping sounds after coughing;
3. Difficult or rapid breathing (especially important in infants under six (6) months);
4. Yellowish skin or eyes;
5. Pinkeye—tears, redness of eyelid lining, irritation, followed by swelling or discharge of pus;
6. Unusual spots or rashes;
7. Sore throat or trouble swallowing;
8. An infected skin patch(es)—crusty, bright yellow, dry or gummy areas of the skin;
9. Unusually dark, tea-colored urine;
10. Grey or white stool;
11. Fever over one hundred degrees Fahrenheit (100°F) by mouth or ninety-nine degrees Fahrenheit (99°F) under the arm;
12. Headache and stiff neck;
13. Vomiting more than once; and
14. Severe itching of the body or scalp, or scratching of the scalp. These may be symptoms of lice or scabies.

(F) Parental contact and the decision made shall be recorded and filed in the child's record.

(G) The ill child shall be kept isolated from the other children until the parent(s) arrives.

(H) The caregiver shall be in close proximity to the child until the parent(s) arrives. Close proximity means that a caregiver is close enough to hear any sounds a child might make that would indicate a need for assistance.

(3) Medication.

(A) The provider is not required to administer medication but may choose to do so.

(B) All medication shall be given to a child only with the dated, written permission of the parent(s) stating the length of time the medication may be given.

(C) Prescription medication shall be in the original container and labeled with the child's name, instructions for administration, including the times and amounts for dosages and the physician's name. This may include sample medication provided by a physician.

(D) All nonprescription medication shall be in the original container and labeled by the parent(s) with the child's name and instructions for administration, including the times and amounts for dosages.

(E) All medication shall be stored out of reach of children or in a locked container.

(F) Medication shall be returned to storage immediately after use.

(G) Medication needing refrigeration shall be kept in the refrigerator in a container separate from food.

(H) Medication shall be returned to the parent(s) or disposed of immediately when no longer needed.

(I) The date and time(s) of administration, the name of the individual giving the medication and the quantity of any medication given shall be recorded promptly after administration. This information shall be filed in the child's record after the medication is no longer necessary.

(4) Immunizations.

(A) No child shall be permitted to enroll in or attend any day care facility caring for ten (10) or more children unless the child has been adequately immunized against vaccine-preventable childhood illnesses specified by the department in accordance with recommendations of the Immunization Practices Advisory Committee (ACIP). The parent or guardian of the child shall provide satisfactory evidence of the required immunizations. Satisfactory evidence means a statement, certificate or record from a physician or other recognized health facility or personnel, stating that the required immunizations have been given to the child and verifying the type of vaccine and the month, day and year of administration.

(B) A child who has not completed all immunizations appropriate for his/her age may enroll, if—

1. Satisfactory evidence is produced that the child has begun the process of immunization. The child may continue to attend as long as the immunization process is being accomplished according to the ACIP/Missouri Department of Health recommended schedule; or

2. The parent(s) or guardian has signed and placed on file with the day care administrator a statement of exemption which may be either of the following:

A. A medical exemption by which the child shall be exempted from immunization requirements upon certification by a licensed physician that the immunization would seriously endanger the child's health or life; or

B. A parent or guardian exemption by which a child shall be exempted from immunization requirements if one (1) parent or guardian files a written objection to immunization with the day care administrator. Exemptions shall be accepted by the day care administrator when the necessary information as determined by the department is filed with the day care administrator by the parent or

guardian. Exemption forms shall be provided by the department.

(C) In the event of an outbreak or suspected outbreak of a vaccine-preventable disease in the facility, the administrator of the facility shall follow the control measures instituted by the local health authority or the department, or both, the local health authority and the department.

(D) The administrator of each day care facility shall prepare a record of immunization of each child enrolled in or attending the facility. An annual summary report shall be made by January 15 showing the immunization status of each child enrolled, using forms provided by the department. The immunization records shall be available for review by department personnel upon request.

(5) Accidents, Injuries and Emergency Medical Care.

(A) In case of accident or injury to a child, the provider shall notify the parent's immediately. If the child requires emergency medical care, the provider shall follow the parent's written instructions.

(B) Information regarding the date and circumstance of any accident or injury shall be noted in the child's record.

(C) When planning for activities away from the home, the provider shall establish a procedure for handling emergencies.

(6) Handwashing.

(A) Caregivers shall wash their hands with soap and running water after toileting or assisting a child with toileting, after diapering a child, before food preparation or serving of food and at other times as needed.

(B) Caregivers shall teach children to wash their hands before eating and after toileting.

AUTHORITY: section 210.221.1(3), RSMo Supp. 1993. This rule previously filed as 13 CSR 40-61.185 and 19 CSR 40-61.185. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-61.185, effective Dec. 9, 1993. Emergency amendment filed Aug. 18, 1993, effective Aug. 28, 1993, expired Dec. 25, 1993. Emergency amendment filed Jan. 4, 1994, effective Jan. 14, 1994, expired May 13, 1994. Amended: Filed Aug. 18, 1993, effective April 9, 1994. Changed to 19 CSR 30-61.185 July 30, 1998.*

**Original authority: 210.221.1(3), RSMo 1949, amended 1955, 1987, 1993.*



MISSOURI DEPARTMENT OF HEALTH
BUREAU OF IMMUNIZATION
PARENT/GUARDIAN IMMUNIZATION EXEMPTION FORM

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (Section 167.181 and Section 210.003, RSMo Cum. Supp. 1990) FOR SCHOOL, PRESCHOOL, DAY CARE AND NURSERY SCHOOL ATTENDANCE

THIS IS TO CERTIFY THAT I, THE PARENT/GUARDIAN OF
NAME OF CHILD (PRINT OR TYPE)

DO OBJECT TO MY CHILD RECEIVING THE FOLLOWING CHECKED IMMUNIZATION(S):
 DTP/Td POLIO MEASLES MUMPS RUBELLA HbCV (Hib)

1. Unimmunized children have a greater risk of getting these vaccine-preventable diseases which can lead to serious complications.
 2. Unimmunized children are subject to exclusion from child care and school when outbreaks of vaccine-preventable diseases occur.

PARENT/GUARDIAN NAME (PRINT OR TYPE) PARENT/GUARDIAN SIGNATURE DATE

MO 580-0959 (3-91)

Imm. P. 11 (R1-91)



MISSOURI DEPARTMENT OF HEALTH
BUREAU OF IMMUNIZATION
MEDICAL IMMUNIZATION EXEMPTION FORM

FOR DOCTORS OF MEDICINE OR
DOCTORS OF OSTEOPATHY ONLY

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (Section 167.181 and Section 210.003, RSMo Cum. Supp. 1990) FOR SCHOOL, PRESCHOOL, DAY CARE AND NURSERY SCHOOL ATTENDANCE

THIS IS TO CERTIFY THAT
NAME OF PATIENT (PRINT OR TYPE)

SHOULD BE EXEMPTED FROM RECEIVING THE FOLLOWING CHECKED IMMUNIZATION(S) BECAUSE:
 The child has documented laboratory evidence of immunity to the disease. (Attach the lab slip to this form)
 In my medical judgment, the immunization(s) checked would endanger the child's health or life.
 DTP/Td POLIO MEASLES MUMPS RUBELLA HbCV (Hib)

1. Unimmunized children have a greater risk of getting these vaccine-preventable diseases which can lead to serious complications.
 2. Unimmunized children are subject to exclusion from child care facilities and school when outbreaks of vaccine-preventable diseases occur.

PHYSICIAN NAME (PRINT OR TYPE) PHYSICIAN REGISTRATION NO.
 SIGNATURE OF PHYSICIAN DATE

MO 580-0807 (4-91)

Imm. P. 12 (R4-91)



MISSOURI DEPARTMENT OF HEALTH
BUREAU OF IMMUNIZATION
IMMUNIZATIONS IN PROGRESS FORM

FOR PHYSICIANS AND
PUBLIC HEALTH NURSES ONLY

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (Section 167.181 and Section 210.003, RSMo Cum. Supp. 1990) FOR SCHOOL, PRESCHOOL, DAY CARE AND NURSERY SCHOOL ATTENDANCE

THIS IS TO CERTIFY THAT NAME OF CHILD (PRINT OR TYPE)

received the following immunization(s) on _____ (MONTH/DAY/YEAR) as reported by State Immunization Laws
 DTP Td POLIO HbCV (Hib) Other _____
 MMR MR MEASLES MUMPS RUBELLA

and is scheduled to begin on _____ (MONTH/DAY/YEAR) for the following immunization(s) _____

NOTE: This child is in compliance with this rule immunization Laws as long as he/she continues to receive the appropriate immunization(s) at the correct intervals according to the Missouri Department of Health Immunization Schedule.

PHYSICIAN NAME (PRINT OR TYPE) PHYSICIAN SIGNATURE
 PUBLIC HEALTH NURSE NAME DATE CITY OR COUNTY OF ASSIGNMENT

MO 580-0828 (7-91)

Imm. P. 14 (R7-91)



1994 DAY CARE IMMUNIZATION STATUS REPORT

MISSOURI DEPARTMENT OF HEALTH
BUREAU OF IMMUNIZATION

OFFICE USE ONLY
P-S-D R-F-D COMP AUOT

As mandated by Missouri State Law, Section 210.003 RSMo (Cum. Supp. 1993), each administrator of a public, private, parochial day care center, preschool or nursery school caring for ten (10) or more children shall have a record prepared showing the immunization status of every child enrolled in or attending a facility under his jurisdiction. The child care administrator shall make this report annually to the Department of Health, no later than January 15.

Immunization information is required in eight categories: diphtheria, tetanus, pertussis, polio, *Haemophilus influenzae* b (Hib), measles, mumps and rubella. This report must be sent to the Missouri Department of Health, Bureau of Immunization, P.O. Box 570, Jefferson City, MO 65102, (314) 751-6133 by January 15.

I NAME OF FACILITY _____ COUNTY _____
 ADDRESS (STREET, CITY, STATE, ZIP CODE) _____
 ADMINISTRATOR/OWNER _____ FACILITY TELEPHONE NUMBER _____

II NUMBER OF CHILDREN ENROLLED:
 PRESCHOOL CHILDREN _____ SCHOOL CHILDREN _____ TOTAL _____

III IMMUNIZATION REQUIREMENTS FOR CHILDREN ENROLLED IN CHILD CARE FACILITIES

AGE DOSES
 3 thru 4 months 1 DTP, 1 OPV, 1 Hib
 5 thru 6 months 2 DTP, 2 OPV, 1 or more Hib*
 7 thru 15 months 3 DTP, 2 OPV, 1 or more Hib*
 16 thru 59 months 4 DTP, 3 OPV, 1 MMR, 1 or more Hib*
 *last dose administered on or after 15 months of age
 5 years to kindergarten entry 4 DTP, 3 OPV, 1 MMR

*Refer to Missouri Department of Health Immunization Schedule for additional information concerning the appropriate number of Hib (PcSV) doses needed.

Age Groups of Preschool Children Enrolled	DTP			OPV			Hib			MMR			Series Complete 4 DTP, 3 OPV, 1 MMR, 1+ Hib	
	In Compliance Immunized	# Adequately Immunized	# Exempt	In Compliance	# Adequately Immunized	# Exempt	In Compliance	# Adequately Immunized	# Exempt	In Compliance	# Adequately Immunized	# Exempt		# Not in Compliance
0 thru 2 months														
3 thru 4 months														
5 thru 6 months														
7 thru 15 months														
16 thru 59 months														
5 years to kindergarten entry														
VI TOTAL PRESCHOOL														
VII kindergarten & older														
VIII PREPARED BY	TITLE													
DATE	DATE													

MO 560-1338 (11-87) 10/1 P. 32



MISSOURI STATUTE REQUIRING IMMUNIZATION OF CHILDREN IN DAY CARE

210.003. Immunizations of children required, when, exceptions--duties of administrator, report.

1. No child shall be permitted to enroll in or attend any public, private or parochial day care center, preschool or nursery school caring for ten or more children unless such child has been adequately immunized against vaccine-preventable childhood illnesses specified by the department of health in accordance with recommendations of the Immunization Practices Advisory Committee (ACIP). The parent or guardian of such child shall provide satisfactory evidence of the required immunizations.

2. A child who has not completed all immunizations appropriate for his age may enroll if:

1) Satisfactory evidence is produced that such child has begun the process of immunization. The child may continue to attend as long as the immunization process is being accomplished according to the ACIP/Missouri department of health recommended schedule; or

2) The parent or guardian has signed and placed on file with the day care administrator a statement of exemption which may be either of the following:

(a) A medical exemption, by which a child shall be exempted from the requirements of this section upon certification by a licensed physician that such immunization would seriously endanger the child's health or life; or

(b) A parent or guardian exemption, by which a child shall be exempted from the requirements of this section if one parent or guardian files a written objection to immunization with the day

care administrator. Exemptions shall be accepted by the day care administrator when the necessary information as determined by the department of health is filed with the day care administrator by the parent or guardian. Exemption forms shall be provided by the department of health.

3. In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, the administrator of the facility shall follow the control measures instituted by the local health authority or the department of health or both the local health authority and the department of health, as established in Rule 19 CSR 20-20.040, "Measures for the Control of Communicable Diseases."

4. The administrator of each public, private or parochial day care center, preschool or nursery school shall cause to be prepared a record of immunization of every child enrolled in or attending a facility under his jurisdiction. An annual summary report shall be made by January fifteenth showing the immunization status of each child enrolled, using forms provided for this purpose by the department of health. The immunization records shall be available for review by department of health personnel upon request.

5. For purposes of this section, satisfactory evidence of immunization means a statement, certificate or record from a physician or other recognized health facility or personnel, stating that the required immunizations have been given to the child and verifying the type of vaccine and the month, day and year of administration.

6. Nothing in this section shall preclude any political subdivision from adopting more stringent rules regarding the immunization of preschool children.

Effective September 1, 1988

RSMo (Supp. 1988)

MISSOURI DEPARTMENT OF HEALTH
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
Services provided on a non-discriminatory basis



19 CSR 30-61.190 Nutrition and Food Service

PURPOSE: This rule provides the requirements for nutritious meals, snacks and methods of food service.

(1) General Requirements.

(A) The provider shall supply and serve nourishing food according to the Meal and Snack Food Chart provided in this rule.

(B) The required meal schedule shall include breakfast or a midmorning snack, lunch and a midafternoon snack for children in care during daytime hours, with a maximum time of four (4) hours between any meal or snack. School-age children shall be served a snack after school.

(C) Children in care during evening hours shall be served a snack. Upon parental request, children in care during evening hours shall be served supper and children spending the night shall be served breakfast.

(D) Snacks of fruit juice, raw fruit or vegetable, milk, crackers, cheese, peanut butter or similar nutritious food shall be served.

(E) One (1) serving of fluid milk shall be served with each meal.

(F) If the home is licensed exclusively for school-age care, the child may be permitted to bring sack meals. The provider shall supply one (1) serving of fluid milk with each sack meal and shall supply nutritious snacks.

(G) The acceptable food components and serving sizes for meals and snacks are outlined in the following chart for each age group. Menus and amounts served shall be based on this chart.



Meal and Snack Food Chart

	<u>Food Components</u>	<u>Age 1 and 2</u>	<u>Age 3 through 5</u>	<u>Age 6 through 12</u>
BREAKFAST				
Requirement—	Fluid Milk***	1/2 cup	3/4 cup	1 cup
	Juice**or Fruit or Vegetable	1/4 cup	1/2 cup	1/2 cup
1 serving from each of the 3 food component	Bread or Bread Alternate*	1/2 slice*	1/2 slice*	1 slice*
SNACK				
Requirement—	Fluid Milk***	1/2 cup	1/2 cup	1 cup
2 servings selected from 2 of the 4 food components	Juice**or Fruit or Vegetable	1/2 cup	1/2 cup	3/4 cup
	Meat or Meat Alternate	1/2 ounce	1/2 ounce	1 ounce
1 serving from the bread component	Bread or Bread Alternate*	1/2 slice*	1/2 slice*	1 slice*
LUNCH/SUPPER				
Requirement—	Fluid Milk***	1/2 cup	3/4 cup	1 cup
1 serving of milk component				
	MEAT/MEAT ALTERNATE			
	Meat, Poultry, or Fish or	1 ounce	1 1/2 ounces	2 ounces
1 serving from the meat/meat alternate component	Cheese or Egg or	1 ounce 1	1 1/2 ounces 1	2 ounces 1
	Cooked Dry Beans and Peas or	1/4 cup	3/8 cup	1/2 cup
	Peanut Butter spoons	2 table- spoons	3 table- spoons	4 table- spoons
	FRUIT/VEGETABLE			
2 servings from the fruit/vegetable component:	1 Vegetable and 1 Fruit or 2 Different Vegeta- bles or 2 Different Fruits	1/4 cup total	1/2 cup total	3/4 cup total
1 serving Bread or Bread from the bread component.	1/2 slice* Alternate*	1/2 slice*	1 slice*	

* Or an equivalent serving of an acceptable bread alternate such as cornbread, biscuits, rolls, muffins, cereal, rice, pasta, and the like.

** All fruit juices shall be one hundred percent (100%) fruit juice.

*** See subsection (1)(H) for acceptable milk supply.



(H) The water and milk supply shall be approved by local and state health authorities, or both. Powdered milk shall not be used except for cooking purposes. Milk substitutes shall not be used for drinking or cooking.

(I) State or local rules, or both, governing food service sanitation shall be maintained in the storage, preparation and service of foods.

(J) Mealtime atmosphere shall be enjoyable and relaxed. No child shall be forced to eat, but shall be encouraged to set his/her own pace according to personal preferences.

(K) Menus shall be available to parents upon request.

(L) Drinking water shall be conveniently located near playrooms so children may be free to drink as they wish. Water fountains or individual cups shall be used.

(2) Nutrition and Food Service for Infants Up to Twelve (12) Months of Age.

(A) The provider shall serve nourishing foods appropriate for the infant's individual nutritional requirements and developmental stages as specified by his/her parent(s).

(B) If preferred, formulas and special baby foods may be provided by the parent(s) with individual identification on each container.

(C) Until infants can hold a bottle comfortably, they shall be held by a caregiver during bottle feeding. Bottles shall not be propped.

(D) When an infant/toddler shows evidence of wanting to feed him/herself, the child shall be encouraged and permitted to do so.

AUTHORITY: section 210.221.1(3), RSMo Supp. 1993. This rule was previously filed as 13 CSR 40-61.170, 13 CSR 40-61.190 and 19 CSR 40-61.190. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-61.190, effective Dec. 9, 1993. Changed to 19 CSR 30-61.190 July 30, 1998.*

**Original authority: 210.221.1(3), RSMo 1949, amended 1955, 1987, 1993.*

19 CSR 30-61.200 Transportation and Field Trips

PURPOSE: This rule sets forth the requirements of a day care provider when transporting children and on field trips.

(1) General Requirements.

(A) The provider shall be responsible for the care, safety and supervision of children on field trips or at any time they transport children away from the family day care home.

(B) Written parental consent shall be on file at the home for field trips and transportation.

(C) Parents shall be informed when field trips are planned.

(D) Short, unscheduled walks may be taken without parental notification. These unscheduled outings shall be discussed with the parent(s) at the time of enrollment.

(2) Vehicle and Vehicle Operator.

(A) The driver of any vehicle used to transport children shall be no less than eighteen (18) years of age and shall have a valid driver's license as required by Missouri law.

(B) All vehicles used to transport children shall be licensed in accordance with Missouri law.

(C) Children shall not be transported in campers, trailers or in the back of trucks.

(3) Safety and Supervision.

(A) All children shall be seated in a permanent seat and restrained by seat belts or child restraint devices as required by Missouri law.

(B) Identifying information regarding the name of the provider, the names of the children and the names, addresses and telephone numbers of each child's parent(s) shall be carried in the vehicle.

(C) Staff/child ratios shall be maintained at any time the provider transports children away from the home.

(D) Children shall be required to remain seated while the vehicle is in motion.

(E) Doors shall be locked when the vehicle is moving.

(F) Order shall be maintained in the vehicle at all times.

(G) Children shall not be left unattended in a vehicle at any time.

(H) Children shall enter and leave the vehicle from the curbside unless the vehicle is in a protected area or driveway.

(I) Children shall be assisted, when necessary, while entering or leaving the vehicle.

(J) Children shall be released only to the parent(s) or individual(s) authorized by the parent(s).

(K) The operator of the vehicle shall wait until the child is in the custody of the parent(s) or individual(s) authorized by the parent(s) to receive the child.

(L) Head counts shall be taken before leaving the home, after entering the vehicle, during a field trip, after taking the children to bathrooms, after returning to the vehicle and when back at the home.

(M) When children leave the vehicle, the vehicle shall be inspected to ensure that no children are left on or under seats.

AUTHORITY: section 210.221.1(3), RSMo Supp. 1993. This rule was previously filed as 13 CSR 40-61.200 and 19 CSR 40-61.200. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-61.200, effective Dec. 9, 1993. Changed to 19 CSR 30-61.200 July 30, 1998.*

**Original authority: 210.221.1(3), RSMo 1949, amended 1955, 1987, 1993.*

19 CSR 30-61.210 Records and Reports

PURPOSE: This rule lists records and reports which must be on file at the facility.

(1) The child care provider shall maintain accurate records to meet administrative requirements and to ensure knowledge of the individual needs of children and their families.

(2) An individual file shall be kept to identify each child and to enable the provider to communicate with the parent(s), guardian, or legal custodian of the child in an emergency. Records shall include:

(A) The child's full name, address, birthdate, and the date care begins and ends;

(B) Full name of the parent(s), guardian or legal custodian, home address, employers' name and address, work schedule, and home and work telephone numbers;

(C) Name, address, and telephone number of another individual (friend or relative) who might be reached in an emergency when the parent(s), guardian, or legal custodian cannot be reached;

(D) Name and phone number of the family physician, or hospital, or both, to be used in an emergency;

(E) Name of the individual(s) authorized to take the child from the home; and

(F) Field trip and transportation authorization.

(3) Health information shall be retained in each child's individual file and shall include:

(A) A medical examination report for each infant, toddler, or preschool child or a health report for each school-age child as required by 19 CSR 30-61.125 Medical Examination Reports;

(B) Written parental authorization for medications and a record of medications administered;

(C) Information concerning any accident or injury to the child while at the family day care home or any emergency medical care; and

(D) Any significant information learned from observing the child.



(4) Individual children's records shall be retained a minimum of one (1) year after the child discontinues attendance.

(5) Daily child attendance records shall be maintained and kept on file a minimum of one (1) year.

(6) Daily attendance records for all caregivers shall be maintained and kept on file a minimum of one (1) year.

(7) All enrollment records, medical examination records, and attendance records shall be filed in a place known to caregivers and shall be accessible at all times. Records shall not be in a locked area or removed from the home during the hours the home is open and operating.

(8) The provider shall maintain a written record at the facility for fire, tornado, and other disaster drills as required by 19 CSR 30-61.086 Fire Safety.

(9) A copy of qualifying background screening results shall be kept on file for child care staff members, as required by 19 CSR 30-63.020 General Requirements.

(10) All records of children shall be confidential, protected from unauthorized examination, and available to parents upon request.

(11) All records shall be available in the home for inspection by the department upon request.

(12) Reports to the department shall be submitted as required.

AUTHORITY: section 210.221.1(3), RSMo 2016, and section 210.1080, RSMo Supp. 2018. This rule previously filed as 13 CSR 40-61.180, 13 CSR 40-61.210, and 19 CSR 40-61.210. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-61.210, effective Dec. 9, 1993. Emergency amendment filed Aug. 18, 1993, effective Aug. 28, 1993, expired Dec. 25, 1993. Emergency amendment filed Jan. 4, 1994, effective Jan. 14, 1994, expired May 13, 1994. Amended: Filed Aug. 18, 1993, effective April 9, 1994. Changed to 19 CSR 30-61.210 July 30, 1998. Amended: Filed Feb. 18, 1999, effective Sept. 30, 1999. Emergency amendment filed Feb. 15, 2019, effective Feb. 25, 2019, expired Aug. 23, 2019. Amended: Filed Feb. 15, 2019, effective Aug. 30, 2019.*

**Original authority: 210.221.1(3), RSMo 1949, amended 1955, 1987, 1993, 1995, 1999, 2015 and 210.1080, RSMo 2018.*

19 CSR 30-61.220 Variance Request

PURPOSE: This rule explains how a provider may request a variance from the rules of this chapter.

(1) Any provider may request a variance from a rule. The request for a variance shall be written to the Child Care Unit and shall include the item(s) for which a variance is requested and the reason(s) the provider requests the variance. Local inspectors may request a variance on behalf of the provider.

(2) If a variance request is not approved by the Child Care Unit, the provider shall be advised in writing of the basis for the denial. The provider may request a review of the decision by the director within thirty (30) days of receipt. The director or designee shall have fifteen (15) days to make the final determination on the variance request. That determination is subject to Chapter 536, RSMo review for licensed facilities.

AUTHORITY: section 210.221.1(3), RSMo Supp. 1993. This rule previously filed as 19 CSR 40-61.220. Emergency rule filed Aug. 27, 1993, effective Sept. 5, 1993, expired Jan. 2, 1994. Emergency rule filed Jan. 4, 1994, effective Jan. 14, 1994, expired May 13, 1994. Original rule filed Aug. 27, 1993, effective April 9, 1994. Changed to 19 CSR 30-61.220 July 30, 1998.*

**Original authority: 210.221.1(3), RSMo 1949, amended 1955, 1987, 1993.*