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# Rules of Department of Health and Senior Services

## Division 30—Division of Regulation and Licensure Chapter 62—Licensing Rules for Group Child Care Homes and Child Care Centers

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**Title 19—DEPARTMENT OF  
HEALTH AND SENIOR SERVICES  
Division 30—Division of Regulation and  
Licensure**

**Chapter 62—Licensing Rules for Group  
Child Care Homes and Child  
Care Centers**

**19 CSR 30-62.010 Definitions**

*PURPOSE: This rule defines the terms used in the licensing rules for group day care homes and child day care centers.*

- (1) Adult is any individual eighteen (18) years of age or older.
- (2) Caregiver is the child care provider or other child care staff member.
- (3) A child care center or center, whether owned by a sole proprietor or other legal entity, 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 for any part of the twenty-four- (24-) hour day.
- (4) A child care facility or facility is a family child care home, group child care home, or child care center.
- (5) Child care provider, group child care home provider or provider is the person(s) licensed or required to be licensed under section 210.211, 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.
- (6) Child care staff member is a child care provider; persons employed by the child care provider for compensation, including contract employees or self-employed individuals; individuals or volunteers whose activities involve the care or supervision of children for a child care provider or unsupervised access to children who are cared for or supervised by a child care provider; or individuals residing in a family child care home who are eighteen (18) years of age and older.
- (7) Day care or child 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 or child care is a voluntary supplement to parental responsibility for the child's protection, development, and supervision. Day care or child care may be given in a family child care home, group child care home, or child care center.
- (8) Department is the Missouri Department of Health and Senior Services.
- (9) Director is the director of the Missouri Department of Health and Senior Services.
- (10) A family child care home or home, whether owned by a sole proprietor or other legal entity, is a child care program where care is given by a person licensed as a child care home provider for no more than ten (10) children for any part of the twenty-four- (24-) hour day. The provider may be licensed to operate no more than one (1) family child care home or group child 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 child care home, whether owned by a sole proprietor or other legal entity, is a child care program where care is given by a person licensed as a group child care home provider for not more than twenty (20) children for any part of the twenty-four- (24-) hour day. A group child 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 child care home or family child care home.
- (13) Group size is the maximum number of children assigned to a specific staff member or group of staff members, occupying an individual classroom or well-defined physical space within a large room.
- (14) Homeless children and youths—
- (A) Are individuals who lack a fixed, regular, and adequate nighttime residence; and
- (B) Include:
1. Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals;
2. Children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
3. Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
4. Migratory children who qualify as homeless because the children are living in the circumstances described above.
- (15) An hourly care facility is a facility licensed exclusively for irregular, intermittent, hourly care.
- (16) Infant is any child under twelve (12) months of age.
- (17) Legal entity is the lawful or legally standing individual, corporation, sole proprietorship, general partnership, limited partnership, limited liability partnership, limited liability company, limited liability partnership, partnership, charity, and other forms of organization that has the legal capacity to enter into agreements, contracts, assume obligations, incur and pay debts, sue and be sued in its own right, and that is accountable for illegal activities.
- (18) Licensee is an individual or other legal entity who has been granted a child care license by the Department of Health and Senior Services.
- (19) Montessori school is a child care program that subscribes to Maria Montessori's educational philosophy and is accredited by the American Montessori Society or the Association Montessori Internationale.
- (20) Night is the part of the twenty-four- (24-) hour day between 9:00 p.m. and 6:00 a.m.
- (21) 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.



(22) Premises is a house(s), dwelling(s), or building(s) and its adjoining land.

(23) Preschool child is any child two through five (2–5) years of age who is not in kindergarten.

(24) A religious organization is—

(A) A church, synagogue, or mosque;

(B) 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*; or

(C) An entity whose real estate on which the child care facility is located is exempt from taxation because it is used for religious purposes.

(25) School-age child is any child five (5) years of age or older who is in kindergarten or above.

(26) 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.

(27) Staff/child ratio is the number of caregivers required in relation to the number of children in care.

(28) 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 five (5) years of age or older, and providing no child care for children younger than five (5) years of age in the same building or in the same outdoor play area.

(29) Toddler is any child twelve to twenty-four (12–24) months of age.

*AUTHORITY:* section 210.221.1(3), RSMo Supp. 2020.\* This rule previously filed as 13 CSR 40-62.010 and 19 CSR 40-62.010. Original rule filed in 1956. Amended: Filed Dec. 19, 1975, effective Jan. 1, 1976. Amended: Filed Dec. 14, 1976, effective March 11, 1977. 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. 11, 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 40-62.010, 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 30-62.010 July 30, 1998. Amended: Filed Aug. 31, 2020, effective Feb. 28, 2021.

\*Original authority: 210.221.1(3), RSMo 1949, amended 1955, 1987, 1993, 1995, 1999, 2015, 2019, 2020.

### 19 CSR 30-62.022 Exemption of Day Care Facilities

*PURPOSE:* This rule defines the basis on which a group day care home or a child day care center 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 child 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 210.211.1(3), RSMo Supp. 1993.\* This rule previously filed as 13 CSR 40-62.035, 13 CSR 40-62.022 and 19 CSR 40-62.022. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-62.022, 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 30-62.022 July 30, 1998.

\*Original authority: 210.211.1(3), RSMo 1949, amended 1955, 1987, 1993.

### 19 CSR 30-62.032 Organization and Administration

*PURPOSE:* This rule defines the requirements for the organization and administration of group day care homes and child day care centers.

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

(2) If a group 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 group day care home 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 group day care home provider.

(3) When the responsibility for the operation of a facility 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.

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

*AUTHORITY:* section 210.221.1(3), RSMo 2016.\* This rule previously filed as 13 CSR 40-62.061, 13 CSR 40-62.032, and 19 CSR 40-62.032. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-62.032, effective Dec. 9, 1993. Changed to 19 CSR 30-62.032 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 30-62.042 Licensing Process

*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) An applicant shall complete the licensing orientation available on the department's website to learn about the licensing process and rules.

(2) Upon receipt of a completed *Application for License to Operate a Child Care Facility* form, a licensing inspection shall be made. See *Application for License to Operate a Child Care Facility* form, promulgated as of August 2020 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 amendment or additions. If licensing rules are not met within six (6) months, the application shall be void and another application shall be filed.

(3) The licensing process shall include an inspection of the entire premises of the facility by the licensing representative.

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

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

(B) A sketch or diagram of the outdoor play area and placement of equipment. The licensing representative and the applicant shall measure the area jointly;

(C) Written policies provided to parents shall include:

1. Program goals;
2. Admission, care, and discharge of children;
3. Narrative description of child care practices and concepts; and
4. Discipline and guidance policies;

(D) A schedule of daily activities for each age group in care (infant/toddler, preschool, and school-age);

(E) A sample weekly menu;

(F) An itemized list of available materials and equipment to be used by children;

(G) A staff sheet;

(H) A written disaster and emergency plan;

(I) Lines of administrative authority;

(J) Sample forms used, other than those supplied by the department;

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

(L) Evidence of compliance, if applicable, with local building and zoning requirements;

(M) Documentation as required by the Missouri Secretary of State and state law to verify the legal entity is in good standing if a group child care home or child care center is owned by a legal entity;

(N) Written policies and procedures which clearly establish job responsibilities for the director or group home provider;

(O) Official verification of the center director or group child care home provider's education and experience;

(P) A written safe sleep policy, if the facility's application includes children under twelve (12) months of age in the requested age range; and

(Q) Other information required by the department to make a determination regarding licensure of the facility.

(5) Prior to the granting of a license, the provider shall meet the requirements of 19 CSR 30-62.087 Fire Safety.

(6) Medical examination reports for all adults working in the facility, as required by 19 CSR 30-62.122 Medical Examination Reports, shall be on file at the facility and available for review.

(7) Medical examination reports shall be on file at the facility within thirty (30) days following the admission of each infant, toddler, or preschool child as required by 19 CSR 30-62.122 Medical Examination Reports. A health report for school-age children shall be on file as required by 19 CSR 30-62.122.

(8) Enrollment information for each child shall be on file at the facility as required by 19 CSR 30-62.132 Admission Policies and Procedures.

(9) The child care provider and child care staff members, as defined by 19 CSR 30-63.010 Definitions, 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.

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

(11) Prior to the granting of a license, the facility shall be in compliance with state statutes and licensing rules for group child care homes and child care centers.

(12) Once granted, the license shall be posted near the entrance of the facility where it may be seen easily by parents or others who visit.

(13) The name(s), address(es), and telephone number(s) shall be posted prominently near the license for all of the following, as applicable:

(A) The child care provider(s);

(B) Facility owner(s);

(C) Board president or chairperson; or

(D) All manager(s) and/or member(s).

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

(15) The license shall be the property of the department and shall be subject to discipline by the director upon failure of the provider to comply with state statutes and/or licensing rules for group child care homes and child care centers.

(16) If a facility's license is revoked or denied due to failure to comply with state statutes and/or 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.

(17) The license shall become null and void if—

(A) Revoked;

(B) The owner closes the facility;

(C) The facility changes ownership; or

(D) In the case of licenses not held by legal entities, the death of the licensee(s).

(18) The number and ages of children a group child care home or child care center is authorized to have in care at any one (1) time shall be specified on the license and shall not be exceeded except as permitted within these rules.



(19) All child care provided on the premises of a licensed group child care home or child care center shall be in compliance with the licensing rules, the conditions specified on the license, and the conditions of any variances granted to the licensee.

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

(21) The provider shall not deny a child admission to, or the benefits of, any program provided by the group child care home or child care center on the basis of race, sex, religion, or national origin.

*AUTHORITY: sections 210.221.1(3) and 210.1080, RSMo Supp. 2020.\* This rule previously filed as 13 CSR 40-62.021, 13 CSR 40-62.042, and 19 CSR 40-62.042. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-62.042, effective Dec. 9, 1992. 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 30-62.042 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. Amended: Filed Aug. 31, 2020, effective Feb. 28, 2021.*

*\*Original authority: 210.221.1(3), RSMo 1949, amended 1955, 1987, 1993, 1995, 1999, 2015, 2019, 2020 and 210.1080, RSMo 2018, amended 2019, 2020.*

### 19 CSR 30-62.052 Annual Requirements

*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) The provider shall submit the following to

the department on an annual basis, at least thirty (30) calendar days prior to the anniversary date as printed on the license:

(A) An *Annual Declaration for Licensed Facility* form, promulgated as of August 2020 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> indicating the licensee's intent to continue operating a licensed group child care home or child care center and agreement to comply with all statutes and department licensing rules;

(B) Evidence of compliance with local building and zoning requirements, if applicable;

(C) A current list of available equipment; and

(D) A current staff sheet.

(2) The provider shall have the following on file and available for review:

(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) The child care provider shall conduct a Family Care Safety Registry check for all child care staff members within thirty (30) days prior to the anniversary date as printed on the license; and

(D) Documentation as required by the Missouri Secretary of State and state law to verify the legal entity is in good standing, if a group child care home or child care center is owned by a legal entity.

*AUTHORITY: sections 210.221.1(3) and 210.252.5, RSMo Supp. 2020.\* This rule previously filed as 13 CSR 40-62.031, 13 CSR 40-62.052, and 19 CSR 40-62.052. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-62.052, effective Dec. 9, 1993. Changed to 19 CSR 30-62.052 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. Emergency amendment filed Aug. 31, 2020, effective Sept. 15, 2020, expired March 13, 2021. Amended: Filed Aug. 31, 2020, effective Feb. 28, 2021.*

*\*Original authority: 210.221.1(3), RSMo 1949, amended 1955, 1987, 1993, 1995, 1999, 2015, 2019, 2020 and 210.252, RSMo 1993, amended 1999, 2019, 2020.*

### 19 CSR 30-62.082 Physical Requirements of Group Day Care Homes and Day Care Centers

*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 and requirements for state or local zoning, building and sanitation.

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

(D) 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.

(E) 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.

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

(G) Protective outlet covers or twist-lock outlets shall be used in areas accessible to the children.

(H) Heaters, floor furnaces, radiators, hot water heaters or other equipment which pose a threat to children shall meet the requirements of 19 CSR 30-62.087 Fire Safety.

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

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

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

5. The facility 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 facility 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. General requirements.

A. At least thirty-five (35) square feet of usable floor space shall be provided for each preschool and school-age child coming into the facility for day care.

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

C. Floor space shall not include kitchens, bathrooms, closets, staff lounges, office space, hallways used exclusively as passageways or floor space occupied by furniture or shelving not used by the children or for their activities.

D. 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.

E. Storage space for play materials shall be provided. Some of the space shall be on low shelves and accessible to the children.

F. Each child shall be provided individual space, accessible to the child, for storage of each child's clothing and other personal belongings.

G. Space shall be provided for office equipment, the making and keeping of records and for transaction of business. This space shall not interfere with the children's play areas.

H. An area for staff breaks shall be provided in the facility separate from child care space.

I. In a facility located in a provider's permanent residence, the area used for child care, including play space and bathrooms, shall be separate from the family living quarters.

J. The family kitchen of a facility licensed for no more than twenty (20) children, located in a provider's permanent residence, may be used for food preparation with approval of the sanitarian.

K. If school-age children are in care, there shall be space apart from the preschool program equipped for their use.

2. Infant and toddler space.

A. For group day care homes licensed for a maximum of four (4) infants/toddlers or for day care centers licensed for a maximum of twenty (20) children, including no more than four (4) infant/toddlers, the following shall apply:

(I) At least thirty-five (35) square feet of usable floor space shall be provided for each infant and toddler. Space occupied by cribs and playpens used for napping shall be deducted from usable floor space; and

(II) A crawl area protected by stable dividers shall be provided. The area shall have a resilient and washable floor covering which shall be mopped and sanitized daily. Washable area rugs that are laundered daily may be used.

B. For all other group day care homes licensed for more than four (4) infant/toddlers and for all day care centers licensed for more than twenty (20) children or more than four (4) infant/toddlers, the following shall apply:

(I) For facilities initially licensed for infant/toddler care after the effective date of these rules or facilities adding new infant/toddler space, at least forty-five (45)

square feet of usable floor space shall be provided in the facility for each infant and toddler. Space occupied by napping equipment does not have to be deducted from usable floor space;

(II) Two (2)-year-old children may be cared for in an infant/toddler unit. At least thirty-five (35) square feet of usable floor space shall be provided for each child in groups composed solely of two (2)-year olds;

(III) If a unit for infants and toddlers is auxiliary to a facility for older children, centers initially licensed for infant/toddler care after the effective date of these rules or facilities adding new infant/toddler space, shall have play, sleeping and bathroom space in the infant and toddler unit. This space shall be separated from the space used for older children by floor-to-ceiling walls;

(IV) No more than eight (8) infant/toddlers or sixteen (16) two (2)-year olds shall be in a group;

(V) In facilities initially licensed for infant/toddler care after the effective date of these rules or facilities adding new infant/toddler space, no more than twenty-four (24) infants/toddlers and/or two (2)-year olds shall be in a room. A room shall be defined as an area separated from other parts of the building by floor-to-ceiling walls. Stable partitions a minimum of four feet (4') in height shall be used to separate the infant/toddler or two (2)-year old groups, or both, in a room;

(VI) Floors shall be tile, linoleum or wood and shall be mopped and sanitized daily. Washable area rugs that are laundered daily may be used. Centers initially licensed after the effective date of these rules or facilities adding new infant/toddler space shall not use carpet;

(VII) Facilities initially licensed after the effective date of these rules or facilities adding new infant/toddler space shall provide refrigeration for bottles and a method for heating bottles in the infant/toddler unit; and

(VIII) Infant/toddler areas may not be used by staff or older children as passageways to other areas of the building.

(3) Bathrooms.

(A) General Requirements.

1. One (1) flush toilet and one (1) adjacent handwashing facility with running water shall be available for every twenty (20) children.

2. Urinals may be substituted for up to one-half (1/2) the required number of toilets, with a minimum of one (1) toilet per bathroom.

3. Toilet and handwashing facilities shall



be in working order and convenient for the children's use.

4. Paper towels, soap and toilet paper shall be provided and easily accessible so the children can reach them without assistance.

5. Locks or latches shall not be used on bathroom or bathroom stall doors used by children below the first grade.

6. Children shall be monitored while in the bathroom.

7. Bathrooms shall be clean and odor free.

8. If a center is licensed for more than fifty (50) children, a separate bathroom or bathroom stall shall be available for staff.

(B) School Age.

1. When a center offers care for school-age children in first grade or above, bathroom facilities shall be provided as follows:

A. Separate girls' and boys' bathrooms shall be provided; or

B. If twenty (20) or fewer school-age children are in care, one (1) bathroom may be designated for school-age children only.

(C) Infants, Toddlers and Nontilet Trained Children.

1. One (1) flush toilet and one (1) adjacent handwashing facility with running water shall be available for every twenty-four (24) children in an infant/toddler unit.

2. One (1) potty chair, junior commode or toilet with an adapter seat shall be provided for every four (4) children being toilet trained. Potty chairs shall be located in the bathroom and shall be emptied, cleaned and disinfected after each use.

(4) Diapering Area.

(A) A safe diapering table with a waterproof washable surface shall be used for changing diapers. The diapering table shall be located within or adjacent to the group space so the caregiver using the diapering table can maintain supervision of his/her group of children at all times.

(B) Facilities initially licensed for infant/toddler care after the effective date of these rules or facilities adding new infant/toddler space shall have one (1) diapering table for every group of eight (8) infant/toddlers and one (1) diapering table for every group of sixteen (16) two (2)-year olds.

(C) Facilities initially licensed after the effective date of these rules and accepting two (2)-year olds for care in the preschool unit shall have a diapering table available in the preschool unit.

(D) Diapering supplies and warm, running water shall be adjacent to the diapering area.

(5) Kitchens.

(A) A kitchen shall be required for meal

preparation unless meals are catered from a source approved by the local or state sanitarian, or both.

(B) Kitchens used for meal preparation shall have sufficient equipment to accommodate the licensed capacity of the facility. The equipment shall include a stove, sink, hot and cold running water, a refrigerator and storage space for food, dishes and cooking utensils.

(C) 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.

(D) Kitchens shall be maintained in compliance with state or local rules, or both, governing food service sanitation.

(E) 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.

(F) Kitchens shall not be used for napping or as passageways for children.

(6) Outdoor Space.

(A) General Requirements.

1. A fenced 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. For facilities 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. An outdoor play area used exclusively for school-age children shall not be required to have a fence. Fences shall be constructed to prevent children from crawling or falling through or becoming entrapped.

2. A minimum of seventy-five (75) square feet of outdoor play area per child at the time of use shall be provided. A sufficient area shall be available to accommodate one-third (1/3) the licensed capacity of the facility at one (1) time, with no less than seven hundred fifty (750) square feet.

3. Adult supervision shall be provided at all times when children are outside. For children three (3) years of age and above, staff/child ratios may be one and one-half (1 1/2) times the indoor staff/child ratios. The required indoor staff/child ratios shall be maintained on the premises at all times.

4. 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.

5. The fall-zone area under and around outdoor equipment where children might fall and be injured shall be covered with impact-absorbing materials which will 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.

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

7. 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.

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

(B) Infants and Toddlers.

1. Outdoor play space for infants and toddlers shall be separate from that used for older children or the same space shall be used at different times. (This rule does not apply to group day care homes with a maximum of four (4) infant/toddlers or to day care centers licensed for a maximum of twenty (20) children, including no more than four (4) infant/toddlers.)

2. Staff/child ratios for infant/toddlers and two (2)-year olds shall be maintained at all times.

(7) Swimming and Wading Pools.

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

(B) 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.

(C) Swimming and wading pools shall be fenced to prevent access by children. For facilities 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.

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

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





(F) 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.

(8) 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) No animals shall be permitted in food preparation areas.

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

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

(G) 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 40-62.071, 13 CSR 40-62.082, and 19 CSR 40-62.082. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-62.082, effective Dec. 9, 1993. Changed to 19 CSR 30-62.082 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 30-62.087 Fire Safety

*PURPOSE: This rule establishes the fire safety requirements for group day care homes and child day care centers.*

(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 facility 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 (1) 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 30-62.162 Overlap Care of Children.

(B) Hangings or draperies shall not be placed over exit doors or located to conceal or obscure any exit. All hangings and draperies shall be treated with a flame retardant material with verification of the treatment on file at the facility and available for review by the fire inspector.

(C) Mirrors shall not be placed on exit doors or adjacent to any exit that may confuse the direction of exit.

(D) Art work and teaching materials attached directly to the walls shall not exceed thirty percent (30%) of the wall area. No art work or teaching materials shall be hung from the ceilings or in the doorways.

(E) The evacuation/emergency plan for fires and tornadoes shall be posted conspicuously and shall include the route for the drills and special instructions for infants and non-ambulatory children.

(F) 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 facility may be postponed during severe weather.



3. An evacuation/emergency plan that is approved by the fire inspector shall be posted in each area of the facility used for child care. The plan shall include special instructions for infants and nonambulatory children.

4. The fire alarm system in the building shall be activated during all fire drills.

5. 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.

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

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

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

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

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

(L) The provider shall immediately report any fire in the facility to the Office of the State Fire Marshal and the Department of Health, Bureau of Child Care Safety and Licensure.

(M) 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.

(N) 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.

(O) Before construction begins or occupancy occurs, a full set of construction plans shall be submitted to the Division of Fire Safety for review and approval for new construction and for alterations to existing buildings.

(P) During the construction or remodeling process, the provider shall request a framing and wiring inspection and an inspection for the rough-in wiring for the fire alarm system by the Division of Fire Safety before the walls are enclosed. Failure to have these inspections conducted will result in an unapproved fire inspection from the Division of Fire Safety.

(Q) 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.

(R) All facilities shall comply with all local building codes, fire codes, and ordinances.

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

(T) 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.

(U) 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.

(V) 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.

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

#### (3) Mixed Occupancies.

(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. When a facility is located in a building containing mixed occupancies, the other occupancies shall be separated from the facility 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 have a one (1)-hour fire resistance rating and shall be self-closing.

(B) No facility shall be located next to a high hazard area or occupancy. A high hazard area or occupancy is an area, building, structure, or portions thereof, that contains heat-producing appliances, or that manufactures, processes, generates or stores materials that constitute a high fire, explosion, or health hazard. This includes any area, structure, or building posing a degree of hazard greater than normal to the general occupancy of the area, structure, or building.

#### (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) 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.

(C) Exit doors shall swing in the direction of egress travel and shall be marked with a lighted exit sign with a battery backup of ninety (90) minutes.

1. Exit doors required to be kept closed shall be self-closing.

2. Any door in a required means of egress from a facility having an occupant load of one hundred (100) or more persons, or any facility caring for children during nighttime hours, shall be equipped with panic hardware or fire exit hardware. No other latching devices shall be used.

3. 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.

4. 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.

(D) 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 emergency lighting with a ninety (90)-minute battery backup installed to light the path of egress. The fire inspector shall determine the location and number of emergency lights. If alterations are made in facilities licensed prior to the effective date of this rule, those facilities shall meet this requirement in the altered space.

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

(F) Children shall not exit through a kitchen, bathroom, storage room, furnace room, garage, or any other rooms or areas deemed hazardous by the fire inspector.

(G) Dead-ends as defined by 19 CSR 30-62.087(1)(B) Fire Safety shall not exceed twenty feet (20').

(5) 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—

(A) Stairs in facilities with fifty (50) or more occupants shall be at least forty-four inches (44") wide. Stairs in facilities with less than fifty (50) occupants shall be at least thirty-six inches (36") wide.

1. The maximum height of risers shall be seven inches (7") with a minimum height of four inches (4").

2. The minimum tread depth shall be ten inches (10").

3. The minimum height from any tread to the finished ceiling shall be six feet, eight inches (6' 8").

4. The maximum height between landings shall be no more than twelve feet (12').

5. Landings shall be as wide as the clear width of the stairs.

(B) Handrails shall not project into the stairway more than three and one-half inches (3 1/2") on each side.

1. Handrails shall be mounted at least thirty-four inches (34"), and no more than thirty-eight inches (38"), above the surface of the treads. They shall have a clearance of at least one and one-half inches (1 1/2") from the wall. Handrails shall be at least one and

one-half inches (1 1/2"), but no greater than two inches (2") in diameter.

2. Stairs with no walls on either side shall have balusters placed on the sides. There shall be no more than four inches (4") between each baluster. They shall be attached to the stairs in a sturdy manner.

(C) Ramps used in an exit discharge shall be at least forty-four inches (44") wide if the facility has fifty (50) or more occupants. They shall be at least thirty-six inches (36") wide if the facility has less than fifty (50) occupants.

1. Ramps greater than six inches (6") in height shall have a maximum slope of one inch (1") drop for twelve inches (12") of run. Ramps less than six inches (6") in height shall have a maximum slope of one inch (1") drop for ten inches (10") of run.

2. Ramps greater than six inches (6") in height shall have handrails and balusters placed on each side.

3. Ramps shall have a slip-resistant surface.

(D) The elevation of interior floor surfaces through doorways shall not present a tripping hazard.

(6) Facilities caring for children under the age of twenty-four (24) months shall have two (2) means of egress out of each room that is dedicated for their use. One (1) means of egress shall lead directly outside at level exit discharge. Both exit doors shall be a minimum of thirty-six inches (36") wide or wider to accommodate the largest crib in the room. Doors shall swing in the direction of egress travel. The direct exit outside is not required if the entire facility is protected throughout by an approved supervised automatic sprinkler system.

(A) Children shall not pass through more than one (1) adjoining room to gain access to an exit door that leads directly outside.

(7) 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.

(8) Travel Distance to Exits.

(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').

(9) 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 in the following situations:

A. In buildings protected throughout by an approved, supervised automatic sprinkler system; and

B. When the room or space has a door leading directly to the outside of the building;

2. In rooms located higher than three (3) stories above the level of exit discharge, the operable clear height, width, and area of the window shall be permitted to be modified to the dimensions necessary for ventilation as determined by the fire inspector; and

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

(10) Protection.

(A) The door between the main level and any level below or above it shall be equipped with a one (1)-hour fire rated self-closing door.

(B) Vertical openings shall be enclosed and protected with a one (1)-hour fire barrier.

(C) The following rooms and areas used for the storage, processing, or use of materials shall be separated from the remainder of the building by fire barriers having a fire resistance rating of at least one (1) hour of protection:

1. Boiler, furnace rooms, and rooms containing water heaters. This does not apply to rooms enclosing only air-handling equipment;

2. Rooms or areas used for the storage of combustible supplies in quantities deemed hazardous by the fire inspector;

3. Rooms or areas used for the storage of hazardous materials, or flammable or combustible liquids in quantities deemed hazardous by the fire inspector;

4. Laundries and laundry rooms, maintenance shops, including woodworking and painting areas; and

5. The doors to janitorial closets shall be equipped with a self-closing device and a fire alarm initiating device in the room.

(D) The rooms or areas listed in 19 CSR 30-62.087(10)(C)1.-5. Fire Safety shall be inaccessible to children by use of a locked doorknob or latch.

(E) The one (1)-hour fire resistance rating required for rooms or areas listed in 19 CSR 30-62.087(10)(C)1.-5. Fire Safety is not required if the facility installs a sprinkler head off the domestic water supply or has an approved automatic sprinkler system. A fire alarm initiating device shall be installed in the rooms or areas listed in 19 CSR 30-62.087(10)(C)1.-5. Fire Safety as instructed

by the fire inspector.

(11) Interior Finish.

(A) Interior wall and ceiling finishes throughout shall meet the requirements of 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) Interior floor finishes within corridors and exits shall be Class I or II in accordance with Chapter 6 of the latest edition of the *Life Safety Code*.

(C) 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.

(12) Detection, Alarms, and Extinguishment.

(A) Facilities using equipment or appliances that pose a potential carbon monoxide risk, including facilities 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 fire inspector determines 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.

(B) At least one portable, 5 lb., 2A-10 BC, fire extinguisher shall be required in all facilities. One (1) fire extinguisher shall be located in or near the kitchen or a location required by the fire inspector. The fire inspector may require additional fire extinguishers based on the floor plan, arrangement of space, and the number of levels used.

(C) 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.

(D) A smoke detector(s) shall be installed in each room where children are being cared for and all other areas that are deemed necessary by the fire inspector. Smoke detectors shall be in good operating condition and functional at all times. If smoke detectors are not operational, the provider shall install smoke detectors as required by 19 CSR 30-62.087 (12)(F)1. Fire Safety.

(E) All facilities shall have a manual fire alarm system. Pull stations shall be mounted at each exit door and at least one (1) horn or strobe light shall be installed in a central location on each floor. Additional horns or strobe lights may be required by the fire inspector dependent upon the floor plan and arrangement of space. The battery backup control panel shall be Underwriter's Laboratory (UL) or Factory Mutual (FM) listed and installed on a circuit used only for this system in the breaker box. The fire alarm system shall be installed and maintained in good working order. The fire inspector shall base the inspection of this system on the National Fire Protection Association Standards, *National Fire Alarm Code*. This does not apply to facilities housed in one (1) room only where all exit doors lead directly outside at level exit discharge.

(F) 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. Group day care homes and day care centers caring for fifty (50) or fewer children at one (1) time shall have smoke detectors installed in each room used by the children and in other locations as deemed necessary by the fire inspector. All smoke detectors shall be powered by the building's electrical system and have a battery backup. When more than one (1) smoke detector is required in a facility, they shall be arranged so that the activation of any detector causes the operation of an alarm in all detectors. This system may work independently from the manual fire alarm system;

2. Day care centers caring for more than fifty (50) children at one time shall have a full coverage fire alarm system. Smoke detectors shall be installed in each room, throughout hallways, and in other locations as deemed necessary by the fire inspector. Heat detectors shall be installed in the attic, kitchen, mechanical rooms, and other locations as deemed necessary by the fire inspector. The fire alarm system shall be installed and maintained in good working order. The fire inspector shall base the inspection of this system on the National Fire Protection Association Standards, *National Fire Alarm Code*; and

3. Facilities using a commercial stove, deep fryer, two (2) home-type ranges placed side-by-side, or a home-type range that produces grease laden vapor, shall be equipped with a range hood and extinguishing system with an automatic cut-off of fuel supply and exhaust system in case of fire. The fire inspector shall inspect these systems to ensure that they are in good working condition and are installed and maintained correctly. The inspector shall base this inspection on the National Fire Protection Association, Chapter 96, *Standard for Fire Protection of Commercial Cooking Operations*.

A. Home-type stoves separated by an eighteen inch (18")-cabinet shall not be required to have an extinguishing system installed above them.

B. Facilities that cook on a home-type range and have a menu that does not include frying or emitting a grease-laden vapor, shall not be required to install a fire extinguishment system above the range.

C. The range hood fire extinguishment system shall be interconnected with the control panel of the fire alarm system. The activation of the range hood fire extinguishment system shall cause the fire alarm to activate throughout the building.

(G) Day care centers caring for more than one hundred (100) children at one time shall have a fire alarm system that notifies a monitoring company or the fire department. A

copy of the contract with the monitoring company shall be on file at the facility and available for review by the fire inspector. The contract with the monitoring company shall not be terminated without approval of the fire inspector.

(H) Facilities that have a supervised automatic fire 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.

(I) When child care space is located above the second floor, the entire building shall be protected by a supervised automatic sprinkler system.

#### (13) Heating, Ventilating, and Air Conditioning Equipment.

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

(B) Heating equipment 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.

(C) Wood heating systems shall not be used unless the system is installed outside the facility.

(D) 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.

(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 a galvanized flue pipe with 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) Furnaces 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 shall be equipped with an electrical fused switch to protect the unit from electrical overloading and to disconnect the electrical supply.

(I) Furnace rooms and rooms containing water heaters shall have adequate combustion air for the units. The vent size openings 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. 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. One (1) combustion air vent opening shall be permitted if the vent opening extends directly to the outside of the structure. This opening shall be one (1) square inch per three thousand (3,000) Btu input of the total gas appliances located in the room. The gas appliances shall have a clearance around them of one inch (1") from the sides and back and six inches (6") from the front of the unit.

(J) Furnace or air-handling equipment that has an air flow of two thousand (2,000) cubic feet of air per minute or more shall have a fan shut-down switch and duct smoke detectors that are interconnected with the fire alarm system.

(K) Air conditioning, heating, ventilating duct work, 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.

(L) 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; and

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 as provided in 19 CSR 30-62.087(10) Fire Safety.



(14) 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.

(15) 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: sections 210.221.1(3) and 210.252.5, RSMo Supp. 1999. \* Original rule filed Feb. 18, 1999, effective Sept. 30, 1999. Emergency amendment filed March 1, 2000, effective March 11, 2000, expired Sept. 6, 2000. Amended: Filed March 1, 2000, effective Aug. 30, 2000.

\*Original authority: 210.221.1, RSMo 1949, amended 1955, 1987, 1993, 1995, 1999; 210.252, RSMo 1993, amended 1999.

19 CSR 30-62.090 Disaster and Emergency Preparedness

PURPOSE: This rule requires group homes and child care facilities 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 and 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 or missing child;

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

3. Lock-down procedures in situations 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 and 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 or emergencies 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 disaster emergency management agencies.

(C) At a minimum, a disaster and 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 drill 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 of building occupants as detailed in the 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 Emergency Information. The licensee shall ensure that—

(A) At all times, a copy of the facility's disaster and 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 30-62.087, 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 30-62.092 Furniture, Equipment, and Materials

*PURPOSE: This rule sets forth the requirements for the furniture, equipment and materials needed in a group day care home or child day care center.*

*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. An individual cot or bed 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. 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.

C. If two- (2-) year olds are in care, they shall be napped in an area separate from the other children so they can sleep undisturbed longer than the older children.

D. 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. An individually assigned crib, portable crib, or playpen shall be provided and used for each infant and toddler. Stack cribs shall not be used.

B. With written parental consent on file, cots may be used for napping or sleeping for toddlers twelve (12) months and older.

C. 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](http://www.bookstore.gpo.gov/catalog/laws-regulations/code-federal-regulations-cfrs-print). This rule does not include any later amendments or additions.

D. 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.

E. Cribs and playpens shall be left consistently in place for infants and toddlers who use them for napping.

F. 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.

G. 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.

H. 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.

I. 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 shall 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.

A. Individual chairs and table space for the licensed capacity of the facility shall be available for children twelve (12) months of age and older. Chairs shall be proportioned so children's feet are firm on the floor when they are sitting back as far as possible on the chair.

B. Provision shall be made for seating during meals and for table space for eating and table activities.

2. Infants and toddlers. Infants and toddlers who are unable to sit at a table shall have one (1) piece of mealtime feeding equipment for every four (4) infant/toddlers which may include feeding tables, high chairs, infant seats or other safely designed infant seating equipment. Equipment shall be provided which will allow the 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 facility.

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 and 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 for every ten (10) children in the licensed capacity of the facility. 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 facility:

- 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 facilities initially licensed after the effective date of these rules or for facilities 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 40-62.081, 13 CSR 40-62.092, and 19 CSR 40-62.092. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-62.092, effective Dec. 9, 1993. Changed to 19 CSR 30-62.092 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 30-62.102 Personnel**

*PURPOSE: This rule sets forth the general, educational, and training requirements for staff.*

*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 Staff Requirements.

(A) Child care personnel shall be of good character and intent and shall be qualified to provide care conducive to the welfare of children.

(B) Child care personnel shall cooperate with the department.

(C) Individuals eighteen (18) years of age or older shall be counted in meeting the required staff/child ratios.

(D) Caregivers shall be capable of carrying out assigned responsibilities and shall be willing and able to accept training and supervision.

(E) Caregivers shall have knowledge of the needs of children and shall be sensitive to the capabilities, interests, and problems of children in care.

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

(G) Caregivers, directors, other personnel, or volunteers shall not be under the influence of alcohol or illegal drugs, while on the premises or in any vehicles used by the program. These individuals shall not be in a state of impaired ability due to use of medication while on the premises.

(H) The provider shall have available a copy of the *Licensing Rules for Group Child Care Homes and Child Care Centers in Missouri*. All caregivers and volunteers working directly with children shall be required to review and be knowledgeable of the rules at the time they begin work and shall be able to understand and apply those rules which relate to their respective responsibilities.

(I) Caregivers shall not be engaged in major housekeeping, cleaning, or maintenance activities during the hours of child care, but may do routine cleanup to maintain order and sanitation in the facility.

(J) All staff shall acquaint themselves with the child abuse and neglect law and shall make a report of 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>.

(K) 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>.

(L) The child care provider shall ensure that documentation of caregiver completion of the facility orientation is maintained and on file for review by the department.

(M) 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.

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

(O) Child care staff members with disqualifying background screenings results as defined in 19 CSR 30-63.040 Background Screening Findings, shall be prohibited from being present on the premises of the facility during child care hours.

(P) The child care provider shall conduct a Family Care Safety Registry screening prior to employment for any newly hired child care staff member who has a qualifying criminal background check result.

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

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

(S) If an employee reports licensing deficiencies in the facility, 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.

(T) The licensee shall have documentation on file at the facility of current certification in age-appropriate first aid and cardiopulmonary resuscitation (CPR) training for a

sufficient number of child care staff to ensure that there is one (1) caregiver at the facility for every twenty (20) children in the licensed capacity. 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. 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.

(2) Center Director or Group Child Care Home Provider.

(A) General Requirements.

1. An approved certificated group child care home provider or center director shall be responsible for planning, monitoring, and managing the facility's daily program.

A. A *Center Director or Group Child Care Home Provider Certification Request* form shall be submitted to the department. See *Center Director or Group Child Care Home Provider Certification Request* form, promulgated as of August 2020 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/child-care/forms.php>. This rule does not incorporate any subsequent amendments or additions.

B. Once the center director or group child care home provider is certificated by the department, the *Center Director or Group Child Care Home Provider Approval Request* form shall be submitted to the department and maintained on file at the facility. See *Center Director or Group Child Care Home Provider Approval Request* form, promulgated as of August 2020 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/child-care/forms.php>. This rule does not incorporate any subsequent amendments or additions.

2. Center directors and group child care home providers routinely shall be on duty during the hours of highest attendance a minimum of forty (40) hours per week. If the facility operates less than forty (40) hours per week, the center director or group child care home provider shall be on duty at least fifty percent (50%) of the operating hours.

3. The licensee is required to maintain an approved certificated group child care

home provider or center director on staff.

4. The duties and responsibilities of the center director or group child care home provider shall be defined clearly in writing.

5. In the absence of the center director or group child care home provider, another responsible individual shall be designated to be in charge of the facility.

6. The center owner(s), or the board president or chairperson, shall notify the department immediately when there is a change of directors and shall have a qualifying criminal background check on file as required by 19 CSR 30-63.020 General Requirements.

(B) Education and Experience Requirements.

1. General requirements.

A. A Child Development Associate (CDA) or Youth Development Credential (YDC) shall be considered the equivalent of twelve (12) months experience and six (6) college semester hours in child-related courses toward meeting the educational and experience requirements for director of any size facility.

B. All experience must have been responsible, supervised, full-time (a minimum of thirty-five (35) hours per week) paid experience in working with children in a child care setting. Part-time experience, which is less than thirty-five (35) hours per week, may be prorated.

C. Each month of full-time experience may be substituted for two (2) college semester hours in unspecified courses, but not for the required child-related courses.

D. All college semester hours must have been received from an accredited college or university.

E. The required courses may include child-related courses in early childhood education, elementary education, child development, child psychology, nutrition, first aid, recreation, nursing, health, marriage and family, social work, sociology, or other related areas as approved by the department.

F. Official verification of the education and experience of the group child care home provider or center director shall be on file with the department prior to beginning employment as the group child care home provider or facility director.

G. Any college transcript used for verification of education must be an official transcript bearing the seal of the college or university.

2. Group child care home provider. The group child care home provider shall have at least thirty (30) college semester hours, with six (6) of the thirty (30) hours in child-related courses; or twelve (12) months experience



and six (6) college semester hours in child-related courses, a CDA, or a YDC.

3. Center director.

A. Any individual approved as a qualified center director under the previous licensing rules and employed in a center in that position as of the effective date of these rules shall be exempt from these requirements for continued employment in the same center, or for employment in another center of the same or smaller licensed capacity category. If the same individual is to be employed in another center in a larger licensed capacity category, s/he shall meet the educational and experience requirements of that category.

B. Child care center directors employed after the effective date of these rules shall meet the following education or experience requirements, or both, as determined by the licensed capacity of the center in which they are to serve:



<u>Licensed Capacity of the Center</u>	<u>Education and Experience Requirements for Center Director</u>
Up to 20 Children	Thirty (30) college semester hours, with six (6) of the thirty (30) hours in child-related courses; or twelve (12) months experience with six (6) college semester hours in child-related courses, a CDA, or a YDC.
21—60 Children	Sixty (60) college semester hours. Twelve (12) of the hours must be in child-related courses; or twenty-four (24) months experience and twelve (12) college semester hours in child-related courses.
61—99 Children	Ninety (90) college semester hours. Eighteen (18) of the ninety (90) hours must be in child-related courses; or thirty-six (36) months experience and eighteen (18) college semester hours in child-related courses.
100 or More Children	One hundred twenty (120) college semester hours. Twenty-four (24) of the one hundred twenty (120) hours must be in child-related courses. Six (6) of the twenty-four (24) college semester hours may include courses in business or management; or four (4) years experience and twenty-four (24) college semester hours in child-related courses. Six (6) of the twenty-four (24) college semester hours may include courses in business or management.



(3) Child Care Training.

(A) The center director, group child care home provider, all other caregivers, and those volunteers who are counted in staff/child ratios shall obtain at least twelve (12) clock hours of child-care related training during each calendar year. 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 after the first of the year shall obtain one (1) clock hour of training for each one (1) month of employment, regardless of the date employment began.

(D) Group child care homes and child care centers operating fewer than twelve (12) months of the year shall obtain at least twelve (12) annual clock hours. The number of training clock hours required is not prorated for any program, regardless of number of months per year or number of hours per week in operation.

(E) The clock hour training shall meet at 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. This rule does not incorporate any subsequent amendments or additions.

(F) 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.

(G) 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:

1. College coursework accepted for clock hours shall be child-related;

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

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

4. College courses qualifying for director approval, as stated in subparagraphs (2)(B)1.D. and E. of this rule are approved to meet annual clock hour requirements;

5. College coursework does not include clock hour training or CEUs taken from a college. Clock hour training provided through colleges, such as a continuing education program or an extension office, shall follow the procedures for clock hour training approval; and

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

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

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

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

(K) 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 to the OPEN Initiative to assign clock hours to the appropriate year. See *Clock Hours Training Credit Reassignment* 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.

(L) Clock hour training taken prior to beginning employment or to the facility becoming licensed may be counted if it occurred within that calendar year.

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

(N) Trainers shall not be awarded clock hours for training sessions which they conduct.

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

(4) Safe Sleep Training. Every three (3) years the center director, group child care home provider, all other caregivers, and those volunteers who are counted in staff/child ratios in a group child care home or child care center 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.aappublications.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 (3)(F)2. of this rule.

(B) The center director, group child care home provider, all other caregivers, and those volunteers who are counted in staff/child ratios in a group child care home or child care center licensed after the effective date of this rule shall complete safe sleep training described in section (4) of this rule prior to licensure.

(C) The center director, group child care home provider, all other caregivers, and those volunteers who are counted in staff/child ratios shall complete safe sleep training described in section (4) of this rule within thirty (30) days of employment or volunteering at the facility.

*AUTHORITY: sections 210.221 and 210.1080, RSMo Supp. 2020, and section 210.223, RSMo 2016.\* This rule previously filed as 13 CSR 40-62.091, 13 CSR 40-62.102, and 19 CSR 40-62.102. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-62.102, 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 30-62.102 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. Amended: Filed Aug. 31, 2020, effective Feb. 28, 2021.

\*Original authority: 210.221, RSMo 1949, amended 1955, 1987, 1993, 1995, 1999, 2015, 2019, 2020; 210.223, RSMo 2015; and 210.1080, RSMo 2018, amended 2019, 2020.

### 19 CSR 30-62.112 Staff/Child Ratios

**PURPOSE:** This rule provides the number of staff required for specific ages and numbers of children in care.

(1) The following staff/child ratios shall be maintained on the premises at all times:

(A) Birth Through Two (2) Years. Groups composed of mixed ages through two (2)-years shall have no less than one (1) adult to four (4) children, with no more than eight (8) children in a group;

(B) Age Two (2) Years. Groups composed solely of two (2)-year olds shall have no less than one (1) adult to eight (8) children, with no more than sixteen (16) children in a group;

(C) Ages Three Through Four (3—4) Years. Groups composed solely of three (3)-and four (4)-year olds shall have no less than one (1) adult to ten (10) children;

(D) Ages Five (5) and Up. Groups composed solely of five (5)-year olds and older shall have no less than one (1) adult to every sixteen (16) children; and

(E) Mixed Age Groups Two Years (2) and Up. Groups composed of mixed ages of children two (2) years of age and older shall have no less than one (1) adult to ten (10) children with a maximum of four (4) two (2)-year olds. When there are more than four (4) two (2)-year olds in a mixed group, the staff/child ratio shall be no less than one (1) adult to eight (8) children.

(2) If a center has an attendance of more than fifty (50) children, the center director or individual in charge shall not be included in staff/child ratios except during naptime or on an emergency substitute basis.

(3) If a center has an attendance of more than thirty (30) children at lunch or dinner time, staff shall be provided for meal preparation, serving and clean-up. The staff shall not be

included in staff/child ratios during this time.

(4) Individuals employed for clerical, house-keeping, cleaning and maintenance shall not be included in staff/child ratios while performing those duties.

**AUTHORITY:** section 210.221.1(3), RSMo Supp. 1993.\* This rule previously filed as 13 CSR 40-62.100, 13 CSR 40-62.112 and 19 CSR 40-62.112. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-62.112, effective Dec. 9, 1993. Changed to 19 CSR 30-62.112 July 30, 1998.

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

### 19 CSR 30-62.122 Medical Examination Reports

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

(1) Staff and Volunteers.

(A) All persons working in a day care facility in any capacity during child care hours, including volunteers counted in staff/child ratios, shall be in good physical and emotional health with no physical or mental conditions which would interfere with child care responsibilities. These persons shall have a medical examination report, signed by a licensed physician or registered nurse who is under the supervision of a licensed physician, on file at the facility at the time of initial licensure or within thirty (30) days following employment.

(B) 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.

(C) Medical examination reports shall be completed not more than twelve (12) months prior to beginning work in the facility and may be transferable to another day care facility for subsequent employment.

(D) The medical examination report form shall be supplied by the department or the facility may use its own form if it contains all the information on the department's form.

(E) 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.

(F) If at any time the department has reason to question the physical or emotional health of any person working or volunteering in the facility, the department shall require a physical or mental examination of these persons.

(G) Staff or volunteers shall not work when ill if the health or well-being of children is endangered.

(2) Children.

(A) The provider, within thirty (30) days following the admission of each infant, toddler or preschool child, shall require a medical examination report 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 admission.

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

(C) Medical examination requirements 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 facility may use its 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 & The Grenadines	Turkmenistan
Bangladesh	Dominican Republic	Kazakhstan	Morocco	Sao Tome & Principe	Tuvalu
Belarus	Ecuador	Kenya	Mozambique	Saudi Arabia	Uganda
Belize	Egypt	Kiribati	Myanmar	Senegal	Ukraine
Benin	El Salvador	Korea-DPR	Namibia	Seychelles	Uruguay
Bhutan	Equatorial Guinea	Korea-Republic	Nauru	Sierra Leone	Uzbekistan
Bolivia	Eritrea	Kuwait	Nepal	Singapore	Vanuatu
Bosnia & Herzegovina	Estonia	Kyrgyzstan	New Caledonia	Solomon Islands	Venezuela
Botswana	Ethiopia	Lao PDR	Nicaragua	Somalia	Viet Nam
Brazil	Fiji	Latvia	Niger	South Africa	Wallis & Futuna Islands
Brunei Darussalam	French Polynesia	Lesotho	Nigeria	Spain	W. Bank & Gaza Strip
Bulgaria	Gabon	Liberia	Niue	Sri Lanka	Yemen
Burkina Faso	Gambia	Lithuania	N. Mariana Islands	Sudan	Zambia
Burundi	Georgia	Macedonia-TFYR	Pakistan	Suriname	Zimbabwe
Cambodia	Ghana	Madagascar	Palau	Syrian Arab Republic	
Cameroon	Guam	Malawi	Panama	Swaziland	
Cape Verde	Guatemala	Malaysia	Papua New Guinea	Tajikistan	
Central African Rep.	Guinea	Maldives	Paraguay		

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](http://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 Given:** \_\_\_\_\_  
**Result:** \_\_\_\_\_ mm of induration

**Date Read:** \_\_\_\_\_  
**\*\*Interpretation:** positive \_\_\_\_\_ negative \_\_\_\_\_  
**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  $\geq 15$  mg/d of prednisone for  $\geq 1$  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 40-62.110, 13 CSR 40-62.122, and 19 CSR 40-62.122. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-62.122, 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 30-62.122 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 30-62.132 Admission Policies and Procedures

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

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) 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 30-62.182(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 Group Day Care Homes and Child Day Care Centers 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) Only children two (2) years of age and older shall be accepted for care unless the facility has been specifically licensed to include infant/toddler care.

(5) If infant/toddler care is provided in a unit auxiliary to a licensed facility for older children, the following shall apply:

- (A) Placement of a two (2) year old in either the infant/toddler unit or the unit for older children shall be determined in consultation with the parent(s); and
(B) The infant/toddler unit shall not care for children older than two (2) years unless the total number of children in attendance at the time is four (4) or fewer.

(6) 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.

(7) The provider shall assess his/her ability to provide care for the special needs child while

also meeting the needs of the other children.

(8) 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 30-62.192 Health Care;
(D) Discussion of the parental plan for providing for the care of the school-age child on scheduled days of school closings; 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 30-62.222 Records and Reports;
2. Information regarding a child's personal development, behavior patterns, habits, and individual needs;
3. A diet plan for each infant/toddler signed by the parent(s);
4. 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;
5. 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 30-62.192 Health Care;
6. Permission for field trips, transportation to and from school, and other transportation;
7. Permission for school-age children to leave the facility 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
8. 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 Group Day Care Homes and Child Day Care Centers in Missouri are available in the facility 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.

(9) If care is provided for children related to the center owner(s) or group day care home provider, the parent(s) shall complete and sign a form which is supplied by the department (see 19 CSR 30-61.135). The form shall be on file at the facility before children related to the center owner(s) or group day care home provider are accepted for care, and shall contain the following identifying information:

(A) Each child's name, address, birthdate, and date of admission;

(B) Each child's relationship to the center owner(s) or group day care home provider; and

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

(10) 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 facility to exceed its licensed capacity.

(11) 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 facility.

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

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

*AUTHORITY: sections 210.221 and 210.223, RSMo Supp. 2015.\* This rule previously filed as 13 CSR 40-62.120, 13 CSR 40-62.132, and 19 CSR 40-62.132. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-62.132, 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 30-62.132 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 30-62.142 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 facility shall be specifically licensed to include nighttime care.

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

(A) Special effort shall be made by caregivers 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;

(F) During sleeping hours, caregivers shall be in close proximity to sleeping areas in order to respond to children needing attention. Close proximity means that caregivers shall be close enough to the children to be able to hear any sounds they might make that would indicate a need for assistance. One (1) caregiver shall be awake at all times; and

(G) Adults on the premises shall be limited to staff, parents or authorized individuals.

*AUTHORITY: section 210.221.1(3), RSMo Supp. 1993.\* This rule previously filed as 13 CSR 40-62.130, 13 CSR 40-62.142 and 19 CSR 40-62.142. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-62.142, effective Dec. 9, 1993. Changed to 19 CSR 30-62.142 July 30, 1998.*

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

#### 19 CSR 30-62.152 Hourly Care Facilities

*PURPOSE: This rule sets forth requirements for facilities providing irregular, intermittent, hourly care for children.*

(1) An hourly care facility is a facility licensed exclusively for irregular, intermittent, hourly care.

(2) Hourly care shall be limited to a maximum of fifty (50) hours per month per child. If a child is in care more than fifty (50) hours per month, other child care arrangements shall be made.

(3) Hourly care facilities shall meet all licensing rules for group day care homes and day care centers with the following exceptions:

(A) An outdoor play area is not required;

(B) Children may bring sack lunches; and

(C) The children's medical examination report is not required.

*AUTHORITY: section 210.221.1(3), RSMo Supp. 1993.\* This rule previously filed as 13 CSR 40-62.140, 13 CSR 40-62.152 and 19 CSR 40-62.152. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-62.152, effective Dec. 9, 1993. Changed to 19 CSR 30-62.152 July 30, 1998.*

*\*Original authority: 220.221.1(3), RSMo 1949, amended 1955, 1987, 1993.*

#### 19 CSR 30-62.162 Overlap Care of Children

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

(1) There may be situations (for example, to accommodate parents' work shifts, before- and after-school care or before- and after-summer camp care) when the number of children in care may exceed the licensed capacity of the facility at the time of overlap. The number in care shall never be more than one-third (1/3) over the licensed capacity of the facility. 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 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 (see 19 CSR 40-61.155).

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

(4) Staff/child ratios shall be maintained during overlap periods.

(5) When before- and after-summer camp care for children is provided, the provider shall require that the parent(s) sign a statement of consent for the child to be taken from the facility to the summer camp location.

(6) Overlap shall be granted to an infant/toddler unit or to a preschool/school-age unit based on the licensed capacity of each unit. A provider may not use the time period for one (1) unit to increase the overlap period for the other unit.

(7) Overlap approval shall not be granted to facilities licensed exclusively for before- and after-school child care programs.

*AUTHORITY: section 210.221.1(3), RSMo Supp. 1993. \* This rule previously filed as 13 CSR 40-62.150, 13 CSR 40-62.162 and 19 CSR 40-62.162. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-62.162, 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 30-62.162 July 30, 1998.*

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

### 19 CSR 30-62.172 Emergency School Closings

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

(1) On days when schools are closed due to emergencies such as inclement weather or physical plant failure, the facility may accommodate enrolled school-age children who need care. The provider shall be permitted to exceed for the day the licensed capacity of the facility by one-third (1/3). The one-third (1/3) excess attendance for emergency school closings 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 facility.

(2) Staff/child ratios shall be maintained during emergency school closings.

(3) 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.

(4) 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 40-62.160, 13 CSR 40-62.172 and 19 CSR 40-62.172. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-62.172, effective Dec. 9, 1993. Changed to 19 CSR 30-62.172 July 30, 1998.*

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

### 19 CSR 30-62.182 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. Caregivers shall not leave any child without competent adult supervision.

2. A caregiver 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 individuals approved by the parent(s), guardian, or legal custodian.

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

4. Children under three (3) shall be supervised and assisted while in the bathroom.

5. A caregiver shall remain in the room with preschool and school-age children while they are napping or sleeping and shall be able to see and hear them if they have difficulty during napping or when they awaken.

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

7. Caregivers shall provide special attention on an individual basis for new children having problems adjusting, distressed children, etc. Children shall be encouraged, but not forced to participate in group activities.

8. 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 30-62.087 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. 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.

2. Children shall be cared for by the same caregiver on a regular basis.



3. Caregivers 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. 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.

2. The diapering table shall be cleaned thoroughly with a disinfectant after each use.

3. The child shall not be left unattended at any time while on the diapering table.

4. Diapers and wet clothing shall be changed promptly.

5. Wet or soiled diapers shall be placed in an airtight disposal container located in the diaper change area. 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).

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

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

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

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

10. Children shall not be punished, berated, or shamed in any way for soiling their 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 small 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. Toileting 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 caregiver(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 40-62.170, 13 CSR 40-62.182, and 19 CSR 40-62.182. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-62.182, effective Dec. 9, 1993. Changed to 19 CSR 30-62.182 July 30, 1998. Amended: 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 30-62.192 Health Care**

*PURPOSE: This rule sets forth 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 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 facility.

(C) Unusual behavior shall be monitored closely and parent(s) 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 director 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 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 immunized adequately 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 (see form at 19 CSR 40-61.185). 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 (see form at 19 CSR 40-61.185), 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 (see 19 CSR 40-61.185).

(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 (see 19 CSR 40-61.185). 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(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 facility, 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.

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 facility 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.

*AUTHORITY: section 210.221.1(3), RSMo Supp. 1993. \* This rule previously filed as 13 CSR 40-62.192 and 19 CSR 40-62.192. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-62.192, 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 30-62.192 July 30, 1998.*

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

### **19 CSR 30-62.202 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



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>
<b>BREAKFAST</b>				
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 components	Bread or Bread Alternate*	1/2 slice*	1/2 slice*	1 slice*
<b>SNACK</b>				
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*
<b>LUNCH/SUPPER</b>				
Requirement—	Fluid Milk***	1/2 cup	3/4 cup	1 cup
1 serving of milk component				
<b>MEAT/MEAT ALTERNATE</b>				
1 serving from the meat/meat alternate component	Meat, Poultry, or Fish or Cheese or Egg or Cooked Dry Beans and Peas or Peanut Butter	1 ounce	1 1/2 ounces	2 ounces
		1 ounce	1 1/2 ounces	2 ounces
		1	1	1
		1/4 cup	3/8 cup	1/2 cup
		2 table-spoons	3 table-spoons	4 table-spoons
<b>FRUIT/VEGETABLE</b>				
2 servings from the fruit/vegetable component:	1 Vegetable and 1 Fruit or 2 Different Vegetables 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 juice shall be one hundred percent (100%) fruit juice.

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



(H) The water and milk supply, and the method of dispensing, shall be approved by local or 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 located conveniently near playrooms and the playground 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 nutritional requirements and developmental stages as specified by his/her parent(s) in a written diet plan.

(B) The written diet plan for each infant/toddler shall be followed. The parent(s) shall update the plan according to the individual needs of the child until they grant permission in writing for the child to eat table foods.

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

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

(E) 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 previously filed as 13 CSR 40-62.180, 13 CSR 40-62.202 and 19 CSR 40-62.202. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-62.202, effective Dec. 9, 1993. Changed to 19 CSR 30-62.202 July 30, 1998.*

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

#### 19 CSR 30-62.212 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 facility.

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

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

(D) Short, unscheduled walks may be taken without parent 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 facility.

(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 facility, after entering the vehicle, during a field trip, after taking the children to

bathrooms, after returning to the vehicle and when back at the facility.

(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 previously filed as 13 CSR 40-62.212 and 19 CSR 40-62.212. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-62.212, effective Dec. 9, 1993. Changed to 19 CSR 30-62.212 July 30, 1998.*

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

#### 19 CSR 30-62.222 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 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, hospital, or both, to be used in an emergency;

(E) Name of the individual(s) authorized to take the child from the facility; 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 30-62.122 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 facility 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 staff and volunteer attendance records 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 facility during the hours the facility is open and operating.

(8) The provider shall maintain a written record at the facility for fire and disaster drills.

(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 the parent(s) upon request.

(11) All records shall be available in the facility 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 40-62.190, 13 CSR 40-62.222, and 19 CSR 40-62.222. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-62.222, 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 30-62.222 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 30-62.230 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 40-62.230. 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 30-62.230 July 30, 1998.*

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