

**Title 15: Mississippi State Department of Health**  
**Part 11: Bureau of Child Care Facilities**  
**Subpart 55: Child Care Facilities Licensure**

**CHAPTER 3: REGULATIONS GOVERNING LICENSURE OF CHILD CARE FAMILY HOMES FOR 5 OR FEWER CHILDREN**

**Subchapter 1. GENERAL**

**Rule 3.1.1 Legal Authority:** The "Mississippi Child Care Licensing Law," Section 43-20-1 et seq. of the Mississippi Code of 1972 provides the legal authority under which the Mississippi State Department of Health prescribes minimum regulations for child care facilities defined under the law.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.1.2 Purpose:**

1. The purpose of these regulations is to protect and promote the health and safety of children in this state by providing for the licensing of family child care homes as defined herein to assure that certain minimum standards are maintained in such homes. This policy is predicated upon the fact that a child is not capable of protecting himself, and when his parents for any reason have relinquished his care to others, there arises the probability of exposure of that child to certain risks to his health and safety that require the offsetting statutory protection of licensing.
2. A family child care home may exceed the minimum quality standards required in these regulations but may not operate without meeting the minimum standards set forth in these regulations.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.1.3 Severability:** If any provision of these regulations or the application thereof to any persons or circumstances shall be held invalid, such invalidity shall not affect the provisions or application of these regulations that can be given effect without the invalid provision or application, and to this end, the provisions of these regulations are declared severable.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.1.4 Definitions:**

1. **Act:** The "Mississippi Child Care Licensing Law," Section 43-20-1 et seq. of the Mississippi Code of 1972.
2. **Accident:** Accident means an incident that results in damage or creates observable injuries (scratch, bite mark, scraped knee, first aid given, etc.).
3. **Agency Representative:** An authorized representative of the Mississippi State Department of Health.
4. **Caregiver:** An individual at least 18 years of age with a minimum of one-year prior documented experience caring for children who are under thirteen years of age who provides direct child care, supervision, and guidance to children.
5. **Caregiver Assistant:** An individual at least 16 years of age. Caregiver assistants shall always work under the direct on-site supervision of a director or caregiver. They shall not have direct responsibility for a group of children as the sole caregiver. Caregiver assistants under the age of 18 shall not be given the authority to discipline children.
6. **Children with Special Needs:** A child needing adaptation in a particular child care family home to access programming and the physical environment.
7. **Critical Violation:** Violation of rules(s) identified by the Mississippi State Department of Health (MSDH) in the Regulations Governing Licensure of Child Care Facilities as most critical because non-compliance with those rules pose a threat to the health, safety, or well-being of the children in care and to the operation of the center.
8. **Developmentally Appropriate Practice (DAP):** Principles of guidelines that are appropriate to each child's age and developmental status and responsive to the social and cultural context in which they live.
9. **Director:** An individual at least 21 years of age with a minimum of high school diploma or equivalent GED and two years prior documented experience caring for children who are under 13 years of age who provides direct child care, supervision, and guidance to children.
10. **Emergency Preparedness Plan:** Each child care family home is required to have an emergency preparedness plan which includes all activities and processes designed to prepare for an unsafe event and

deal with the immediate emergency conditions created by or associated with the event, per the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42U.S.C. 5195a(a)(1)).

11. **Family Child Care Provider:** Homes that care for five or fewer children. In a licensed child care home, the registered primary caregiver provides care in the caregiver's residence for not more than five children from birth through 13 years and may provide care after school hours for elementary school children. The total number of children in care at any given time, including the children related to the caregiver, must not exceed five.
12. **Field Trip:** Activities conducted off the premises of the child care center, or outside of the approved playground areas, while under the supervision of center staff, whether a child walks or is transported.
13. **Group:** The children assigned to a caregiver or team of caregivers occupying an individual classroom or well-defined physical space within a larger room.
14. **Hazardous Condition:** A situation or place that presents a possible source of injury or danger.
15. **Health:** The condition of being sound in mind and body and encompassing an individual's physical, mental, and emotional welfare.
16. **Health-Care Professional:** A licensed physician, nurse practitioner, dentist, or other licensed medical personnel who provides health care to the child.
17. **Infant:** Children from birth through 12 months.
18. **Licensing Agency:** The Mississippi State Department of Health.
19. **Operator:** Any person, acting individually or jointly with another person or persons, who shall establish, own, operate, conduct or maintain a child care family home. The child care family home license shall be issued in the name of the operator or operators. If there is more than one operator, all statutory and regulatory provisions concerning the background checks of operators shall be equally applied to all, including a spouse who jointly owns, operates, or maintains the child care family home regardless of which operator is named on the license.
20. **Parent:** As used in these regulations, parent shall mean custodial parent, legal guardian, foster parent, guardian ad litem, and other

individuals or institutions to which a court of competent jurisdiction has granted legal authority over the child.

21. **Person:** Any person, firm, partnership, corporation, or association.
22. **Personal Care:** Assistance rendered by personnel of the home in performing one or more of the activities of daily living, which includes but is not limited to the feeding, personal grooming, supervising, and dressing of children placed in the home.
23. **Physical Confines:** The space inside the walls of the home.
24. **Premises:** Includes any parcel of land where the child care center is located and any building, other structure, body of water, play equipment, street, sidewalk, walkway, driveway, parking garage, or parking lot on the parcel.
25. **Preschool Aged Children:** Children from three years of age up to their first day of kindergarten.
26. **Professional Development:** Participation by child care center staff, in workshops, conferences, educational or provider associations, formal education, in-service training, or planned learning opportunities provided by qualified individuals. Training shall be age appropriate for the child population served by the child care center and in such subject areas related to: child care, child growth and development and/or early childhood education, nutrition, infection control/communicable disease management and causes, health and safety, signs and treatment of child abuse and/or neglect and shall include alternatives to corporal punishment. Training for directors may also be in areas related to supervision of child care staff or program administration.
27. **Resident:** Any person living in the child care family home.
28. **Safety:** The condition of being protected from hurt, injury or loss.
29. **School Age Child:** A child five years of age or older and eligible to be enrolled in a public school. A child that is five years old must have turned five on or before September 1 to be considered a school age child.
30. **Serious Occurrence:** A serious occurrence includes but is not limited to, accidents or injuries requiring care by a health-care professional, deaths, alleged abuse and neglect, or other emergencies requiring the presence of law enforcement, fire personnel, EMT, or other emergency responders. Additionally, transportation accidents involving children in

vehicles are considered serious occurrences and must be addressed by the appropriate authorities and child care staff.

31. **Supervision:** Care that is provided to an individual child or a group of children. Children shall always be supervised appropriate to the individual age, needs, and capabilities of each child. Such supervision must include, but not be limited to, indoor and outdoor activities, mealtimes, naptime, transportation, field trips, and transitions between activities. Adequate supervision means that the appropriate number of staff members are physically present in the area where children are being cared for and are providing watchful oversight to the children and volunteers. The persons supervising in the child care area must be alert, positioned to maximize their ability to always hear and see the children, able to respond promptly to the needs and actions of the children being supervised, as well as the actions of the volunteers, provide timely attention to the children's actions and needs and promptly intervene in the case of an emergency. Staff shall also be attentive and participate with children during mealtimes and shall stay within proximity to the children while they are eating.
32. **Time Out:** The child is given time away from an activity which involved inappropriate behavior.
33. **Toddler:** Any child aged 12 months and under the age of 24 months.
34. **Watchful Oversight:** The process of actively monitoring a child's activities.
35. **Weather Permitting:** Daily weather conditions that do not pose any concerns for health and safety. This includes conditions in which children may still play safely outdoors for shorter periods with appropriate adjustments to clothing and access to water, shade, or shelter.

*Source: Miss. Code Ann. §43-20-8*

## **Subchapter 2. LICENSURE**

### **Rule 3.2.1 Types of Licenses:**

1. **Temporary License:** The licensing agency may issue a temporary license to any child care family home. This license will allow the child care family home to operate six months pending the issuance of a regular license. The temporary license will reflect the date of issuance of the license, the expiration date, and the number of children for which

the home is licensed. Before a Temporary License is issued and the home is allowed to begin operation, the following items must be submitted to and approved by the licensing agency:

- a. License application and \$130.00 application fee.
- b. License fee - \$50.00
- c. Documentation that the provider has a qualified director for the child care program that meets the standards set forth in Rule 3.5.3.
- d. "Letter of Suitability for Employment" for every employee as appropriate that is to begin work when the provider starts operation.
- e. An MSDH Certificate of Immunization Form #121 or Medical Exemption Form #122 for every employee. Religious Exemption Form #122 does not apply to staff.
- f. Valid MSDH Fire Inspection Form #333.
- g. Wastewater disposal approval.
- h. Potable water source approval for drinking water.
- i. Zoning approval. Follow local zoning requirements.
- j. Lead Testing approval:
  - i. Building – required when high levels of lead are identified.
  - ii. Playground
- k. Adult, Child and Infant CPR and First Aid certification as required for a person or persons who will be present at the home during all hours of operation.
- l. Daily Schedule of Activities - developed by provider.
- m. Arrival and Departure Procedures - developed by provider.
- n. Emergency Policy – Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care home), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42

U.S.C. 5195a(a)(1)) that shall include procedures for evacuation, relocation, shelter-in-place, and lockdown; staff emergency preparedness training and practice drills; communication and reunification with families, continuity of operations; and accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.

- o. Verification of Emergency Relocation Site – developed by provider.
  - i. One site must be a minimum of one mile from the facility.
  - ii. One site must be a minimum of five miles from the facility.
  - iii. Alternate site in case the other two locations are compromised.
- p. Transportation Policy-If children are transported daily. If children are not transported daily, the provider must include a statement in the Parent Handbook.
- q. Emergency Transportation Policy-An emergency transportation policy shall encompass such events as emergency evacuation of the facility and emergency transporting of a child to receive medical attention. It is required even if the provider does not plan to transport children.
- r. Vehicle Insurance-Proof of insurance is required if the provider transports children.
- s. Verification, in writing, that the provider has or does not have accident/liability insurance covering the business.
- t. Verification, in writing, that the provider has or does not have accident/liability insurance covering the children enrolled at the facility.
- u. Discipline Policy
- v. Verification that the owner/operator and director have completed mandatory training on:
  - i. Regulations Governing Licensure of Child Care Family Homes: Five or Fewer

- ii. Health and Safety
  - iii. Shaken Baby Syndrome
2. **Regular License:** The licensing agency may issue a regular license when all conditions and requirements for licensure have been approved.
  3. **Probational License:** The licensing agency may issue a probational license, at its discretion, where violations may endanger the health or safety of the children, but only when such violations may be corrected within a specified period. There shall be a written corrective action plan agreed upon between the operator and the licensing agency. The period for which a probational license is issued shall be at the discretion of the licensing agency but in no instance shall exceed six months.
  4. **Restricted License:** The licensing agency may issue any type of license with conditions or restrictions when the health and safety of children require such limitations. These conditions or restrictions may include, but are not limited to, barring certain individuals from the premises or addressing any other situation that could endanger children, and such details must be recorded on the license. Any violation of these conditions or restrictions will result in the immediate emergency suspension of the license. Once the conditions or restrictions no longer pose a threat to the children, they may be lifted from the license.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.2.3 Application for License:** An electronic application for a license under these regulations shall be made to the licensing agency upon forms provided by it and shall contain such information as the licensing agency may reasonably require.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.2.4 License Fee:** Each initial and renewal licensure application, unless suspended or revoked, shall be accompanied by a fee as set by the Board, made payable to the Mississippi State Department of Health by electronic means. Renewal of licenses shall occur on an annual basis. Fees are non-refundable order, or electronic means.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.2.5 Certificate of Inspection by Fire Department:** A certificate of inspection and approval by the fire department of the municipality or other political subdivision in which the child care family home is located shall be



submitted to the licensing agency with the application and license fees. Except that if no fire department exists where the facility is located, the State Fire Marshall shall certify the inspection for safety from fire hazards.

The inspection form to be used for fire inspections shall be MSDH Form #333, or other approved inspection forms used and completed by the local fire authority or State Fire Marshal designee, along with any other fire safety inspection forms required by the city and/or county and shall be signed by a signatory authority of the fire inspection authority making the inspection.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.2.6 Inspection:** An agency representative(s) shall inspect each child care family home prior to issuing or renewing a license to assure compliance with these regulations. Agency representatives have the right to enter upon arrival.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.2.7 Record of Inspection:** Whenever an inspection is made of a child care family home, the findings shall be recorded on an official inspection form and furnished to the operator, director, and/or their representative.

**Rule 3.2.8 Renewal of License:**

1. The licensing agency shall issue licenses that may be renewed annually. The licensing agency shall email a renewal notice to the address of the operator registered with the licensing agency. The operator shall:
  - a. Complete the renewal application.
  - b. Submit all required documents for approval by the licensing agency.
  - c. Submit the renewal fee.
  - d. File the above with the licensing agency at least 30 days prior to the expiration date on the license. Renewal applications submitted online less than 30 days prior to the expiration date of the license shall be assessed a \$25.00 late fee. Application and fees are to be paid online at the Mississippi State Department of Health website ([healthymss.com](http://healthymss.com)).
2. An operator who does not file the renewal application prior to the date that the license expires will be deemed to have allowed the license to lapse. In its discretion, the license may be reinstated by the licensing

agency, by payment of both the renewal and the reinstatement fee, provided the application for reinstatement is made within one month of the expiration date of the license.

3. After the one-month reinstatement period, an application for an initial license must be submitted. All licensure requirements in effect at the time the new initial application is filed shall be met.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.2.9 License Not Transferable or Assignable:** Each license shall be issued only for the premises and operator named in the application and shall not be transferable or assignable. A change of ownership includes, but is not limited to, inter vivo gifts, purchases, transfers, lease arrangements, cash and/or stock transactions or other comparable arrangements whenever any person or entity acquires or controls a majority interest of the child care family home, home, or service. Changes of ownership from partnerships, single proprietorships, or corporations to another form of ownership are specifically included.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.2.10 Display of Licenses:** The current license issued by the licensing agency to the named child care family home and operator shall be posted and displayed in a conspicuous place and in easy view of all persons who enter the child care family home. The home operator shall also post next to the license, in plain view, a notice provided by the MSDH that informs the public of where and how they may report a complaint against the facility.

**Rule 3.2.11 Changes in Home Operations:** Before implementing any changes, the operator must obtain approval from the licensing agency for any significant alterations affecting areas of the child care facilities. Such major changes include, but are not limited to, changes in operator, director, location, hours of operation, renovations, use of areas within the home, or the number and ages of children served. Additional examples include changes in the evacuation plan or emergency relocations, damages to or changes in the condition of the facility, loss of electricity, heat, air conditioning, or water supply to the facility for over one hour while children are present.

### **Subchapter 3. RIGHT OF ENTRY AND VIOLATIONS**

**Rule 3.3.1 Right of Entry:** A representative from the licensing agency has the authority to conduct inspections or investigations at any child care home to ensure compliance with these regulations. Applying for a license or permit to operate a center, or receiving one from the agency, implies consent from the

applicant, the prospective license holder, and the premises owner for the agency's representative, upon displaying proper identification, to enter the premises. The home shall provide access to personnel from other state agencies or any individuals conducting inspections at the agency's request.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.3.2 Failure to Allow Access:** Refusing the agency's representative access to all areas of the child care family home, including the premises, staff, children, and all records maintained by or for the facility (including but not limited to audio, video, photos, written documents, social media posts, and electronic data), may warrant restrictions, revocation, or suspension of a license. The agency is entitled to photocopy or reproduce any record held by or for the center as necessary for inspections or investigations.

**Rule 3.3.3 Right of Entry-Parent(s)/Guardian(s):** Parent(s)/Guardian(s) of enrolled children must be granted permission for access to all areas of the child care family home used by the child(ren). Access shall be defined as a parent/guardian having access to areas of the facility available to their child and non-disruptive to normal daily activities

**Rule 3.3.4 Violations:** If violations noted on the inspection or investigation form are not corrected within the period specified by the licensing agency, a license may be denied, suspended, or revoked in accordance with these regulations.

*Source: Miss. Code Ann. §43-20-8*

#### **Subchapter 4. FACILITY POLICY AND PROCEDURES**

**Rule 3.4.1 Parental Information:** Before a child's enrollment, the parent shall be provided with the following:

1. **Operating Information:**
  - a. Name(s), business phone number, business address, and home phone number of the operator, director or an individual in authority who can be reached after the facility's normal hours of operation.
  - b. The phone number of the child care family home.
  - c. The program and services provided, and the ages of children accepted.
  - d. The hours and days of operation and holidays or other times

closed.

- e. The procedures for admission and registration of children.
- f. Facility tuition, payment methods, and late payment policies.
- g. Types of insurance coverage for children, or a statement that accident insurance is not provided or available.
- h. If a home does not provide liability insurance there shall be a statement in the child's record, signed by the parent indicating that the parent is aware that the facility does not carry liability insurance.
- i. Arrival and departure procedures for children.

**2. Health and Emergency Procedures:**

- a. Procedures for storing and giving a child medication. Medications for children shall be kept in a storage cabinet or container that is locked or otherwise not accessible to children and shall be stored separate from cleaning chemicals, supplies or poisons. Medication requiring refrigeration shall be placed in a leakproof container in a refrigerator that is not accessible to the children.
- b. Policy for reporting suspected child abuse.
- c. Policy for reporting accidents.
- d. Provision for emergency medical care, treatment of illnesses and serious occurrences, which include:
  - i. A plan to handle a child in a medical crisis.
  - ii. A plan to obtain prompt services of physician and hospitalization, if needed.
  - iii. A plan for immediately notifying the parent of any illness, or serious incidents involving children.
  - iv. A plan to acquire the services of a certified practitioner for a child exempt from medical care on religious grounds.
- e. Evacuation plan including procedures for notifying the parents of the relocation sites.

- f. Policy and procedures for handling dangerous situations, including but not limited to, dealing with violent individuals, individuals entering the home with weapons, bomb threats, or conditions posing an immediate threat to children.
3. **State regulations:**
- a. A statement signed by the child's parent, indicating that they have received a summary of licensing standards and other materials designated by the licensing agency.
  - b. The name and phone number of the MSDH licensing official responsible for the inspection of the home.
  - c. The child care family home complaint hot line or web link.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.4.2 Smoking, Tobacco Products, and Prohibited Substances:**

- 1. Smoking or the use of tobacco products in any form is prohibited within the physical confines or the campus of a child care family home.
- 2. The use of alcohol, illegal use of prescription drugs, or use of illegal drugs is prohibited within the physical confines or the campus of a child care family home.
- 3. Smoking or the use of tobacco products in any form, use of alcohol, illegal use of prescription drugs, or use of illegal drugs by a caregiver is prohibited anytime a child is under the care of such caregiver regardless of location. A caregiver is defined as a person who provides direct care, supervision, and guidance to children in a child care family home, regardless of title or occupation. This definition includes parents.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.4.3 Documents to Post:** The following items shall be posted conspicuously in the child care family home:

- 1. MSDH License
- 2. Daily activity schedule
- 3. Evacuation route
- 4. MSDH complaint form

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.4.5 Weapons Prohibited:** All firearms in the home shall be equipped with trigger locks and kept in a locked room out of the sight of all children. All other dangerous weapons shall be kept under a lock in a room not accessible to children. Other dangerous weapons include, but are not limited to, hunting knives, spears, machetes, archery equipment, etc.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.4.6 Serious Occurrences Involving Children:** The child care family home must report to the licensing agency, notify the child's parents, and place a copy in the child's record immediately after the serious occurrence. If the family home is unable to contact the parent, documentation should be recorded in the record. Written reports must be submitted within two days of the occurrence. Examples of serious occurrences may include the following:

1. Any visit to a requiring a medical professional, hospital visit, or hospitalization
2. Alleged abuse, neglect, or inappropriate physical contact with child or adult
3. A lost or unsupervised child
4. Transportation incident or accident
5. Death
6. Incorrect medication given to a child or children
7. Physical altercation between adults on the premises.
8. Any other incident that poses a danger to the life, health, and/or well-being of a child, children, or staff member at the facility

**Rule 3.4.7 Child Abuse:** Any operator or employee of a child care family home who has suspicion or evidence of child abuse or neglect shall report it immediately to the Mississippi Department of Child Protective Services in accordance with Miss. Code Ann. § 43-21-353; 43-21-357; 43-21-261; 43-21-267; 43-21-105(m). A provider must not interview staff or children regarding the specific allegation(s) of child abuse or child neglect until the Department of Child Protective Services and/or local law enforcement agency has had the opportunity to interview all appropriate individuals and completed their investigation.

**Rule 3.4.8 Prevention of Shaken Baby Syndrome and Abusive Head Trauma:** Each child care family home licensed to care for children up to five years of age shall develop and adopt policies to prevent shaken baby syndrome and abusive head trauma prior to licensure. The policy shall include the following:

1. How to recognize, respond to, and report the signs and symptoms of shaken baby syndrome and abusive head trauma. Signs and symptoms include irritability, difficulty staying awake, difficulty breathing, inability to lift the head, seizures, lack of appetite, vomiting, and bruises.
2. Strategies to assist staff members in coping with a crying, fussing, or distraught child.
3. Strategies to assist staff members in understanding how to care for infants.
4. Strategies to ensure staff members understand the brain development of children up to five years of age.
5. A list of prohibited behaviors that shall include, but not be limited to, shaking a child, tossing a child into the air or into a crib, chair, or car seat, and pushing a child into walls, doors, and furniture; and
6. Resources to assist staff members and families in preventing shaken baby syndrome and abusive head trauma.

## **Subchapter 5: PERSONNEL REQUIREMENTS**

### **Rule 3.5.1 General Requirements for Personnel:**

1. Each employee or potential employee of a child care family home, whether full-time, part-time, temporary, or substitute, shall meet the minimum qualifications for the respective job classification, as set forth in these regulations.
2. Any individual who, in the opinion of the licensing agency, appears to be unable to physically or mentally care for the children daily and/or in emergency situations will not be allowed to act as a caregiver or caregiver assistant. Any person whose ability is in question shall, at the request of the licensing agency, be able to demonstrate the ability to perform, at a minimum but not limited to the following:
  - a. Physical ability to exit the children during a fire drill in under two minutes;
  - b. Ability to read medication directions and properly dispense

medication to children (required only if the facility dispenses medication)

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.5.2 Comprehensive Background Check:** Pursuant to Section 43-20-1 et seq., of the Mississippi Code of 1972, Section 658(d) of the Child Care Development Block Grant Act of 2014, and Federal Rules and Regulations 45 CFR 98.43, a comprehensive, finger-print based, criminal history records check, consisting of a FBI national criminal history records check (NCIC), state criminal history records check (MCIC), state child abuse registry check, National Sex Offender Registry check (NSOR), a state sex offender registry check and an interstate check, if applicable, must be completed on all operators, employees, and prospective employees of a licensed, regulated, and/or registered child care facility/family home as well as all child care providers eligible to deliver services for which Child Care Development Funds assistance is provided. Further, a comprehensive background must be completed every five years.

1. Before a prospective staff member may begin work in a child care facility/family home, a valid Letter of Suitability must have been issued by the MSDH Criminal Records Check Unit.
2. Each licensed, regulated, and/or registered child care provider will electronically access, monitor, verify, and maintain the suitability status of any submitted employee through the agency maintained website.
3. If an individual has been separated from employment (break in service) in a child care facility/family home for more than 180 consecutive days a new comprehensive criminal history records check must be submitted and approved before the individual may begin work in a child care facility/family home.
4. In the event a child care applicant has a disqualifying event a letter of non-suitability will be issued. Both the child care facility/family home provider and the applicant will be notified through the agency-maintained website.
5. Individuals under the age of 18 who are employed by a child care provider for compensation are required to complete a comprehensive background check.
6. A comprehensive background check must be completed on any individual 18 years of age and older residing in a residence designated as



a child care facility/family home.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.5.3 Child Care Director Qualifications:** A child care family home director shall be at least 21 years of age and shall have at a minimum a high school diploma or equivalent (GED) and two years prior documented experience caring for children who are under 13 years of age.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.5.4 Caregivers:** Caregivers shall be at least 18 years of age and shall have at a minimum one-year prior documented experience caring for children who are under 13 years of age.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.5.5 Caregiver Assistants:** Caregiver assistants shall be at least 16 years of age and shall work under the direct supervision of a director or caregiver. They shall not have direct responsibility for a group of children as the sole caregiver. Caregiver assistants under the age of 18 shall not be given the authority to discipline children.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.5.6 Staff Development:**

1. Owners and Directors. Before a new license to operate is issued, owners and directors of the child care family home shall each complete mandatory training on courses covering Regulations Governing Licensure of Child Care Family Home of 5 or Fewer, Health and Safety, and Shaken Baby Syndrome. If a new director is appointed by the child care family home after the license issuance, the mandatory training courses shall be completed by such individual(s) within the first three months of appointment.
2. The owner/director is required to obtain Health and Safety training prior to the home being licensed. All staff members must acquire it within 90 days of being hired. Health and Safety training must be completed every two years thereafter that consists of the following topics:
  - a. Prevention and control of infectious diseases including immunizations;
  - b. Prevention of sudden infant death syndrome and use of safe

- sleeping practices;
  - c. Administration of medication, consistent with standards for parental or guardian consent;
  - d. Prevention and response to emergencies due to food and allergic reactions;
  - e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic;
  - f. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
  - g. Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care family home);
  - h. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants;
  - i. Precautions in transporting children, if applicable;
  - j. Infant, child, and adult first aid and infant, child, and adult CPR;
  - k. Recognition and reporting of child abuse and neglect; and
  - l. Child development (including the major domains: cognitive, social, emotional, physical development and approaches to learning).
3. All child care employees shall be required to complete five contact hours of staff development, accrued during the licensure year, annually. Training should address the following:
- a. Health and safety.
  - b. Child growth and development.
  - c. Nutrition.
  - d. Planning learning activities.
  - e. Guidance and discipline techniques.

- f. Linkages with community services.
  - g. Communications and relations with families.
  - h. Detection of child abuse.
  - i. Advocacy for early childhood programs.
  - j. Professional issues.
  - k. First aid and cardiopulmonary resuscitation (CPR) for infant, child, and adult.
  - l. Special needs, as applicable.
4. Contact hours for staff development shall be approved by the licensing agency.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.5.7 Review by Licensing Agency:**

- 1. The satisfaction of the personnel requirements applicable to any individual shall be determined by the licensing agency acting pursuant to its authority under applicable statutes and regulations.
- 2. The licensing agency, in its sole discretion, may accept suitable educational credits, programs, or degrees in lieu of those specified in Subchapter 5 upon the submission of adequate documentation by the individual.

*Source: Miss. Code Ann. §43-20-8*

**Subchapter 6. RECORDS**

**Rule 3.6.1 Records:** Records listed in this section shall be kept in the child care family home and shall be made available to the licensing agency on request.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.6.2 Records Retention:**

- 1. All records, unless otherwise specified, shall be kept for a period of at least three years, whether the child care family home is open or closed.

2. A child's records shall be retained for a period of one year after the child is no longer in attendance at the facility.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.6.3 Facility Records:**

1. Attendance records for children and employees.
2. A current alphabetical roster of children enrolled in the child care family home, to include the child's full name and date of birth.
3. A current alphabetical roster of staff employed in the child care family home.
4. Current license.
5. Records of monthly fire/disaster evacuation drills and 9-1-1 drills.
6. A record shall be maintained of any medication administered by the director or caregiver showing the date, time, and signature of dispensing employee. A medication record may be destroyed 90 days after administering the medication.
7. Each facility shall maintain a notebook containing copies of the MSDH Certificate of Immunization Compliance (MSDH Form #121) for both staff and children at the home. The notebook shall contain separate current alphabetical rosters of both staff and children. The certificates shall be filed in alphabetical order to match the current staff and child rosters. Children enrolled in a licensed family child care home are expected to be age appropriately immunized. All children must have one of the following forms before enrollment in a licensed family child care home: Certificate of Immunization Compliance (Form 121) or Certificate of Medical/Religious Exemption (Form 122).
8. Each facility shall maintain a notebook containing a copy of the Letter of Suitability from the licensing agency on all employees. The notebook shall contain an alphabetical roster of staff including, staff name, date of birth, and the initial date of hire. The Letter of Suitability shall be filed in an order matching the alphabetical roster.
9. Each licensed child care provider is required to enter into the child care LARS Database the hourly rate that they charge to care for a child in a particular age group they serve, i.e., Infant, Preschool, School Age. The following is used for calculating the hourly rate for each age group.

Calculated Daily Rate = (Calculated Weekly Rate  $\div$  5)  
Current Monthly Rate (CMR)  
Calculated Yearly Rate = (CMR X 12 months)  
Calculated Weekly Rate = (Calculated Yearly Rate  $\div$  52)

Source: Miss. Code Ann. §43-20-8

**Rule 3.6.4 Personnel Records:**

1. **Employee Records:** Each employee's personnel record shall contain the following:
  - a. Name, date of birth, address, phone number and photo identification.
  - b. Documentation of education, training, and experience necessary for employment.
  - c. Documentation (transcript) of staff development accrued during each licensure year, beginning with the date employed.
  - d. Date of employment and date of separation.
  - e. Mississippi State Department of Health Certificate of Immunization Compliance Form 121 or Form 122 Medical Exemption.
  - f. Valid Letter of Suitability for employment.
  - g. Documentation of orientation, within one week of being hired, including, but not limited to, emergency procedures (to include policies for handling dangerous situations), staffing and supervision requirements, daily schedules, physical/emotional/developmental problems of children, discipline policies, and child abuse and neglect.
  - h. Upon resignation or termination, personnel records shall be kept on file and be made available to the licensing agency for at least one year after the last day of employment.
2. The required Employee Information to be entered into the Child Care Licensure and Reporting System (LARS) for the Owner, Director, and all staff of the child care family home is as follows:
  - a. First Name

- b. Last Name
  - c. Date of Birth
  - d. Last 4 of SSN
  - e. Hire Date
  - f. Email Address
  - g. Mailing Address
  - h. Contact Phone Number
3. The above information will be entered at the time of initial application, renewal, and contacts must be updated within the “Manage Contacts” section. The required information entered under this rule is confidential and not viewable by the public.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.6.5 Child Records:** The facility shall maintain an individual file for each child under its current care, and for any child who withdrew during the preceding twelve months, containing the following identification and contact information, parental instructions, authorizations and other documents required by its policy manual:

**1. Identification and Contact Information:**

- a. The name of the child and names of parents/guardians.
- b. Home address and home phone number.
- c. The parent’s business name, address and phone number.
- d. The child’s date of birth.
- e. Date of acceptance at facility and date of withdrawal, if any, with the parents’ stated reason for withdrawal.
- f. Other contact information required to be maintained in accordance with facility’s policy manual.

**2. Parental Instructions:**

- a. If the parent provides written instructions to the facility, those instructions concerning the child’s growth and development, medical needs, allergies, toilet training and other information relevant to the child’s well-being shall be maintained and updated as provided from time to time.
- b. Written identification of an authorized, responsible person(s) for

pick-up of the child.

- c. Official legal documentation of any limitation of parental rights of the other parent or stepparent.
- d. Documentation of any limitation or restriction, if any, on activities of a child, or other participation by the child in certain events such as holiday celebrations.

3. **Authorizations:**

- a. Signed, written authorization to obtain emergency medical treatment and to administer medication.
- b. Election by a parent to either
  - i. provide written authorization consenting to any and all field trips, excursions, or series of events outside the child care family home, or
  - ii. provide written consent only for those specific field trips, excursions, or series of events for which date, time and location are specifically approved.
- c. Signed acknowledgment by a parent that the written policies and procedures described in Rule 3.4.1 have been received by the parent.
- d. Signed acknowledgment by a parent that a summary of licensing standards and other materials designated by the licensing agency has been received by the parent.
- e. Parental authorization of child being photographed, having photos posted or shared on social media, or other parental concerns.

4. **Documents Required by Policy Manual or Contract:**

- a. If agreed by the facility in its policy manual or caregiver contracts, the method in which the provider will inform the parent or contact person if a child does not arrive at the facility within a reasonable time after a scheduled drop-off.
- b. Any other documents or identification records agreed to be maintained by the facility.

**5. Confidentiality of Records and Information:**

- a. Individual child records are confidential and shall not be disclosed or released without prior written authorization by the parent.
- b. Individual personnel records are confidential and shall not be disclosed or released without prior written authorization by the employee.

*Source: Miss. Code Ann. §43-20-8*

**Subchapter 7. EMERGENCY PREPAREDNESS AND EVACUATION PLANNING**

**Rule 3.7.1 Emergency and Evacuation Plan:** The provider shall establish and follow a written, multi-hazard emergency preparedness, response, and recovery plan to protect children in the event of emergencies that at a minimum shall:

- 1. Address any potential disaster, natural or human-caused event, related to the area in which the facility is located;
- 2. Include procedures to control access to buildings and outdoor play areas;
- 3. Include procedures for evacuation, relocation to one of the facility's pre-determined places, shelter-in-place, lock down, communication with families, and continuity of operations;
- 4. Include specific procedure for accommodations for infants and toddlers, including food and formula;
- 5. Include specific procedures for caring for children with disabilities and chronic medical conditions, including the evacuation and transportation, as well as any required medication or medical equipment;
- 6. Include a system to quickly account for all children;
- 7. Include a system, and a back-up system, for contacting parents and authorized third party release caretakers;
- 8. Include a system to reunite children and parents following an emergency;



9. Include procedures for providing information about the emergency plan to parents at the time of enrollment and when changes and/or updates occur;
10. Be reviewed annually for accuracy and updated as changes are needed;
11. Be reviewed with all staff and volunteers during orientation and at least once every six months;
12. Be available at the time of inspection and any other time requested by the licensing agency.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.7.2 Individualized Emergency Plan:** An individual emergency plan shall be in place for each child with special health care needs and shall include medical contact information and additional supplies and equipment as needed.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.7.3 Evacuation Pack:** The facility shall have an evacuation pack, the location of which shall be known to all staff, that at a minimum shall contain:

1. A list of area emergency phone numbers;
2. An updated list of emergency contact information and emergency medical authorization for all enrolled children;
3. An emergency pick up form;
4. First aid supplies, hand sanitizer, wet wipes, and tissue;
5. Diapers for children who are not toilet trained and plastic bags for diaper disposal;
6. A battery-powered flashlight and radio and batteries or a crank flashlight and radio;
7. Disposable cups and bottled water.
8. A designated staff member shall be responsible for maintaining the pack to ensure that all contents, including medications are current and not expired.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.7.4      Records:** A facility shall maintain a copy of records, documents, and computer files necessary for its continued operation following an emergency in either a portable file or at an off-site location (an electronic back up copy of all information is strongly recommended).

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.7.5      Drills:** The provider shall conduct fire and tornado drills monthly and all other disaster drills at least once every six months. The provider shall vary the days and times on which fire and other disaster drills are held. The provider shall keep documentation of the previous 12 months of all drills on-site for review by licensing agency. Documentation of the drill shall include:

1. The type of drill (i.e., fire, tornado, flood, violence, loss of electrical power)
2. The date and time of the drill;
3. The number of children participating;
4. The name of the individual supervising the drill;
5. The total time to complete the drill; and
6. Any problems encountered and remediation.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.7.6      First Aid and CPR**

1. During all hours of operation, including the arrival and departure of children, a child care family home employee shall be present, at any location where the children are present, who holds a valid infant, child, and adult first aid certificate. This certificate shall be issued by an agent recognized by the licensing agency.
2. During all hours of operation, including the arrival and departure of children, a child care family home employee shall be present who holds a valid infant, child, and adult CPR certification, at any location where the children are present. Said certificate shall be issued by an agent recognized by the licensing agency.
3. When initially acquiring or renewing the CPR and First Aid certifications, online (internet, etc.) training is not acceptable.

Training must be face-to-face and hands on.

## **Subchapter 8. STAFF TO CHILD RATIO, GROUP SIZE, AND SUPERVISION**

### **Rule 3.8.1 General:**

1. During all hours of operation, including arrival and departure of children, a child care family home employee shall be present to whom administrative and supervisory responsibilities have been assigned. This employee shall meet the minimum qualifications of a director.
2. During all hours of operation, including the arrival and departure of children, a child care family home employee shall be present who holds a valid infant, child, and adult CPR certification, at any location where the children are present. Said certificate shall be issued by an agent recognized by the licensing agency.
3. During all hours of operation, including the arrival and departure of children, a child care family home employee shall be present, at any location where the children are present, who holds a valid infant, child, and adult first aid certificate. This certificate shall be issued by an agent recognized by the licensing agency.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.8.2 Staff-to-Child Ratio:** The minimum staff to child ratio present shall be five children to one staff.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.8.3 Grouping:** When children are placed in groups, the maximum group size shall be five children to one staff.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.8.4 Supervision:** A caregiver must maintain watchful oversight. Staff must always be aware of all children in their care and must be alert, able to respond quickly to children's actions and needs, and be able to intervene promptly in case of an emergency.

1. Staff shall refrain from using electronic devices or any object that will distract one's attention while supervising children or performing classroom duties.

2. The responsible caregiver shall stay on the same floor or level of the house with the children.
3. When children are outdoors, the caregiver must be present outside providing direct supervision to the children.
4. Provide closer supervision to ensure children are within easy reach when risks are higher and when children's age and behavioral tendencies require it.

## **Subchapter 9. PROGRAM OF ACTIVITIES**

### **Rule 3.9.1 General:**

1. The child care family home shall provide a basic program of activities geared to the age levels and developmental needs of the children served.
2. The child care family home shall provide for the reading of age-appropriate materials to children.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.9.2 Daily Routines:** All daily routines, such as eating and rest periods, shall be scheduled for the same time each day.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.9.3 Eating:** Meal periods are breakfast, lunch, dinner, and snacks.

*Source: Miss. Code Ann. §43-20-8*

### **Rule 3.9.4 Rest Periods:**

1. Rest period shall be individualized to meet each child's needs.
2. Physical force shall not be used in requiring children to lie down or go to sleep during rest periods.

**Rule 3.9.5 Infant Safe Sleep:** A safe sleep environment for infants to lower the risk of Sudden Infant Death Syndrome (SIDS) is required as follows:

1. An infant **MUST** be placed on his/her back for sleeping unless written physician orders to the contrary, with medical reasons listed, are in the child's record. Sleeping infants shall be within the view of the staff and

visually checked regularly when sleeping. Nothing shall obstruct the view of the staff or prevent the staff from clearly seeing infants or children. All children MUST be visually checked during naptime.

2. Infants shall be dressed in clothing appropriate for sleeping that is designed to keep the infant warm without the possible hazard of head covering or entrapment. Clothing used for swaddling and swaddling blankets are not to be used at any time. The room shall be kept at a draft-free seasonally appropriate temperature of 65 degrees Fahrenheit to 78 degrees Fahrenheit. If a child is already asleep and not dressed in clothing appropriate for sleeping, the caregiver does not need to awaken the infant to change his or her clothes. Facilities shall use a firm mattress covered by a fitted sheet.
3. The lighting in the room must allow the caregiver to see each infant's face, to view the color of the infant's skin, and to check on the infant's breathing.
4. A caregiver trained in safe sleep practices and approved to care for infants shall always be present in each room where infants are present.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.9.6 Outdoor Activities:**

1. All children shall have daily outdoor activities appropriate for the children's chronological ages and developmental levels unless the weather poses a significant health risk identified by the National Weather Service.
2. Sun safe practices shall be used during outdoor activities throughout the year.
3. Sun safe practices shall be evident in the planning of all outdoor activities.
4. Outdoor activities shall be held in areas providing shade or covered spaces.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.9.7 Infant, Toddler, and Preschool Activities:**

1. Infants, toddlers, and preschoolers shall be free to creep, crawl, toddle, and walk as they are physically able.

- a. Cribs, car seats, and highchairs are to be used appropriately only for their primary purpose, i.e., cribs for sleeping, car seats for vehicle travel, and highchairs for eating.
  - b. Providers should limit the use of equipment such as strollers, swings, and bouncer seats/chairs for holding infants while they are awake.
  - c. Providers should implement activities for toddlers and preschoolers that limit sitting or standing to no more than 30 minutes at a time.
  - d. Providers should use strollers for toddlers and preschoolers only when necessary.
2. For infants who cannot move about the room, caregivers shall frequently change the place and position of the infant and the selection of toys available, and the child shall be held, rocked, and carried about.
  3. Television viewing shall be kept at a minimum.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.9.8 Indoor or Outdoor Physical Activity:** Child care providers are to provide infants, toddlers, and preschool children with opportunities to be physically active throughout the day.

*Source: Miss. Code Ann. §43-20-8*

## **Subchapter 10. EQUIPMENT, TOYS, AND MATERIALS**

### **Rule 3.10.1 General:**

1. Equipment, toys, and materials for both indoor and outdoor use shall be appropriate to the age and developmental needs of the children served.
2. Equipment, toys, and materials for both indoor and outdoor shall be clean, safe, and in good repair.
3. The daily activity schedule shall demonstrate that preschoolers are given opportunities to do a variety of activities, including both quiet and active, such as block play, art activities, puzzles, books, and learning games, and that stories are read to and discussed with each child every day.

**Rule 3.10.2 Paint:** Paint on toys, equipment, furniture, walls, and other items shall be lead-free and non-poisonous.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.10.3 High Chairs:** High chairs, if used, shall have a wide base and a T-shaped safety strap. They shall be labeled or warranted by the manufacturer in documents provided at the time of purchase or verified thereafter by the manufacturer as meeting the American Society for Testing Materials (ASTM) Standard F-404 (Consumer Safety Specifications for High Chairs).

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.10.4 Rest Period Equipment:** In accordance with the U.S. Consumer Product Safety Act of 2008, any crib provided by a child care family home must meet federal safety standards. To verify compliance with federal standards, any crib manufactured prior to June 28, 2011, there shall be a Certificate of Compliance on file in the facility and the crib must have a label attached to show the date of manufacture. Any crib manufactured after June 28, 2011, must have a label attached to show the date of manufacture.

1. The facility shall provide a crib or other similarly commercially purchased bed unit, approved and designated for the purpose of sleeping. Children shall not be placed directly on the floor for rest periods.
2. Mobile infants, at a minimum of eight months, may be placed on a mat during the transition period of crawling to walking. If such mat is used, it shall be commercially purchased, flame retardant, a minimum of two inches thick, and designated for the purpose of sleeping.
3. Cribs, cots, and mats are to be a minimum of 24 inches apart or separated by a solid barrier. A minimum of 36 inches is recommended.
4. Once a sheet or blanket has been used by a child, it shall not be used by another child until it has been laundered.
5. Rest period equipment shall be covered with a waterproof cover.
6. Nap pads/cots are designed for use by one child only at a time and sanitized after each use or when soiled.
7. Children are not allowed to sleep in shared places, such as infant seats, strollers, swings, cozy areas, or on tables. If a child falls asleep in such shared place, he or she should be moved immediately.

8. Stackable cribs are not allowed.

*Source: Miss. Code Ann. §43-20-8*

## **Subchapter 11. BUILDINGS AND GROUNDS**

### **Rule 3.11.1 Building:**

1. A child care family home shall be physically separated from any other business or enterprise. Other occupants, visitors, and/or employees of other businesses or enterprises within the same building shall not be allowed within the physical confines of the child care family home for the purpose of entering the building or exiting the building or passing through the child care home for the purpose of gaining access to another part of the building.
2. A child care family home can only utilize approved, lower-level areas of the home.
3. All child care family homes shall meet all fire safety standards listed on the MSDH Form #333 and all applicable local fire safety standards and/or ordinances.
4. A separate space shall be provided for the use of an ill or injured child until the child can be picked up by the parent.
5. The ceiling, floor, and/or floor covering shall be properly installed, kept clean and in good condition, and maintained in good repair.
6. All parts of the child care family home used by children shall be lead-safe, well-lighted, ventilated, and free of hazardous or potentially hazardous conditions, such as, open stairs and unprotected low windows.
7. All glass in doors, windows, mirrors, etc., shall have a protective barrier at least four feet high when measured from the floor. Doors, windows, mirrors, etc., using safety-grade glass or polymer (e.g., Lexan®) are not required to have a protective barrier. Glass windows and glass door panels shall be equipped with a vision strip 36 inches from the floor. Safety glass must be certified by the installer and the statement kept on file at the child care family home.
8. Walls shall be kept clean and free of torn wall covering, chipped paint, broken plaster, and holes. No paint that contains lead compounds shall be applied to interior walls or woodwork.



9. A child care family home shall maintain a primary and secondary communication device, one of which shall be a telephone.
10. All fire extinguishers, as required in the fire safety plan, shall be serviced on an annual basis by a qualified fire extinguisher technician.
11. Unused electrical outlets shall be protected by a safety plug cover.
12. No extension cords shall be used in areas accessible to children.
13. Every child care family home that uses nonelectric heating and/or cooling systems, cooking stoves, and/or water heaters, or other nonelectric equipment, shall have sufficient carbon monoxide monitors placed appropriately throughout the child care family home.
14. All child care family homes are to be kept clean and in good repair.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.11.2 Openings:**

1. Each window, exterior door, and basement or cellar hatchway shall be weather-tight and watertight.
2. The width of doors shall accommodate wheelchairs and the needs of individuals with physical disabilities, if applicable
3. Doorways and exits shall be free of debris and equipment to allow unobstructed traffic to and from the room.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.11.3 Kitchens:**

1. Children are not allowed in the kitchen area.
2. The following regulations shall apply:
  - a. No game or home canned foods shall be served.
  - b. Other than fresh or frozen vegetables and fruit, all foods shall be from commercial sources.
  - c. Food shall be cooked or reheated to a temperature of 165 degrees

Fahrenheit. Hot food shall be held at a minimum temperature of 140 degrees Fahrenheit.

- d. Cold food shall be stored at a temperature of 41 degrees Fahrenheit or below.
  - e. All food shall be covered while in the refrigerator or freezer.
  - f. Any prepared foods not properly refrigerated at a temperature of 41 degrees Fahrenheit or less, or frozen, shall be discarded.
  - g. If manual washing is utilized, a sanitizer shall be used. Rinsing in a chlorine solution using one and one-half tablespoons of household bleach per gallon of water is sufficient. If a dishwasher is utilized, the nozzle ports shall be free of obstructions, and the interior of the machine shall be clean.
  - h. Hot water, under pressure, shall be available.
  - i. Insecticides, poisons, cleaning agents, and medications, shall be stored away from food, separately from each other, and out of the reach of children.
  - j. Children shall not be exposed to insecticides or pesticides, or other toxic agents.
  - k. Hands shall be washed frequently, when switching between working with raw and ready-to-eat foods, and after all non-food preparation activities.
  - l. Clean clothing shall be worn.
  - m. Gloves shall be worn if there are any cuts or abrasions on the hands.
3. All kitchens and/or food/snack preparation areas in a child care family home shall be inspected as part of the child care inspection process.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.11.4 Toilets and Hand Washing Lavatories:**

- 1. Toilets and hand washing lavatories shall be located within the physical confines of child care family home and shall be convenient to outside playground areas.

2. All hand washing lavatories shall have both hot and cold running water. Hot water temperature shall not exceed 120 degrees Fahrenheit.
3. Toilets, and hand washing lavatories, and sinks shall be clean and operational. Bathrooms, hand washing lavatories, and sinks shall be supplied with soap, and individual towels for drying hands. Each toilet shall be supplied with toilet paper.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.11.5 Water:** The water supply shall be from a public water system or a private system approved by the Mississippi State Department of Health. Water shall be dispensed by the following:

1. Disposable paper cups; or
2. Labeled cup for each child that shall be washed and sanitized daily.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.11.6 Exits:** Must comply with local fire codes and municipalities.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.11.7 Heating, Cooling, and Ventilation:**

1. A draft-free seasonally appropriate temperature of 65 degrees Fahrenheit to 78 degrees Fahrenheit shall be maintained.
2. All rooms used by children shall be heated, cooled, and adequately ventilated to maintain the required temperatures, and air exchange, and to avoid the accumulation of objectionable odors and harmful fumes.
3. Ventilation may be in the form of openable windows.
4. Electric fans, if used, shall be guarded to limit the size of the opening in the blade guard to less than one-half inch.
5. When air-cooling is needed, draft-free cooling units shall be used. They shall present no safety hazard to the children.
6. Filters on recirculation systems shall be checked and cleaned or replaced as needed.
7. Thermometers that do not present a hazard to children shall be

present.

8. Portable, open flame and kerosene space heaters are prohibited. Portable gas stoves shall not be used for heating.
9. Electric space heaters shall be UL-approved, inaccessible to children, and utilized in compliance with all manufacturer's recommendations.
10. Fireplaces and fireplace inserts shall be properly vented, inaccessible to children through a barrier device, and in compliance with all manufacturer's recommendations.
11. Heating units, including water pipes and baseboard heaters shall be made inaccessible to children.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.11.8 Outside Grounds and Play Area:** Outside play areas shall be free of hazardous or potentially hazardous objects and/or conditions that may result in injury. The outdoor play area shall be well arranged so that all areas are visible to staff.

1. Outside play areas shall be protected from traffic or other hazards by fencing. Fencing at least four feet high shall be provided around the outdoor playground area. Fencing higher than four feet but not to exceed eight feet may be required if the licensing agency determines that a hazard exist. Fencing materials shall not present a hazard to children. The gate latch or securing device shall be high enough that it cannot be opened by small children.
2. All equipment shall be securely anchored to prevent accidents or injuries.
3. Outdoor playground areas shall be free from unprotected swimming and wading pools, ditches, and other bodies of water.
4. Outdoor spaces shall be laid out to ensure ample shaded space for children.
5. Protective surfacing is required beneath climbing and swinging equipment.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.11.9 Garbage Removal:** Garbage and trash shall be removed from the child

care family home daily and from the grounds at least once a week. Garbage and trash shall be stored inaccessible to the children and in insect and rodent-resistant containers.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.11.10 Pest Control:** The home shall be free of insects and rodents. Use of agricultural chemicals for pests is strictly prohibited.

*Source: Miss. Code Ann. §43-20-8*

## **Subchapter 12. HEALTH, HYGIENE, AND SAFETY**

### **Rule 3.12.1 Employee Health:**

1. Employees manifesting symptoms or otherwise suspected of having upper respiratory, gastrointestinal, skin, or other serious contagious conditions shall be excluded from work until either free from symptoms or certified by a physician to be no longer infectious.
2. Staff shall use universal precautions when changing diapers or being exposed to blood, fecal material, or urine.
3. Refer to the MSDH website for proper handwashing procedures.

*Source: Miss. Code Ann. §43-20-8*

### **Rule 3.12.2 Child Health:**

1. A child who is suspected of having a serious contagious condition shall be isolated and returned to the parent as soon as possible.
2. A child having a serious contagious condition shall not be allowed to return to the child care family home until they have been certified by a physician to be no longer contagious.
3. A child with a physical injury shall be treated by a staff member with infant, child, and adult valid first aid certificate issued by an agent recognized by the licensing agency. A child with a serious physical injury shall be treated by a staff member with a valid first aid certificate issued by an agent recognized by the licensing agency and transported to a hospital or medical facility as soon as appropriate.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.12.3 Child Hygiene:**

1. A child's wet or soiled clothing shall be changed immediately.
2. A child's hands shall be washed:
  - a. Immediately before and after eating.
  - b. After using the toilet or having their diapers changed.
  - c. After playing on the playground.
  - d. After handling pets, pet cages, or other pet objects.
  - e. Whenever hands are visibly dirty.
  - f. Before going home.
3. A child shall have a shower, tub, or sponge bath to ensure bodily cleanliness when necessary.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.12.4 Toys and Equipment:** Toys and equipment used by infants or toddlers shall be cleansed daily with a germicidal solution. Refer to the National Resource Center for Health and Safety in Child Care and Early Education for cleaning and disinfecting procedures.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.12.5 First Aid Supply:**

1. A first aid supply shall be kept on-site and easily accessible to employees, but not in reach of the children.
2. A first aid supply shall be taken on all field trips and excursions and shall be easily accessible to employees, but not in reach of the children.
3. All vehicles used by the facility in transporting children shall be equipped with a first aid kit.
4. All first aid kits should be periodically inspected for contents. Depleted and out-of-date materials should be replaced.
5. Special attention should be exercised when utilizing first aid supplies or any medication for children who have allergies or other special medical needs.

6. For additional information on supplies for first aid kits contact your local office of the American Red Cross.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.12.6 Animals and Pets:**

1. Any pet or animal present at a child care family home, indoors or outdoors, shall be in good health, show no evidence of carrying any disease, and be a friendly companion for the children.
2. Dogs or cats, where allowed, shall be immunized for any disease that can be transmitted to humans and shall be maintained on a flea, tick, and worm control program.
3. All pets shall be cared for as recommended by the regulating health agency. When pets are kept at the child care family home, procedures for their care and maintenance shall be written and followed. When immunizations are required, proof of current compliance signed by a veterinarian shall be on file at the home where the pet is kept.
4. A caregiver shall always be present when children are exposed to animals (including dogs and cats). Children shall be instructed on safe procedures to follow when near these animals (e.g., not to provoke or startle them or remove their food). Potentially aggressive animals (e.g., pit bulls, boxers, etc.) shall not be in the same physical space as the children.
5. Each child's and staff's hands shall be properly washed after being exposed to animals.

*Source: Miss. Code Ann. §43-20-8*

**Subchapter 13. NUTRITION, MEALS, AND FOOD SAFETY**

**Rule 3.13.1 General:**

1. A child care family home shall provide adequate and nutritious meals prepared in a safe and sanitary manner.
2. Meal periods are breakfast, lunch, dinner, and snacks.
3. Meals shall be served where each child may be seated.
4. Meals shall be served by employees only.

5. Employees shall wash their hands before preparing or serving food.
6. Children shall not share food.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.13.2 Nutritional Standards:** Meals shall meet the nutritional standards as prescribed in Appendix “C” Minimum Standards for Nutritional Care in Child Care Facilities.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.13.5 Snacks:** All snacks shall meet acceptable nutritional standards, as prescribed in Appendix “C” Minimum Standards for Nutritional Care in Child Care Facilities.



## **Subchapter 14. DISCIPLINE AND GUIDANCE**

**Rule 3.14.1 Prohibited Behavior:** The following behaviors are prohibited by anyone (parent, caregiver, or child) in all child care home settings:

1. Corporal punishment, including hitting, spanking, beating, shaking, pinching, biting, and other measures that produce physical pain.
2. Withdrawal or the threat of withdrawal of food, rest, or bathroom opportunities.
3. Abusive or profane language, yelling, and/or harsh tones toward or around children is not allowed.
4. Any form of public or private humiliation, including threats of physical punishment.
5. Any form of emotional abuse, including rejecting, terrorizing, ignoring, isolating, or corrupting a child.
6. Use of any food product or medication in any manner or for any purpose other than that for which it was intended.
7. Inappropriate disciplinary behavior including putting soap or pepper in a child's mouth is not allowed.
8. Any acceptable disciplinary action that is not age-appropriate for the child or is excessive in time or duration.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.14.2 Restraint of a Child:** Children shall not be physically restrained except as necessary to ensure their own safety or that of others, and then for only as long as is necessary for control of the situation. Children shall not be given medicines or drugs that will affect their behavior except as prescribed by a licensed physician and with specific written instructions from the licensed physician for use of the medicines or drugs.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.14.3 Time Out:** "Time out" that enables the child to regain self-control and keeps the child in visual contact with a caregiver shall be used selectively, considering the child's developmental stage and the usefulness of "time out" for the child. Isolation from a caregiver is not acceptable. "Time out" is not allowed for children younger than (3) three years of age.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.14.4 Children Shall Not Discipline Other Children:** Children shall neither be allowed nor be instructed to discipline other children.

*Source: Miss. Code Ann. §43-20-8*

## **Subchapter 15. TRANSPORTATION**

**Rule 3.15.1 General:** The child care family home is responsible for the safety of the children.

*Source: Miss. Code Ann. §43-20-8*

### **Rule 3.15.2 Requirements:**

1. All drivers shall be appropriately licensed.
2. All vehicles shall have current licenses and registrations.
3. Insurance is required and shall adequately cover the transportation of children.
4. Children shall board or leave the vehicle from the curbside of the street and shall be safely accompanied to their destinations.
5. A parent shall be present if the child is delivered home.
6. Age and weight appropriate seat restraints shall be used.

*Source: Miss. Code §43-20-8.*

### **Rule 3.15.3 Occupant Restraints:**

1. All children will be properly restrained whenever they are being transported in a motor vehicle.
  - a. Every person transporting a child under the age of four years in a passenger motor vehicle, and operated on a public roadway, street or highway, shall provide for the protection of the child by properly using a child passenger restraint device or system meeting applicable federal motor vehicle safety standards.
  - b. Every person transporting a child in a passenger motor vehicle operated on a public roadway, street or highway, shall provide for the protection of the child by properly using a belt positioning

booster seat system meeting applicable federal motor vehicle safety standards if the child is at least four years of age, but less than seven years of age and measures less than four feet nine inches in height or weighs less than 65 pounds.

- c. Any vehicle equipped with seatbelts is subject to the requirements in items a. and b. above
2. No vehicle shall be occupied by more individuals than its rated capacity.
3. No children shall be transported in the front seat of vehicles equipped with passenger-side airbags.
4. An individual seat restraint must be used for each child. The use of an individual seat restraint for two or more children is not allowed.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.15.4 Staff-to-Child Ratio:** The staff to child ratio shall be always maintained. The driver of the vehicle shall not be counted as a caregiver while transporting the children.

*Source: Miss. Code Ann. §43-20-8*

## **Subchapter 16. DIAPERING AND TOILETING**

**Rule 3.16.1 Diaper Changing Area:** A diapering area shall be in a designated place of the home accessible to a hand-washing lavatory with hot and cold running water, a smooth and easily cleanable surface, a plastic-lined, covered garbage receptacle, and sanitizing solution. Refer to the National Resource Center for Health and Safety in Child Care and Early Education for proper diaper changing procedures.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.16.2 Non-Disposable Diapers and Training Pants:** The fecal contents of non-disposable diapers or training pants shall be disposed of into a toilet. The soiled non-disposable diaper or training pants shall then be placed into a plastic bag, sealed, and placed in the child's individual container.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.16.3 Disposable Diapers:** Disposable diapers shall be placed into a plastic bag and sealed or shall be rolled up and taped securely, then placed

into a plastic-lined covered garbage receptacle.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.16.4 Potty Chairs:** Potty chairs, if used, shall be placed in the bathroom area and sanitized after each child's use.

**Rule 3.16.5 Parental Consultation:** A parent-caregiver consultation is required prior to toilet training.

*Source: Miss. Code Ann. §43-20-8*

### **Subchapter 17. FEEDING OF INFANTS AND TODDLERS**

**Rule 3.17.1 Hand Washing:** Employees shall wash their hands with soap and water and dry their hands with individual or disposable towels before and after each feeding. The infant and toddler's hands shall be washed with soap and water and dried with individual or disposable towels before and after each feeding.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.17.2 Bottle Feeding:** Infants shall be held while being bottle-fed. Bottles shall not be propped at any time. With parental consent and when infants are old enough to hold their own bottles, they may feed themselves without being held. The bottle shall be removed at once when empty or when the child has fallen asleep.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.17.3 Formula Storage:** Formula shall be labeled with the child's name, dated, and placed in the refrigerator upon arrival.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.17.4 Baby Food:** Foods stored or prepared in jars shall be served from a separate dish for each infant or toddler. Any leftovers from the serving dish shall be discarded. Leftovers in the jar shall be labeled with the child's name, dated, refrigerated, and used within the next 24 hours or discarded.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.17.5 Refrigerator:** A refrigerator shall be available and easily accessible to the infant or toddler's room(s).

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.17.6 Heating Unit and Microwave Use:**

1. A heating unit for warming bottles and food shall be accessible only to adults.
2. Microwave ovens shall not be used for warming bottles or baby/infant food.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.17.7 Breast-Feeding Accommodations and Staff Training:** This section applies to all mothers choosing to breast-feed their child regardless of the child's age.

1. Breast-feeding mothers, including employees, shall be provided a sanitary place that is not a toilet stall to breast-feed their child or to express milk. This area shall provide an electrical outlet, comfortable chair, and nearby access to running water.
2. A refrigerator must be available to accommodate storage of expressed breast milk. It is acceptable to store expressed milk in the same refrigerator as other milk/bottles provided each bottle is appropriately labeled with the child's name and the time of expected expiration of the milk. Milk must be stored in accordance with the American Academy of Pediatrics and Centers for Disease Control guidelines.

*Source: Miss. Code Ann. §43-20-8*

**Subchapter 18. SWIMMING AND WATER ACTIVITIES**

**Rule 3.18.1 General:** This section shall apply to any child care family home that, as part of its program, allows the children to swim, wade, or participate in any water activities whether on-site or at any other location during the time staff has responsibility for children enrolled.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.18.2 Lifeguard Supervision:**

1. **Swimming pools, lakes, etc.:**
  - a. A person having an American Red Cross lifeguard certificate, or the equivalent as recognized by the licensing agency, shall be

present at all swimming and water activities.

- b. Lifeguards, or the equivalent as recognized by the licensing agency, are not counted in the staff-to-child ratio.
  - c. The staff-to-child ratio shall be always maintained.
  - d. Staff, as well as lifeguards, shall be responsible for enforcing general safety rules.
  - e. Staff is responsible for requiring children to obey all swimming/water rules. These rules shall be explained each day that swimming/water activities occur so that all ages can understand what is expected.
2. **Wading pools:** For activities taking place in wading pools with a water depth of one foot or less the following is required:
- a. There shall always be a person(s) with a valid CPR and first aid certificate present.
  - b. The staff-to-child ratio shall be always maintained.
  - c. Wading pools shall be cleaned after each use.

*Source: Miss. Code Ann. §43-20-8*

### **Rule 3.18.3 Health and Safety:**

1. Swimming pools equipped with a diving board shall be level. All diving boards shall be installed in accordance with manufacturer's guidelines.
2. Swimming pools, when in use, shall be properly maintained and monitored for appropriate concentration of disinfectant based on the manufacturer's guidelines.
3. A testing kit for measuring the concentration of the disinfectant, shall be available at each swimming pool.
4. The water in a swimming pool shall have sufficient clarity to ensure visibility to the floor of the pool. The pool shall be closed immediately if this requirement cannot be met.

*Source: Miss. Code Ann. §43-20-8*

## **Subchapter 19. CHILDREN WITH SPECIAL NEEDS**

### **Rule 3.19.1 Facility Adaptation:**

1. The child care home areas to be utilized by a child with special needs shall be adapted as necessary to accommodate special devices that may be required for the child to function independently, as appropriate.
2. A separate area shall be available for providing privacy for diapering, dressing, and other personal care procedures.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.19.2 Activity Plan:** A child with special needs shall have an individual activity plan. The individual activity plan shall have been developed by a person with a bachelor's or advanced degree in a discipline dealing with disabilities, as appropriate. The individual activity plan shall be reviewed, at a minimum, once every 12 months.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.19.3 Caregiver Staff Development:** Caregivers serving children with special needs shall receive staff development related to the specific needs of the children served.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.19.4 Staffing:** Caregiver staffing shall be appropriate and adequate to meet the specific physical and/or developmental needs of the special needs children served at the child care home. Staff-to-child ratio shall be determined by the needs of the child rather than child's chronological age as based upon the child's individual plan (individual education plan, individual habilitation plan, individual family service plan, etc.). The facility is encouraged to be an active participant in the child's individual plan development.

*Source: Miss. Code Ann. §43-20-8*

## **Subchapter 20. HEARINGS, EMERGENCY SUSPENSIONS, LEGAL ACTIONS AND PENALTIES**

### **Rule 3.20.1 Emergency Suspensions of License:**

1. Any license issued pursuant to these regulations may be suspended prior to a hearing if the licensing agency has reasonable cause to believe that the operation of the child care family home constitutes a substantial hazard to the health or safety of the children cared for by the child care family home.
2. Whenever a license is to be suspended, the operator or director shall be notified in writing that the license, upon service of the notice, is immediately suspended. The notice shall contain the reason for the emergency suspension, and shall set a date for a hearing, which shall be within 14 days of the service of notice.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.20.2 Denial, Revocation, or Suspension of License:** The licensing agency may deny, refuse to renew, suspend, revoke, or restrict a license of any child care family home upon one or more of the following grounds:

1. Fraud, misrepresentation, or concealment of a material fact by the operator in securing the issuance or renewal of a license.
2. Conviction of an operator of any crime, if the licensing agency finds that the acts of which the operator has been convicted could have a detrimental effect on the children cared for by the child care family home.
3. Violation of any of the provisions of the act or of these rules and regulations.
4. Any conduct or failure to act, which is determined by the licensing agency to threaten the health or safety of a child.
5. Failure by the child care family home to have all criminal records and child abuse central registry checks on file at the facility.
6. Information received by the licensing agency as a result of the criminal records check or the child abuse central registry check on an operator.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.20.3 Notification:** Prior to the denial, refusal to renew, suspension, revocation or restriction of a license, and at the time of the imposition of any monetary penalty, written notice of the contemplated action shall be given to the applicant or person named on the license of the child care family home, at



the address on record with the licensing agency. Such notice shall specify the reasons for the proposed action and shall notify the operator of the right to a hearing on the matter.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.20.4 District Level Hearing for Monetary Penalties:**

1. If requested in writing within ten calendar days of receipt of notice of the imposition of a monetary penalty, a district level hearing shall be provided in which the operator or applicant may show cause why the monetary penalty should not be imposed. The District Health Officer or his/her designee will preside at said hearing.
2. Any hearing requested pursuant to Subchapter 22, Rule 2.22.44(1) shall be held no less than five calendar days and no more than 20 calendar days from the receipt of any request for a hearing, unless both parties agree to an alternate period.
3. The district level hearing shall be informal. There will be no court reporter present and the Department will not be represented by counsel. However, the hearing officer will take notes of the proceedings and will provide the licensee with a written order outlining his decision within ten calendar days of conclusion of the district level hearing.
4. Within ten calendar days of the receipt of the district level decision the licensee may make a written request for a hearing at the state level.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.20.5 State Level Hearing:**

1. If requested in writing within ten calendar days of receipt of a notice of revocation, non-renewal, probation, or suspension, or after a district level hearing has been held on a monetary penalty, a hearing shall be held at the state level. At the state level hearing a hearing officer shall be appointed by the State Health Officer. A court reporter shall transcribe the proceeding. The hearing shall be held within 30 calendar days of receipt of the request for such hearing, unless waived in writing by the licensee.
2. Within 30 calendar days of the hearing, or such period as determined during the hearing, written findings of fact, together with a recommendation for action, shall be forwarded to the State Health Officer. The State Health Officer shall decide what, if any, action is to be taken on the recommendation within 14 calendar days of receipt of

the recommendation. Written notice of the decision of the State Health Officer shall be provided to the operator.

3. At the state level hearing, the licensee shall be entitled to legal representation at his or her own expense.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.20.6 Appeal:**

1. Any operator who disagrees with or is aggrieved by a decision of the licensing agency concerning the suspension, revocation, or restriction of a license may appeal to the Chancery Court of the county in which the child care family home is located. The appeal shall be filed no later than 30 calendar days after the operator receives written notice of the final administrative action by the licensing agency as to the suspension, revocation, or restriction of the license. The operator shall have the burden of proving that the decision of the licensing agency was not in accordance with applicable law and these regulations.
2. If a facility is allowed to continue to operate during the appeal process, it will remain under the regulation of the licensing agency and will be subject to all current licensure regulations to include, but not limited to, inspection of the facility, review of facility and children's records, submission of all required or requested documents, and payment of all applicable fees and/or monetary penalties.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.20.7 Injunction:** Notwithstanding the existence of any other remedy, the licensing agency may, in the manner provided by law, in term time or in vacation, upon the advice of the Attorney General who shall represent the licensing agency in the proceedings, maintain an action in the name of the state for injunction or other proper remedy against any person to restrain or prevent the establishment, conduct, management, or operation of a child care family home with or without a license under the act, or otherwise in violation of these regulations.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.20.8 Criminal Penalties:** Any person establishing, conducting, managing, or operating a child care family home without a license pursuant to these regulations shall be guilty of a misdemeanor, and, upon conviction, shall be fined not more than one hundred dollars (\$100.00) for the first offense, and not more than two hundred dollars (\$200.00) for each

subsequent offense.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.20.9 Violations and Penalties:** In the event of an emergency occurring at a child care family home which makes it difficult or impossible to comply with any of these Rules, the facility shall not be in violation of those specific Rules. For purposes of this Rule 2.22.9, the term “emergency” shall include only the following:

1. Inclement weather;
2. Damage to the facility and/or structure which might require moving, transferring or consolidation of children;
3. Traumatic injury or acute illness of a caregiver or the caregiver’s immediate family while the caregiver is on-site resulting in the caregiver having to leave the premises;
4. Declaration of a state of emergency by local or state officials;
5. An injury or illness of a child at the facility requiring the immediate attention of one or more caregivers, resulting in non-compliance of child-to-staff ratio or room ratio; and/or
6. During a period when licensing agency inspectors or other government officials require facility staff to temporarily not be able to perform their normal supervisory duties.

Any violation of these regulations, in the discretion of the licensing agency, is punishable by a monetary penalty.

## **Subchapter 21. RELEASE OF INFORMATION**

**Rule 3.21.1** Information in the possession of the licensing agency concerning the license of individual child care facilities may be disclosed to the public, except such information shall not be disclosed in such manner as to identify children or families of children cared for at a child care family home. Nothing in this section shall affect the agency’s authority to release findings of investigation into allegations of abuse pursuant to either Sections 43-21-353(8) and Section 43-21-257 Mississippi Code of 1972, annotated.

*Source: Miss. Code Ann. §43-20-8*

## APPENDIX A

### Nutritional Standards for Family Child Care Home

Meals shall meet the nutritional standards as prescribed in this section. A family child care home shall provide adequate and nutritious meals prepared in a safe and sanitary manner.

Healthy diets help children grow, develop, and perform well in learning environments. Healthy diets contain the amounts of essential nutrients and calories needed to prevent nutritional deficiencies while preventing an excess caloric intake. Planned meals and snacks provide the right balance of carbohydrate, fat, and protein to reduce risks of chronic diseases, and are part of a full and productive lifestyle. Such diets are obtained from a variety of foods.

Nutrition and feeding practices for children strongly affect the development and long-term health of the child. Proper nutritional care during the early years is essential for intellectual, social, emotional, and physical growth. It is also necessary that an environment be provided which encourages the development of good eating habits.

#### Nutritional Goals:

1. Menus shall be nutritionally adequate and consistent.
2. Foods shall be provided in quantities and meal patterns that balance energy and nutrients with children's ages, appetites, activity levels, special needs, and cultural and ethnic differences in food habits.
3. Parents shall be involved in the nutrition component of the child care family home.
4. A variety of fruits, vegetables, and whole-grain products shall be offered to children for meals and snacks. Mealtime should be used as an opportunity to teach nutrition concepts.
5. The addition of fat, sugar, and sources of sodium shall be minimal in food preparation and service.
6. Food preparation and service shall be consistent with best practices for food safety and sanitation.
7. Furniture and eating utensils shall be age-appropriate and developmentally suitable to encourage children to accept and enjoy mealtime.
8. Child care caregivers shall encourage positive experiences with food and eating.
9. Caregivers shall receive appropriate training in nutrition, food preparation, and food service.
10. Child care facilities shall obtain assistance as needed from the MSDH Child Care Licensure Bureau.

11. Nutrition education for children and for their parents shall be encouraged as a component of the child care program.
12. Child care programs must comply with local and state regulations related to wholesomeness of food, food preparation facilities, food safety, and sanitation.
13. Family style dining is encouraged.

### **Mealtime**

1. Meals and snacks shall be served at regularly scheduled times each day.
2. The same meal or snack shall not be served more than one time in any 24-hour (one-day) period.
3. No more than four and no less than a two- and one-half-hour period must elapse between the beginning of a meal and a snack. If breakfast is not served, then a mid-morning snack shall be provided.

### **Mealtime Environment**

1. Age-appropriate utensils, plates, bowls, cups, and dining area shall be provided.
2. Children shall not wait longer than fifteen minutes at the table for food to be served.
3. Sufficient time shall be allowed for children to wash their hands and prepare for the meal.
4. Mealtime shall be used for socialization, and shall be a relaxed, happy time for the children. No televisions, videos, or DVD's may be viewed during meal and snack times.
5. Family style dining is encouraged with serving platters, bowls, and pitchers on the table so that everyone can serve him/herself. Children are encouraged to assist with table setting.
6. A caregiver shall sit and join the children while they are eating. It is suggested that the staff eat the same food items that are served to the children. The staff will encourage social interaction, conversation, and use the mealtime for education purposes. Extra assistance and time shall be provided for slow eaters.
7. Food shall not be used as a reward or punishment. Children will not be encouraged to "clean your plate," but encouraging children to try two bites of each food served is acceptable.
8. Additional servings shall be provided for the child who requests more food at a meal or snack. It is at the discretion of the facility and knowledge of the child's eating pattern to allow seconds on food items. This time to teach children on portion control, monitoring extra intake, and better food selections is higher in nutritional value.
9. Meals and snacks provided by a parent must not be shared with other children, unless a parent is providing baked goods for a celebration or party being held at the operation.

10. Children will be permitted in meal preparation areas when under the direct supervision of a staff person, when there is no danger of injury from equipment, and for instruction/teaching purposes only.

### **Food Preparation**

1. Foods shall be prepared in a form that is easy for children to handle. Bite size pieces and finger foods are suitable. Bones shall be removed from any food served to any child in the child care setting.
2. Foods shall be prepared as close to serving time as possible to preserve nutrients, flavor, and color.
3. Food should not be highly seasoned. No extra salt or fats should be added to the foods in cooking. The use of salt free, low-fat products is allowed. Children need to learn the flavors of food.
4. Raw vegetables and foods that may cause choking in young children shall not be served to children less than two years of age.

### **Choking Prevention**

1. Children should be encouraged to eat slowly, take small bites, and chew well before swallowing.
2. Cook food until soft and cut into thin slices or small pieces. Remove bones from meat, chicken, and fish, and remove seeds and pits from fruit. With toddlers, cutting foods into “pea” size is recommended.

#### **FOODS THAT MAY CAUSE CHOKING**

Sausage shaped meats (hot dogs)*	Pop Corn Hard Candy*	Chips*
Nuts	Dried Fruits	
Grapes	Chunks of peanut butter	
Gum*	Marshmallows	
Thick Pretzels Rods*	Thin pretzel sticks and rounds would be allowed.	

*\*Not allowed to be served*

**Child Requiring a Special Diet:** A child requiring a special diet due to medical reasons, allergic reactions, or religious beliefs, shall be provided meals and snacks in accordance with the child's needs. If medical reasons exist for the special diet, a medical diagnosis from the child's physician stating that the special diet is medically necessary is required. Information required for dietary modifications include:

- Child's full name and date of instructions, updated annually
- Any dietary restrictions based on the special needs
- Any special feeding or eating utensils
- Any foods to be omitted from the diet and any foods to be substituted
- Limitations of life activities

- Any other pertinent special needs information
  - What, if anything, needs to be done if the child is exposed to restricted foods.
1. Religious or ethnic requests should include the above information as needed, plus a certified statement of request based upon the religious or ethnic beliefs of the family.
  2. The child's parent shall meet with the facility staff and/or director to review the written instructions.
  3. Parents of children with severe restrictions and dietary needs will be given a copy of the facility's menu to pre-select foods to be served. The parents will be responsible for ensuring the accuracy of foods served based upon the preplanned menu.
  4. The child care family home may request the parent to supplement food served by the facility. When food is supplied by the parent, the child care family home shall be responsible for assuring that it is properly stored and served to the child in accordance with the diet instructions on file. Meals and snacks provided by a parent must not be shared with other children, unless a parent is providing baked goods for a celebration or party being held at the operation.
  5. Records of food intake shall be maintained when indicated by the child's physician.
  6. Request for a vegetarian/vegan diet shall be accommodated with the same information completed as for dietary modifications. Specialty items may be supplied by the parent to meet nutritional needs.
  7. To the extent authorized by federal laws, the facility may determine that the special nutritional needs of a child cannot be met at the facility and the child may be excluded from admission into the facility.

## **Infants**

1. Breast milk or formula shall be brought to the child care family home daily, ready to be warmed and fed. Each bottle shall be labeled with the infant's name and the date. No cereal, juice or other foods may be added to the infant's breast milk/formula without a physician's written request.
2. Bottles should not be warmed in the microwave.
3. At the end of each feeding, discard any milk left in the bottle. Staff will send all used bottles home with the parent for proper cleaning and sanitizing.
4. Age-appropriate solid foods (complimentary foods) may be introduced no sooner than when the child has reached four months of age, but ideally at six months. The first food introduced usually is cereal mixed with breast milk or formula (not in a bottle). Adding juice to dry cereal is not allowed.
5. Commercially prepared baby foods shall be brought in unopened jars and labeled with the infant's name. A facility may choose to mash and puree the foods served to older children for the infants seven months to one year. No additional juice, sauces, or fats may be added to the pureed foods.

6. Iron-fortified dry infant cereal shall be brought in sealed container premeasured for each feeding and labeled with the infant's name.
7. Breast milk is the recommended feeding for infants and should be encouraged and supported by child care family home personnel. The mother may choose to come to the child care family home to nurse her infant or may choose to supply bottles of expressed breast milk for the child care personnel to feed the infant. To help a mother be successful with breastfeeding the facility may provide the following:
  - A quiet, comfortable and private place for feeding.
  - A place to wash the hands.
  - A comfortable chair, stool for feet while breast feeding.
8. If infant is breast-fed, encourage the mother to provide a back-up supply of frozen breast milk that is labeled with the infant's name and date of expression. The mother's expressed milk shall be used for her infant only.
9. Refer to the Centers for Disease Control for guidelines on the storage and preparation of breast milk.
10. For a breast fed infant, it is acceptable to introduce iron-fortified cereal earlier, at four months if desired, but preferably at 6 months.
11. A written schedule for feeding a breast-fed infant shall be provided by the parent and posted for reference by the child care family home staff.
12. Feeding should be by hunger cues whenever possible. Hunger cues may include:
  - Sucking on tongue, lips, hands, or fingers while asleep
  - Moving his arms and hands toward mouth
  - Restless movements while asleep
  - Opening mouth when his lips are touched
  - "Rooting" or searching for the nipple
13. Infants are fed when hungry by noting hunger cues, such as crying, being restless. Feeding is stopped when it is determined that the infant is satisfied. Signs of satiety include, refusing the nurse, turning away from the nipple, falling asleep.
14. Infants shall be held cradled in the arms during feeding. At no time shall an infant be fed by propping a bottle.
15. Introduction of solid foods to an infant should be done in consultation with the parent.
16. Juice shall not be served to infants (children less than 12 months of age).
17. A small amount of water is encouraged at 8-12 months.
18. Solid foods must be spoon-fed. No solid food shall be fed by bottle or infant feeder without written direction from a physician.
19. Infants are encouraged to start using a cup at six to nine months, based upon motor skills. By the age of one, all children should be off a bottle.
20. Older infants are encouraged to hold and drink from cups and to use child appropriate eating and serving utensils. Self-feeding should be encouraged.



21. Breast milk or formula is served to at least 12 months of age. Children ages one to two, shall be served whole milk, after age two, toddlers should be served fat-free/skim milk or 1% milk.
22. When centers are reimbursed for meals and must supply formula for their infants, only ready to use formula may be purchased for use. The center may require the parents to supply clean bottles daily. If the center supplies the bottles, there must be provisions in place for the proper cleaning, sanitizing, and drying of all bottles and supplies outside of the infant room.

**Meal Planning for Infants through One Year**

1. Infant food needs are based on the amount of time spent in the child care family home.
2. Any infant in a child care family home at the time of a meal or snack, shall be served foods appropriate to age.

Meal/Snack	Birth through 5 Months	6 Months through 12 Months
Breakfast	4-6 fl. oz. breast milk or formula	6-8 fl. oz. breast milk or formula 2-4 Tbsp. prepared infant cereal (optional) 1-4 Tbsp. fruit and/or Vegetable (infant or mashed)
Lunch or Supper	4-6 fl. oz. breast milk or formula	6-8 fl. oz. breast milk or formula 2-4 Tbsp. prepared infant cereal (optional) 1-4 Tbsp. fruit and/or vegetable (infant or mashed) 1-4 Tbsp. infant meat
Supplement/Snack	4-6 fl. oz. breast milk or formula	2-4 fl. oz. breast milk or formula 0-1/2 dry bread or 0-2 crackers (optional)

**Meal Schedule for Children One year and older:**

1. Children’s food needs are based on the amount of time spent in the child care family home.
2. Any child in a child care family home at the time of a meal or snack will be served that meal or snack.

IF YOU ARE OPEN	YOU MUST SERVE		
Nine hours or less	Two snacks and one meal	OR	One snack and two meals
Over nine hours	Two snacks and two meals	OR	Three snacks and one meal
24 hours or during all meals	Three meal and three snacks: one snack should be a late night snack only served to children who are awake.		

**Menus:**

1. A menu for all meals and snacks prepared and/or served in the child care family home shall be plainly posted. Any substitutions shall be of comparable food value and shall be recorded on the menu and dated.
2. Menus shall be planned to include food with variety in texture, color, and shape. Record of dated menus served, and any substitutions made, shall be kept on file for a minimum of one year.
3. New food shall be introduced to help develop good food habits. Introduce only one new food per meal or snack. Foods used for activities/teaching can be included on the written record of foods served for the day.
4. It is the facility’s responsibility to discuss recurring eating problems with the child's parent.
5. The facility shall not serve nutritional supplements such as protein powders, liquid protein, vitamins, minerals, and other nonfood substances without written instructions from the child’s physician.

**Menu Planning:**

1. Serve fresh, frozen, canned, or dried vegetables, fruits whenever possible, and whole grain products.
2. Avoid excessive fat, saturated fat, and cholesterol. No fried foods shall be served.
3. Use and serve sugar only in meal preparation and then in moderation. No concentrated sweets, such as candy, syrup, sweetened drinks sodas, or flavored milks may be served.
4. Limit sodium products and the use of salt.
5. Promote an alcohol, tobacco and drug free lifestyle for children, parents, and caregivers.
6. Promote and encourage daily physical activity.

**Menu Planning Tips to Remember:**

1. Plan your meat first. Then select fruits and vegetables, making sure that you have a Vitamin C source daily and a Vitamin A source every other day (refer to the

vitamin tables). Limit starchy vegetables - these include lima beans, butterbeans, white/sweet potatoes, English peas, black-eye peas, field peas, Crowder peas, cream and whole kernel corn, any dried pea/bean.

2. Two vegetables or two fruits may be served at mealtime, but it is recommended to serve a vegetable and a fruit for variety. Including a variety of brightly colored fruits and vegetables will help to meet the vitamin requirements.
3. The same meal may not be served more than once in a day (i.e., facilities who are open for lunch and supper may not serve the same menu for both meals).
4. Snacks should be served mid-morning, when required, early afternoon, and late afternoon, usually 30-60 minutes before closing. Snack time is an excellent time to introduce fruits and vegetables.
5. Use only 100-percent juice for snack no more than once a day. Give fruit for breakfast/morning snack instead of juice.
6. Fruit-flavored drinks, sport drinks, soft drinks, caffeinated beverages, artificially sweetened beverages shall not be served.
7. Serve a variety of vegetables and fruits to ensure a nutritionally well-balanced meal.
8. Dry milk may be used for cooking purposes.
9. Emphasis shall be placed on serving more whole grains and fewer foods high in fat, sugar, and sodium.
10. Drinking water shall be freely available to children of all ages and offered at frequent intervals.
11. To prevent nutrient and vitamin loss during food preparation:
  - Serve fruits and vegetables raw as appropriate for the age. The risk of choking is greater for the child under the age of two.
  - Steam, boil, or simmer foods in a very small amount of water, or microwave for the shortest time possible.
  - Cook potatoes in their skins after washing.
  - Refrigerate prepared juices and store them for no more than two to three days.
  - Store cut raw fruits and vegetables in an airtight container and refrigerate - do not soak or store in water. Nutrients may be diluted from soaking in water.

**Parties and Special Occasions:** Parties and party events should not be held more than once a month.

### **Meal Planning for Children in Family Child Care Homes: Breakfast/Lunch/Dinner/Snack**

#### **Milk:**

Milk shall be served at breakfast, lunch, and dinner. The milk shall be pasteurized fluid milk, fortified with vitamin A and D. Whole milk is served to infants and toddlers less than two years of age. After age two fat-free/skim milk or 1% milk shall be served. Milk alternatives may be served when indicated with dietary restrictions.

Provisions must be made to serve calcium in alternate forms when no milk/substitute may be served to the child due to dietary restrictions.

If a child cannot be served milk for medical reasons or upon parent's instructions, then that child is not to be served high content milk products, e.g., pudding, ice cream, cheese, etc.

**Bread and Bread Alternates:**

Use enriched whole-grain breads and bread alternatives. Dry cereals need to be high fiber and not sugar coated. Hot cereals cannot be instant. Whole grain pasta, noodles, or brown rice are encouraged at all meals.

The following breakfast breads may be served: muffin, biscuit, toast, breakfast bread, pancake or waffle, no more than weekly (with no syrup). Crust used as part of the main dish (i.e., for quiche) or dry oatmeal in a fruit crisp is allowed as a bread alternate.

**These items may not be served:** doughnuts, honey buns, breakfast tarts, pastries, packaged snack cakes, and other high fat/sugar foods.

Any pre-fried items including hash browns, French fries, and tater tots shall not be served more than once a week.

Plain, low sugar type cookies and snacks, including animal crackers, graham crackers, vanilla wafers, oatmeal, oatmeal raisin, peanut butter, low-fat granola bars, whole grain fruit and cereal bars, and Rice Krispie treats, and ginger snaps may be served as a snack occasionally. Other snack suggestions include cheddar cheese, plain or vegetable flavored crackers or trail mix made of various dry, no sugar-coated cereals, dried fruits, and small marshmallows. Items that may not be served include chocolate chip cookies and most pre-packaged cookies/snack cakes.

Packaged crackers with cheese/peanut butter filling are discouraged due to the fat/sodium content.

**Fruits and Vegetables:**

Use fresh, canned, dried, or frozen fruit for every meal. No sugar may be used in the packaging or preparation of the fruit. Canned or frozen fruit should be packed in juice or water - not syrup or sugar packed.

Vegetables may be used for the breakfast meal. Cultural differences may also dictate that specific food items be served at a certain meal.

Serve a variety of fruits and vegetables to meet a Vitamin C source daily and a Vitamin A source every other day. Fruits and vegetables supply these nutrients.

Use a different combination of two or more fruit/vegetables during meals. Use fresh,

canned, dried, or frozen vegetables and fruits for meals.

Vegetables and fruits may be served as combination dishes (i.e., beef stew with meat, potatoes, carrots, English peas, or shredded carrot salad with diced pineapple).

Avoid serving two forms of the same fruit or vegetable in the same day.

Limit serving starchy vegetables to once per meal. Starchy vegetables include white/sweet potatoes, lima beans, butter beans, English peas, black-eye peas, field peas, crowder peas, cream and whole kernel corn, and any dried bean/pea (unless counted for a meat alternate).

The use of high sodium/salt and high fat seasonings should be limited.

Juice should not be served as part of the snack when milk is the only other item served.

Fruit juice (100%) is allowed once a day. Vitamin fortified fruit juices, such as apple juice, with extra Vitamin C, will not be recognized as a good vitamin source.

**Water:**

Water is to be made available with all meals and snacks. Tap or bottled water may be served. Water should be encouraged before and after all meals and snacks.

**Meat and Meat Alternates:**

The meat component is not required at the breakfast meal, but the facility may choose to serve a meat item with breakfast. Meats and meat alternates that would be acceptable include eggs, fat-free yogurt, low-fat cheese, fat-free cottage cheese, lean ham, Canadian bacon, and peanut butter. Bacon is not considered a meat and shall not be served due to the high fat and high sodium content.

It is recommended to have at least one meatless meal a week. An alternate for meat could be cooked dried beans or peas. Canned beans and peas include canned kidney beans, black beans, garbanzo beans, etc. Canned beans are much higher in sodium/salt.

Edible portion for meats and meat alternates is used. No bones may be served. One ounce of cooked meat is equal to one medium cooked chicken leg with bone removed.

Processed, pre-fried meats are not allowed due to the sodium/salt and fat content. Meats not allowed include hot dogs, corndogs, bologna, bacon, sausage, pancake sticks, small chicken nuggets, fish sticks, and steak fingers.

Processed cheese, such as cheese spread, canned cheese sauce, and cheese in packaged snack crackers is not allowed. Low-fat or fat-free cheese can be served.

Serving nuts and seeds is not recommended due to the prevalence of nut/seed allergies.

**VITAMIN C SOURCES**  
**VITAMIN C SOURCE MUST BE SERVED DAILY**

\*\*BEST CHOICE

\*GOOD CHOICE

#ACCEPTABLE CHOICE (ONLY COUNT FOR A VITAMIN SOURCE ONCE PER WEEK)

Fruits			Vegetables		
Food	Serving Size		Food	Serving Size	
Blackberries	¼ c.	#	Asparagus	¼ c.	*
Blueberries	¼ c.	#	Artichoke	¼ medium	*
Cantaloupe	¼ c	**	Bok Choy	¼ c.	*
Grapefruit	¼ medium	**	Broccoli	¼ c.	**
Grapefruit Juice	½ c	**	Brussel Sprouts	¼ c.	**
Grapefruit-Orange Juice	½ c.	**	Cabbage	¼ c.	*
Guava	¼ c.	**	Cauliflower	¼ c.	*
Honeydew Melon	½ c.	*	Chicory	¼ c.	*
Kiwi	½ medium	**	Collard Greens	¼ c.	*
Mandarin Orange Sections	¼ c.	*	Kale	¼ c.	#
Mango	¼ medium	*	Kohlrabi	¼ c.	**
Melon balls	¼ c.	*			
Orange	½ medium	**	Mustard Greens	¼ c.	#
Orange Juice	¼ c.	**	Okra, not fried	¼ c.	#
Papaya	¼ c.	*	Peppers, green & red	¼ c.	**
Peach, frozen only	¼ c.	**	Potato, White, or Red Skinned Baked only-no instant/fries/tots	½ medium	*
Pineapple	¼ c.	#	Rutabagas	¼ c.	#
Pineapple Juice	¼ c.	*	Snow Peas	¼ c.	#
Pineapple-grapefruit or orange juice	¼ c.	**	Spinach	¼ c.	#
Raspberries	¼ c.	*	Sweet Potato	½ medium	*
Starfruit	¼ c.	#	Tomato	½ medium	*
Strawberries	¼ c.	**	Tomato or V-8 Juice	¼ c.	**
Tangelo	½ medium	**	Turnip Greens	¼ c.	*
Tangerine	½ medium	**	<b>Miscellaneous</b>		
Tropical fruit mix	¼ c.	*			
Watermelon	½ c.	#	Liver, beef	1 oz.	**

### VITAMIN A SOURCES

**VITAMIN A SOURCE MUST BE SERVED EVERY OTHER DAY, 3 TIMES PER WEEK**

\*\* BEST CHOICE

\* GOOD CHOICE

#ACCEPTABLE CHOICE (ONLY COUNT FOR A VITAMIN SOURCE ONCE PER WEEK)

Fruits			Vegetables		
Food	Serving Size		Food	Serving Size	
Avocado	¼ medium	#	Asparagus	¼ c.	#
Apricot	2 halves	*	Artichoke	½ medium	#
Cantaloupe	¼ c.	*	Bok Choy	¼ c.	*
Cherries, red sour	¼ c.	*	Broccoli	¼ c.	*
Mandarin Orange Segments	¼ c.	*	Brussels Sprouts	¼ c.	*
Mango	¼ medium	**	Carrots	¼ c.	**
Melon Balls	¼ c.	*	Collard Greens	¼ c.	**
Nectarine	¼ medium	#			
Papaya	¼ c.	*	Kale	¼ c.	**
Peaches	¼ c.	#	Lettuce, Green, Romaine, or Red - NOT Iceberg	½ c.	#
Plantain	¼ c.	#	Mixed Vegetables	¼ c.	**
Prunes	¼ c.	*	Mustard Greens	¼ c.	**
Tangerine	½ medium	*	Okra, not fried	¼ c.	#
			Peas & Carrots	¼ c.	**
			Peppers, red	¼ c.	**
			Pumpkin	¼ c.	**
Miscellaneous			Rutabagas	¼ c.	#
Egg	1 medium	*	Spinach	¼ c.	**
Liver, beef	1 oz.	**	Sweet Potato	½ medium	**
Liver, chicken	1 oz.	**	Tomato or V-8 Juice	¼ c.	**
			Turnip Greens	¼ c.	**
			Winter Squash, Butternut or Hubbard	¼ c.	**



## APPENDIX B

### CLEANING AND DISINFECTION PROCEDURES

Keeping the child care environment clean is very important for the health and safety of both children and providers. One of the most important steps in reducing the number of germs, and therefore the spread of disease, is the thorough cleaning of surfaces that could possibly pose a risk to children or staff. Surfaces considered most likely to be contaminated are those which the children are most likely to have close contact. These include toys that children put in their mouths, crib rails, food preparation areas, and other surfaces, such as diaper-changing areas.

Routine cleaning with soap and water is the most useful method for removing germs from surfaces in the child care setting. Physically scrubbing with soap and water reduces the number of germs from the surface, just as hand washing reduces the numbers of germs from the hands. Removing germs in the child care setting is especially important for soiled surfaces which cannot be treated with chemical disinfectants, such as some upholstery fabrics.

However, some items and surfaces should receive an additional disinfection, to kill germs after cleaning with soap and rinsing with clean water. Items that can be washed in a dishwasher on the hot cycle of a washing machine are not required to be disinfected because these machines use high temperature water for a period long enough to kill most germs. The disinfection process uses chemicals that are stronger than soap and water. Disinfection also usually requires soaking the item for several minutes to give the chemical time to kill the remaining germs. Commercial products that meet the Environmental Protection Agency's (EPA) standards may be used for this purpose. One of the most used chemicals for disinfection in child care settings is a homemade solution of household bleach and water. The solution of bleach and water is easy to mix, is nontoxic, is safe if handled properly, and kills most infectious agents. Be aware that some infectious agents are not killed by bleach.

A solution of bleach and water loses its strength quickly and easily. It is weakened by organic material, evaporation, heat, and sunlight. Therefore, bleach solutions should be mixed fresh each day to ensure its effectiveness. Any leftover solution should be discarded at the end of the day. NEVER mix bleach with anything but fresh tap water! Other chemicals may react with bleach and create and release a toxic gas.

Keep the bleach solution you mix each day in a cool, dry place out of direct sunlight and out of the reach of children.

If a child care family home uses a commercial cleaner, sanitizer, or disinfectant it must be a EPA registered product that has an EPA registration number on the label. Such products shall only be used according to the manufacturer's instructions. **NOTE:** All EPA-registered products may not be appropriate for use in a child care family home. Therefore, it is the responsibility of the facility to make sure any product use is appropriate for use in a child care family home.

### **Recipe for Bleach Disinfecting Solution**

**For use on non-porous surfaces such as diaper change tables, counter tops, door cabinet handles toilets,**

etc.

1/3 cup or 5 tablespoons bleach  
added to  
1 gallon of cool water

**OR**

4 teaspoons bleach  
added to  
1 quart of cool water

## **Recipe for Weaker Bleach Sanitizing Solution**

**For food contact surfaces sanitizing, e.g., dishes, utensils, cutting boards, highchair trays, toys that children may place in their mouths, and pacifiers.**

1 tablespoon bleach  
added to  
1 gallon of cool water

### **Washing and Disinfecting Toys**

Infants and toddlers should not share toys. Toys that children (particularly infants and toddlers) put in their mouths should be washed and disinfected between uses by individual children. Toys for infants and toddlers should be chosen with this in mind. If you cannot wash a toy, it probably is not appropriate for an infant or toddler.

When an infant or toddler finishes playing with a toy, you should retrieve it from the play area and put it in a bin reserved for dirty toys. This bin should be out of reach of the children. Toys can be washed at a later, more convenient time, and then transferred to a bin for clean toys and safely reused by the other children.

To wash and disinfect a hard plastic toy:

- Scrub the toy in warm, soapy water. Use a brush to reach into the crevices.
- Rinse the toy in clean water.
- Immerse the toy in a mild bleach solution (see above) and allow it to soak in the solution for 10-20 minutes.
- Remove the toy from the bleach and rinse well in cool water.
- Air dry.

Hard plastic toys that are washed in a dishwasher or cloth toys washed in the hot water cycle of the hot water cycle of a washing machine do not need to be additionally disinfected.

Children in diapers should only have washable toys. Each group of children should have its own toys. Toys should not be shared with other groups.

Stuffed toys used by only a single child should be cleaned in a washing machine every week or more frequently if heavily soiled.

Toys and equipment used by older children and not put into their mouths should be cleaned at a minimum of weekly and/or when soiled. A soap and water wash followed by clear water rinsing and air drying should be adequate. No disinfection is required. (These types of toys and equipment include blocks, dolls, tricycles, trucks, and other similar toys.).

Do not use wading pools for children in diapers.

Water play tables can spread germs. To prevent this:

- Disinfect the table with chlorine bleach solution before filling it with water.
- Disinfect all toys to be used in the table with chlorine bleach solution. Avoid using sponge toys. They can trap bacteria and are difficult to clean.
- Have all children wash their hands before and after playing in the water table.
- Do not allow children with open sores or wounds to play in the water table.
- Carefully supervise the children to make sure they do not drink the water.
- Discard the water after play is over.

### **Washing and Disinfecting Bathroom and Other Surfaces**

Bathroom surfaces, such as faucet handles and toilet seats, should be washed and disinfected several times a day, if possible, but at least once a day or when soiled. The bleach and water solution or chlorine-containing scouring powders or other commercial bathroom surface cleaner/disinfectants can be used in these areas.

Surfaces that infants and young toddlers are likely to touch or mouth, such as crib rails, should be washed with soap and water and disinfected with a nontoxic disinfectant, such as bleach solution, at least once every day, more often if visibly soiled. After the surface has been cleaned with the disinfectant, it should be thoroughly wiped with a fresh towel moistened with tap water. Be sure not to use a toxic cleaner on surfaces likely to be mouthed. Floors should be washed and disinfected at least once a day and whenever soiled.

### **Washing and Disinfecting Diaper Changing Areas**

Diaper Changing Areas should:

- Only be used for changing diapers.
- Be smooth and nonporous, such as Formica (NOT wood).
- Have a raised edge or low fence around the area to prevent a child from falling off.
- Be next to a sink with hot and cold running water.
- Not be used to prepare food, mix formula, or rinse pacifiers.
- Be easily accessible to providers.
- Be out of reach of children.

Diaper changing areas should be cleaned and disinfected after each diaper changer as follows:

- Clean the surface with soap and water and rinse with clear water.

- Dry the surface with a paper towel.
- Thoroughly wet the surface with the recommended bleach solution.
- Wipe dry with a clean disposable towel or air dry. If using a commercial disinfectant/sanitizer, follow labeled manufacturer's instructions.

### **Washing and Disinfecting Clothing, Linen, and Furnishings**

Do not wash or rinse clothing soiled with fecal material in the child care setting. You may empty solid stool into the toilet. Put the soiled clothes in a plastic bag and seal the bag to await pick up by the child's parent or guardian at the end of the day. Always wash your hands after handling soiled clothing.

Explain to parents that washing or rinsing soiled diapers and clothing increases the chances that you and the children may be exposed to germs that cause disease. Although receiving soiled clothes is not pleasant, remind parents that this policy protects the health of all children and providers. Each item of sleep equipment, including cribs, cots, mattresses, blankets, sheets, etc., should be cleaned and sanitized before being assigned to a specific child. The bedding should be labeled with that child's name and should only be used by that child. Children shall not share bedding. Infant linens (sheets, pillowcases, blankets) shall be cleaned and sanitized daily, and crib mattresses shall be cleaned and sanitized weekly or when soiled. Linens from beds of older children shall be laundered at least weekly and whenever soiled. However, if a child inadvertently uses another child's bedding, you shall change the linen and mattress cover before allowing the assigned child to use it again.

### **Cleaning Body Fluid Spills**

Spills of body fluids, including blood, feces, nasal and eyed discharges, saliva, urine, and vomit shall be cleaned up immediately. Wear gloves while cleaning. Be careful not to get any of the fluid you are cleaning in your eyes, nose, mouth or any open sores you may have. Clean and disinfect any surfaces, such as counter tops and floors, on which body fluids have been spilled. Discard fluid-contaminated material in a plastic bag that has been securely sealed. Mops used to clean up body fluids should be cleaned, rinsed with a disinfecting solution, wrung dry, and hung to dry. Be sure to wash your hands after cleaning up any spill.

Source: Centers for Disease Control

**Title 15: Mississippi State Department of Health**  
**Part 11: Bureau of Child Care Facilities**  
**Subpart 55: Child Care Facilities Licensure**

**CHAPTER 3: REGULATIONS GOVERNING LICENSURE OF CHILD CARE FAMILY HOMES FOR 5 OR FEWER CHILDREN**

**Subchapter 1. GENERAL**

**Rule 3.1.1 Legal Authority:** The "Mississippi Child Care Licensing Law," Section 43-20-1 et seq. of the Mississippi Code of 1972 provides the legal authority under which the Mississippi State Department of Health prescribes minimum regulations for child care facilities defined under the law.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.1.2 Purpose:**

3. The purpose of these regulations is to protect and promote the health and safety of children in this state by providing for the licensing of family child care homes as defined herein to assure that certain minimum standards are maintained in such homes. This policy is predicated upon the fact that a child is not capable of protecting himself, and when his parents for any reason have relinquished his care to others, there arises the probability of exposure of that child to certain risks to his health and safety that require the offsetting statutory protection of licensing.
  
4. A family child care home may exceed the minimum quality standards required in these regulations but may not operate without meeting the minimum standards set forth in these regulations.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.1.3 Severability:** If any provision of these regulations or the application thereof to any persons or circumstances shall be held invalid, such invalidity shall not affect the provisions or application of these regulations that can be given effect without the invalid provision or application, and to this end, the provisions of these regulations are declared severable.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.1.4 Definitions:**

36. **Act:** The "Mississippi Child Care Licensing Law," Section 43-20-1 et seq. of the Mississippi Code of 1972.
37. **Accident:** Accident means an incident that results in damage or creates observable injuries (scratch, bite mark, scraped knee, first aid given, etc.).
38. **Agency Representative:** An authorized representative of the Mississippi State Department of Health.
39. **Caregiver:** An individual at least 18 years of age with a minimum of one-year prior documented experience caring for children who are under thirteen years of age who provides direct child care, supervision, and guidance to children.
40. **Caregiver Assistant:** An individual at least 16 years of age. Caregiver assistants shall always work under the direct on-site supervision of a director or caregiver. They shall not have direct responsibility for a group of children as the sole caregiver. Caregiver assistants under the age of 18 shall not be given the authority to discipline children.
41. **Children with Special Needs:** A child needing adaptation in a particular child care family home to access programming and the physical environment.
42. **Critical Violation:** Violation of rules(s) identified by the Mississippi State Department of Health (MSDH) in the Regulations Governing Licensure of Child Care Facilities as most critical because non-compliance with those rules pose a threat to the health, safety, or well-being of the children in care and to the operation of the center.
43. **Developmentally Appropriate Practice (DAP):** Principles of guidelines that are appropriate to each child's age and developmental status and responsive to the social and cultural context in which they live.
44. **Director:** An individual at least 21 years of age with a minimum of high school diploma or equivalent GED and two years prior documented experience caring for children who are under 13 years of age who provides direct child care, supervision, and guidance to children.
45. **Emergency Preparedness Plan:** Each child care family home is required to have an emergency preparedness plan which includes all activities and processes designed to prepare for an unsafe event and

deal with the immediate emergency conditions created by or associated with the event, per the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42U.S.C. 5195a(a)(1)).

46. **Family Child Care Provider:** Homes that care for five or fewer children. In a licensed child care home, the registered primary caregiver provides care in the caregiver's residence for not more than five children from birth through 13 years and may provide care after school hours for elementary school children. The total number of children in care at any given time, including the children related to the caregiver, must not exceed five.
47. **Field Trip:** Activities conducted off the premises of the child care center, or outside of the approved playground areas, while under the supervision of center staff, whether a child walks or is transported.
48. **Group:** The children assigned to a caregiver or team of caregivers occupying an individual classroom or well-defined physical space within a larger room.
49. **Hazardous Condition:** A situation or place that presents a possible source of injury or danger.
50. **Health:** The condition of being sound in mind and body and encompassing an individual's physical, mental, and emotional welfare.
51. **Health-Care Professional:** A licensed physician, nurse practitioner, dentist, or other licensed medical personnel who provides health care to the child.
52. **Infant:** Children from birth through 12 months.
53. **Licensing Agency:** The Mississippi State Department of Health.
54. **Operator:** Any person, acting individually or jointly with another person or persons, who shall establish, own, operate, conduct or maintain a child care family home. The child care family home license shall be issued in the name of the operator or operators. If there is more than one operator, all statutory and regulatory provisions concerning the background checks of operators shall be equally applied to all, including a spouse who jointly owns, operates, or maintains the child care family home regardless of which operator is named on the license.
55. **Parent:** As used in these regulations, parent shall mean custodial parent, legal guardian, foster parent, guardian ad litem, and other

individuals or institutions to which a court of competent jurisdiction has granted legal authority over the child.

56. **Person:** Any person, firm, partnership, corporation, or association.
57. **Personal Care:** Assistance rendered by personnel of the home in performing one or more of the activities of daily living, which includes but is not limited to the feeding, personal grooming, supervising, and dressing of children placed in the home.
58. **Physical Confines:** The space inside the walls of the home.
59. **Premises:** Includes any parcel of land where the child care center is located and any building, other structure, body of water, play equipment, street, sidewalk, walkway, driveway, parking garage, or parking lot on the parcel.
60. **Preschool Aged Children:** Children from three years of age up to their first day of kindergarten.
61. **Professional Development:** Participation by child care center staff, in workshops, conferences, educational or provider associations, formal education, in-service training, or planned learning opportunities provided by qualified individuals. Training shall be age appropriate for the child population served by the child care center and in such subject areas related to: child care, child growth and development and/or early childhood education, nutrition, infection control/communicable disease management and causes, health and safety, signs and treatment of child abuse and/or neglect and shall include alternatives to corporal punishment. Training for directors may also be in areas related to supervision of child care staff or program administration.
62. **Resident:** Any person living in the child care family home.
63. **Safety:** The condition of being protected from hurt, injury or loss.
64. **School Age Child:** A child five years of age or older and eligible to be enrolled in a public school. A child that is five years old must have turned five on or before September 1 to be considered a school age child.
65. **Serious Occurrence:** A serious occurrence includes but is not limited to, accidents or injuries requiring care by a health-care professional, deaths, alleged abuse and neglect, or other emergencies requiring the presence of law enforcement, fire personnel, EMT, or other emergency responders. Additionally, transportation accidents involving children in



vehicles are considered serious occurrences and must be addressed by the appropriate authorities and child care staff.

66. **Supervision:** Care that is provided to an individual child or a group of children. Children shall always be supervised appropriate to the individual age, needs, and capabilities of each child. Such supervision must include, but not be limited to, indoor and outdoor activities, mealtimes, naptime, transportation, field trips, and transitions between activities. Adequate supervision means that the appropriate number of staff members are physically present in the area where children are being cared for and are providing watchful oversight to the children and volunteers. The persons supervising in the child care area must be alert, positioned to maximize their ability to always hear and see the children, able to respond promptly to the needs and actions of the children being supervised, as well as the actions of the volunteers, provide timely attention to the children's actions and needs and promptly intervene in the case of an emergency. Staff shall also be attentive and participate with children during mealtimes and shall stay within proximity to the children while they are eating.
67. **Time Out:** The child is given time away from an activity which involved inappropriate behavior.
68. **Toddler:** Any child aged 12 months and under the age of 24 months.
69. **Watchful Oversight:** The process of actively monitoring a child's activities.
70. **Weather Permitting:** Daily weather conditions that do not pose any concerns for health and safety. This includes conditions in which children may still play safely outdoors for shorter periods with appropriate adjustments to clothing and access to water, shade, or shelter.

*Source: Miss. Code Ann. §43-20-8*

## **Subchapter 2. LICENSURE**

### **Rule 3.2.1 Types of Licenses:**

5. **Temporary License:** The licensing agency may issue a temporary license to any child care family home. This license will allow the child care family home to operate six months pending the issuance of a regular license. The temporary license will reflect the date of issuance of the license, the expiration date, and the number of children for which

the home is licensed. Before a Temporary License is issued and the home is allowed to begin operation, the following items must be submitted to and approved by the licensing agency:

- a. License application and \$130.00 application fee.
- b. License fee - \$50.00
- c. Documentation that the provider has a qualified director for the child care program that meets the standards set forth in Rule 3.5.3.
- d. “Letter of Suitability for Employment” for every employee as appropriate that is to begin work when the provider starts operation.
- e. An MSDH Certificate of Immunization Form #121 or Medical Exemption Form #122 for every employee. Religious Exemption Form #122 does not apply to staff.
- f. Valid MSDH Fire Inspection Form #333.
- g. Wastewater disposal approval.
- h. Potable water source approval for drinking water.
- i. Zoning approval. Follow local zoning requirements.
- j. Lead Testing approval:
  - i. Building – required when high levels of lead are identified.
  - ii. Playground
- k. Adult, Child and Infant CPR and First Aid certification as required for a person or persons who will be present at the home during all hours of operation.
- l. Daily Schedule of Activities - developed by provider.
- m. Arrival and Departure Procedures - developed by provider.
- n. Emergency Policy – Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care home), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42

U.S.C. 5195a(a)(1)) that shall include procedures for evacuation, relocation, shelter-in-place, and lockdown; staff emergency preparedness training and practice drills; communication and reunification with families, continuity of operations; and accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.

- o. Verification of Emergency Relocation Site – developed by provider.
  - iii. One site must be a minimum of one mile from the facility.
  - iii. One site must be a minimum of five miles from the facility.
  - iv. Alternate site in case the other two locations are compromised.
- p. Transportation Policy-If children are transported daily. If children are not transported daily, the provider must include a statement in the Parent Handbook.
- q. Emergency Transportation Policy-An emergency transportation policy shall encompass such events as emergency evacuation of the facility and emergency transporting of a child to receive medical attention. It is required even if the provider does not plan to transport children.
- r. Vehicle Insurance-Proof of insurance is required if the provider transports children.
- s. Verification, in writing, that the provider has or does not have accident/liability insurance covering the business.
- t. Verification, in writing, that the provider has or does not have accident/liability insurance covering the children enrolled at the facility.
- u. Discipline Policy
- v. Verification that the owner/operator and director have completed mandatory training on:
  - i. Regulations Governing Licensure of Child Care Family Homes: Five or Fewer

- ii. Health and Safety
  - iii. Shaken Baby Syndrome
6. **Regular License:** The licensing agency may issue a regular license when all conditions and requirements for licensure have been approved.
  7. **Probational License:** The licensing agency may issue a probational license, at its discretion, where violations may endanger the health or safety of the children, but only when such violations may be corrected within a specified period. There shall be a written corrective action plan agreed upon between the operator and the licensing agency. The period for which a probational license is issued shall be at the discretion of the licensing agency but in no instance shall exceed six months.
  8. **Restricted License:** The licensing agency may issue any type of license with conditions or restrictions when the health and safety of children require such limitations. These conditions or restrictions may include, but are not limited to, barring certain individuals from the premises or addressing any other situation that could endanger children, and such details must be recorded on the license. Any violation of these conditions or restrictions will result in the immediate emergency suspension of the license. Once the conditions or restrictions no longer pose a threat to the children, they may be lifted from the license.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.2.3 Application for License:** An electronic application for a license under these regulations shall be made to the licensing agency upon forms provided by it and shall contain such information as the licensing agency may reasonably require.

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*Source: Miss. Code Ann. §43-20-8*

**Rule 3.2.4 License Fee:** Each initial and renewal licensure application, unless suspended or revoked, shall be accompanied by a fee as set by the Board, made payable to the Mississippi State Department of Health by electronic means. Renewal of licenses shall occur on an annual basis. Fees are non-refundable order, or electronic means.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.2.5 Certificate of Inspection by Fire Department:** A certificate of inspection and approval by the fire department of the municipality or other political subdivision in which the child care family home is located shall be

submitted to the licensing agency with the application and license fees. Except that if no fire department exists where the facility is located, the State Fire Marshall shall certify the inspection for safety from fire hazards.

The inspection form to be used for fire inspections shall be MSDH Form #333, or other approved inspection forms used and completed by the local fire authority or State Fire Marshal designee, along with any other fire safety inspection forms required by the city and/or county and shall be signed by a signatory authority of the fire inspection authority making the inspection.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.2.6 Inspection:** An agency representative(s) shall inspect each child care family home prior to issuing or renewing a license to assure compliance with these regulations. Agency representatives have the right to enter upon arrival.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.2.7 Record of Inspection:** Whenever an inspection is made of a child care family home, the findings shall be recorded on an official inspection form and furnished to the operator, director, and/or their representative.

**Rule 3.2.8 Renewal of License:**

4. The licensing agency shall issue licenses that may be renewed annually. The licensing agency shall email a renewal notice to the address of the operator registered with the licensing agency. The operator shall:
  - a. Complete the renewal application.
  - b. Submit all required documents for approval by the licensing agency.
  - c. Submit the renewal fee.
  - d. File the above with the licensing agency at least 30 days prior to the expiration date on the license. Renewal applications submitted online less than 30 days prior to the expiration date of the license shall be assessed a \$25.00 late fee. Application and fees are to be paid online at the Mississippi State Department of Health website (healthmys.com).
5. An operator who does not file the renewal application prior to the date that the license expires will be deemed to have allowed the license to lapse. In its discretion, the license may be reinstated by the licensing

agency, by payment of both the renewal and the reinstatement fee, provided the application for reinstatement is made within one month of the expiration date of the license.

6. After the one-month reinstatement period, an application for an initial license must be submitted. All licensure requirements in effect at the time the new initial application is filed shall be met.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.2.9 License Not Transferable or Assignable:** Each license shall be issued only for the premises and operator named in the application and shall not be transferable or assignable. A change of ownership includes, but is not limited to, inter vivo gifts, purchases, transfers, lease arrangements, cash and/or stock transactions or other comparable arrangements whenever any person or entity acquires or controls a majority interest of the child care family home, home, or service. Changes of ownership from partnerships, single proprietorships, or corporations to another form of ownership are specifically included.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.2.10 Display of Licenses:** The current license issued by the licensing agency to the named child care family home and operator shall be posted and displayed in a conspicuous place and in easy view of all persons who enter the child care family home. The home operator shall also post next to the license, in plain view, a notice provided by the MSDH that informs the public of where and how they may report a complaint against the facility.

**Rule 3.2.11 Changes in Home Operations:** Before implementing any changes, the operator must obtain approval from the licensing agency for any significant alterations affecting areas of the child care facilities. Such major changes include, but are not limited to, changes in operator, director, location, hours of operation, renovations, use of areas within the home, or the number and ages of children served. Additional examples include changes in the evacuation plan or emergency relocations, damages to or changes in the condition of the facility, loss of electricity, heat, air conditioning, or water supply to the facility for over one hour while children are present.

### **Subchapter 3. RIGHT OF ENTRY AND VIOLATIONS**

**Rule 3.3.1 Right of Entry:** A representative from the licensing agency has the authority to conduct inspections or investigations at any child care home to ensure compliance with these regulations. Applying for a license or permit to operate a center, or receiving one from the agency, implies consent from the

applicant, the prospective license holder, and the premises owner for the agency's representative, upon displaying proper identification, to enter the premises. The home shall provide access to personnel from other state agencies or any individuals conducting inspections at the agency's request.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.3.2 Failure to Allow Access:** Refusing the agency's representative access to all areas of the child care family home, including the premises, staff, children, and all records maintained by or for the facility (including but not limited to audio, video, photos, written documents, social media posts, and electronic data), may warrant restrictions, revocation, or suspension of a license. The agency is entitled to photocopy or reproduce any record held by or for the center as necessary for inspections or investigations.

**Rule 3.3.3 Right of Entry-Parent(s)/Guardian(s):** Parent(s)/Guardian(s) of enrolled children must be granted permission for access to all areas of the child care family home used by the child(ren). Access shall be defined as a parent/guardian having access to areas of the facility available to their child and non-disruptive to normal daily activities

**Rule 3.3.4 Violations:** If violations noted on the inspection or investigation form are not corrected within the period specified by the licensing agency, a license may be denied, suspended, or revoked in accordance with these regulations.

*Source: Miss. Code Ann. §43-20-8*

#### **Subchapter 4. FACILITY POLICY AND PROCEDURES**

**Rule 3.4.1 Parental Information:** Before a child's enrollment, the parent shall be provided with the following:

4. **Operating Information:**
  - a. Name(s), business phone number, business address, and home phone number of the operator, director or an individual in authority who can be reached after the facility's normal hours of operation.
  - b. The phone number of the child care family home.
  - c. The program and services provided, and the ages of children accepted.
  - d. The hours and days of operation and holidays or other times

closed.

- e. The procedures for admission and registration of children.
- f. Facility tuition, payment methods, and late payment policies.
- g. Types of insurance coverage for children, or a statement that accident insurance is not provided or available.
- h. If a home does not provide liability insurance there shall be a statement in the child's record, signed by the parent indicating that the parent is aware that the facility does not carry liability insurance.
- i. Arrival and departure procedures for children.

5. **Health and Emergency Procedures:**

- a. Procedures for storing and giving a child medication. Medications for children shall be kept in a storage cabinet or container that is locked or otherwise not accessible to children and shall be stored separate from cleaning chemicals, supplies or poisons. Medication requiring refrigeration shall be placed in a leakproof container in a refrigerator that is not accessible to the children.
- b. Policy for reporting suspected child abuse.
- c. Policy for reporting accidents.
- d. Provision for emergency medical care, treatment of illnesses and serious occurrences, which include:
  - i. A plan to handle a child in a medical crisis.
  - ii. A plan to obtain prompt services of physician and hospitalization, if needed.
  - iii. A plan for immediately notifying the parent of any illness, or serious incidents involving children.
  - iv. A plan to acquire the services of a certified practitioner for a child exempt from medical care on religious grounds.
- e. Evacuation plan including procedures for notifying the parents of the relocation sites.



- f. Policy and procedures for handling dangerous situations, including but not limited to, dealing with violent individuals, individuals entering the home with weapons, bomb threats, or conditions posing an immediate threat to children.
6. **State regulations:**
  - a. A statement signed by the child's parent, indicating that they have received a summary of licensing standards and other materials designated by the licensing agency.
  - b. The name and phone number of the MSDH licensing official responsible for the inspection of the home.
  - c. The child care family home complaint hot line or web link.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.4.2 Smoking, Tobacco Products, and Prohibited Substances:**

4. Smoking or the use of tobacco products in any form is prohibited within the physical confines or the campus of a child care family home.
5. The use of alcohol, illegal use of prescription drugs, or use of illegal drugs is prohibited within the physical confines or the campus of a child care family home.
6. Smoking or the use of tobacco products in any form, use of alcohol, illegal use of prescription drugs, or use of illegal drugs by a caregiver is prohibited anytime a child is under the care of such caregiver regardless of location. A caregiver is defined as a person who provides direct care, supervision, and guidance to children in a child care family home, regardless of title or occupation. This definition includes parents.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.4.3 Documents to Post:** The following items shall be posted conspicuously in the child care family home:

5. MSDH License
6. Daily activity schedule
7. Evacuation route
8. MSDH complaint form

Source: Miss. Code Ann. §43-20-8

**Rule 3.4.5 Weapons Prohibited:** All firearms in the home shall be equipped with trigger locks and kept in a locked room out of the sight of all children. All other dangerous weapons shall be kept under a lock in a room not accessible to children. Other dangerous weapons include, but are not limited to, hunting knives, spears, machetes, archery equipment, etc.

Source: Miss. Code Ann. §43-20-8

**Rule 3.4.6 Serious Occurrences Involving Children:** The child care family home must report to the licensing agency, notify the child's parents, and place a copy in the child's record immediately after the serious occurrence. If the family home is unable to contact the parent, documentation should be recorded in the record. Written reports must be submitted within two days of the occurrence. Examples of serious occurrences may include the following:

1. Any visit to a requiring a medical professional, hospital visit, or hospitalization
2. Alleged abuse, neglect, or inappropriate physical contact with child or adult
3. A lost or unsupervised child
4. Transportation incident or accident
5. Death
6. Incorrect medication given to a child or children
7. Physical altercation between adults on the premises.
8. Any other incident that poses a danger to the life, health, and/or well-being of a child, children, or staff member at the facility

**Rule 3.4.7 Child Abuse:** Any operator or employee of a child care family home who has suspicion or evidence of child abuse or neglect shall report it immediately to the Mississippi Department of Child Protective Services in accordance with Miss. Code Ann. § 43-21-353; 43-21-357; 43-21-261; 43-21-267; 43-21-105(m). A provider must not interview staff or children regarding the specific allegation(s) of child abuse or child neglect until the Department of Child Protective Services and/or local law enforcement agency has had the opportunity to interview all appropriate individuals and completed their investigation.

**Rule 3.4.8 Prevention of Shaken Baby Syndrome and Abusive Head Trauma:** Each child care family home licensed to care for children up to five years of age shall develop and adopt policies to prevent shaken baby syndrome and abusive head trauma prior to licensure. The policy shall include the following:

7. How to recognize, respond to, and report the signs and symptoms of shaken baby syndrome and abusive head trauma. Signs and symptoms include irritability, difficulty staying awake, difficulty breathing, inability to lift the head, seizures, lack of appetite, vomiting, and bruises.
8. Strategies to assist staff members in coping with a crying, fussing, or distraught child.
9. Strategies to assist staff members in understanding how to care for infants.
10. Strategies to ensure staff members understand the brain development of children up to five years of age.
11. A list of prohibited behaviors that shall include, but not be limited to, shaking a child, tossing a child into the air or into a crib, chair, or car seat, and pushing a child into walls, doors, and furniture; and
12. Resources to assist staff members and families in preventing shaken baby syndrome and abusive head trauma.

## **Subchapter 5: PERSONNEL REQUIREMENTS**

### **Rule 3.5.1 General Requirements for Personnel:**

7. Each employee or potential employee of a child care family home, whether full-time, part-time, temporary, or substitute, shall meet the minimum qualifications for the respective job classification, as set forth in these regulations.
8. Any individual who, in the opinion of the licensing agency, appears to be unable to physically or mentally care for the children daily and/or in emergency situations will not be allowed to act as a caregiver or caregiver assistant. Any person whose ability is in question shall, at the request of the licensing agency, be able to demonstrate the ability to perform, at a minimum but not limited to the following:
  - a. Physical ability to exit the children during a fire drill in under two minutes;
  - b. Ability to read medication directions and properly dispense

medication to children (required only if the facility dispenses medication)

Source: Miss. Code Ann. §43-20-8

**Rule 3.5.2 Comprehensive Background Check:** Pursuant to Section 43-20-1

et seq., of the Mississippi Code of 1972, Section 658(d) of the Child Care Development Block Grant Act of 2014, and Federal Rules and Regulations 45 CFR 98.43, a comprehensive, finger-print based, criminal history records check, consisting of a FBI national criminal history records check (NCIC), state criminal history records check (MCIC), state child abuse registry check, National Sex Offender Registry check (NSOR), a state sex offender registry check and an interstate check, if applicable, must be completed on all operators, employees, and prospective employees of a licensed, regulated, and/or registered child care facility/family home as well as all child care providers eligible to deliver services for which Child Care Development Funds assistance is provided. Further, a comprehensive background must be completed every five years.

1. Before a prospective staff member may begin work in a child care facility/family home, a valid Letter of Suitability must have been issued by the MSDH Criminal Records Check Unit.
2. Each licensed, regulated, and/or registered child care provider will electronically access, monitor, verify, and maintain the suitability status of any submitted employee through the agency maintained website.
9. If an individual has been separated from employment (break in service) in a child care facility/family home for more than 180 consecutive days a new comprehensive criminal history records check must be submitted and approved before the individual may begin work in a child care facility/family home.
10. In the event a child care applicant has a disqualifying event a letter of non-suitability will be issued. Both the child care facility/family home provider and the applicant will be notified through the agency-maintained website.
11. Individuals under the age of 18 who are employed by a child care provider for compensation are required to complete a comprehensive background check.
12. A comprehensive background check must be completed on any individual 18 years of age and older residing in a residence designated as

a child care facility/family home.

Source: Miss. Code Ann. §43-20-8

**Rule 3.5.3 Child Care Director Qualifications:** A child care family home director shall be at least 21 years of age and shall have at a minimum a high school diploma or equivalent (GED) and two years prior documented experience caring for children who are under 13 years of age.

Source: Miss. Code Ann. §43-20-8

**Rule 3.5.4 Caregivers:** Caregivers shall be at least 18 years of age and shall have at a minimum one-year prior documented experience caring for children who are under 13 years of age.

Source: Miss. Code Ann. §43-20-8

**Rule 3.5.5 Caregiver Assistants:** Caregiver assistants shall be at least 16 years of age and shall work under the direct supervision of a director or caregiver. They shall not have direct responsibility for a group of children as the sole caregiver. Caregiver assistants under the age of 18 shall not be given the authority to discipline children.

Source: Miss. Code Ann. §43-20-8

**Rule 3.5.6 Staff Development:**

5. Owners and Directors. Before a new license to operate is issued, owners and directors of the child care family home shall each complete mandatory training on courses covering Regulations Governing Licensure of Child Care Family Home of 5 or Fewer, Health and Safety, and Shaken Baby Syndrome. If a new director is appointed by the child care family home after the license issuance, the mandatory training courses shall be completed by such individual(s) within the first three months of appointment.
6. The owner/director is required to obtain Health and Safety training prior to the home being licensed. All staff members must acquire it within 90 days of being hired. Health and Safety training must be completed every two years thereafter that consists of the following topics:
  - a. Prevention and control of infectious diseases including immunizations;
  - b. Prevention of sudden infant death syndrome and use of safe

sleeping practices;

- c. Administration of medication, consistent with standards for parental or guardian consent;
  - d. Prevention and response to emergencies due to food and allergic reactions;
  - e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic;
  - f. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
  - g. Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care family home);
  - h. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants;
  - i. Precautions in transporting children, if applicable;
  - j. Infant, child, and adult first aid and infant, child, and adult CPR;
  - k. Recognition and reporting of child abuse and neglect; and
  - l. Child development (including the major domains: cognitive, social, emotional, physical development and approaches to learning).
7. All child care employees shall be required to complete five contact hours of staff development, accrued during the licensure year, annually. Training should address the following:
- b. Health and safety.
  - c. Child growth and development.
  - d. Nutrition.
  - e. Planning learning activities.
  - f. Guidance and discipline techniques.

- g. Linkages with community services.
  - h. Communications and relations with families.
  - j. Detection of child abuse.
  - j. Advocacy for early childhood programs.
  - k. Professional issues.
  - m. First aid and cardiopulmonary resuscitation (CPR) for infant, child, and adult.
  - n. Special needs, as applicable.
8. Contact hours for staff development shall be approved by the licensing agency.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.5.7 Review by Licensing Agency:**

- 3. The satisfaction of the personnel requirements applicable to any individual shall be determined by the licensing agency acting pursuant to its authority under applicable statutes and regulations.
- 4. The licensing agency, in its sole discretion, may accept suitable educational credits, programs, or degrees in lieu of those specified in Subchapter 5 upon the submission of adequate documentation by the individual.

*Source: Miss. Code Ann. §43-20-8*

**Subchapter 6. RECORDS**

**Rule 3.6.1 Records:** Records listed in this section shall be kept in the child care family home and shall be made available to the licensing agency on request.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.6.2 Records Retention:**

- 3. All records, unless otherwise specified, shall be kept for a period of at least three years, whether the child care family home is open or closed.

4. A child's records shall be retained for a period of one year after the child is no longer in attendance at the facility.

Source: Miss. Code Ann. §43-20-8

**Rule 3.6.3 Facility Records:**

10. Attendance records for children and employees.
11. A current alphabetical roster of children enrolled in the child care family home, to include the child's full name and date of birth.
12. A current alphabetical roster of staff employed in the child care family home.
13. Current license.
14. Records of monthly fire/disaster evacuation drills and 9-1-1 drills.
15. A record shall be maintained of any medication administered by the director or caregiver showing the date, time, and signature of dispensing employee. A medication record may be destroyed 90 days after administering the medication.
16. Each facility shall maintain a notebook containing copies of the MSDH Certificate of Immunization Compliance (MSDH Form #121) for both staff and children at the home. The notebook shall contain separate current alphabetical rosters of both staff and children. The certificates shall be filed in alphabetical order to match the current staff and child rosters. Children enrolled in a licensed family child care home are expected to be age appropriately immunized. All children must have one of the following forms before enrollment in a licensed family child care home: Certificate of Immunization Compliance (Form 121) or Certificate of Medical/Religious Exemption (Form 122).
17. Each facility shall maintain a notebook containing a copy of the Letter of Suitability from the licensing agency on all employees. The notebook shall contain an alphabetical roster of staff including, staff name, date of birth, and the initial date of hire. The Letter of Suitability shall be filed in an order matching the alphabetical roster.
18. Each licensed child care provider is required to enter into the child care LARS Database the hourly rate that they charge to care for a child in a particular age group they serve, i.e., Infant, Preschool, School Age. The following is used for calculating the hourly rate for each age group.



Calculated Daily Rate = (Calculated Weekly Rate ÷ 5)  
Current Monthly Rate (CMR)  
Calculated Yearly Rate = (CMR X 12 months)  
Calculated Weekly Rate = (Calculated Yearly Rate ÷ 52)

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.6.4 Personnel Records:**

4. **Employee Records:** Each employee's personnel record shall contain the following:
  - a. Name, date of birth, address, phone number and photo identification.
  - b. Documentation of education, training, and experience necessary for employment.
  - c. Documentation (transcript) of staff development accrued during each licensure year, beginning with the date employed.
  - d. Date of employment and date of separation.
  - e. Mississippi State Department of Health Certificate of Immunization Compliance Form 121 or Form 122 Medical Exemption.
  - f. Valid Letter of Suitability for employment.
  - g. Documentation of orientation, within one week of being hired, including, but not limited to, emergency procedures (to include policies for handling dangerous situations), staffing and supervision requirements, daily schedules, physical/emotional/developmental problems of children, discipline policies, and child abuse and neglect.
  - h. Upon resignation or termination, personnel records shall be kept on file and be made available to the licensing agency for at least one year after the last day of employment.
  
5. The required Employee Information to be entered into the Child Care Licensure and Reporting System (LARS) for the Owner, Director, and all staff of the child care family home is as follows:
  - a. First Name

- b. Last Name
  - c. Date of Birth
  - d. Last 4 of SSN
  - e. Hire Date
  - f. Email Address
  - g. Mailing Address
  - h. Contact Phone Number
6. The above information will be entered at the time of initial application, renewal, and contacts must be updated within the “Manage Contacts” section. The required information entered under this rule is confidential and not viewable by the public.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.6.5 Child Records:** The facility shall maintain an individual file for each child under its current care, and for any child who withdrew during the preceding twelve months, containing the following identification and contact information, parental instructions, authorizations and other documents required by its policy manual:

6. **Identification and Contact Information:**
- a. The name of the child and names of parents/guardians.
  - b. Home address and home phone number.
  - c. The parent’s business name, address and phone number.
  - d. The child’s date of birth.
  - e. Date of acceptance at facility and date of withdrawal, if any, with the parents’ stated reason for withdrawal.
  - f. Other contact information required to be maintained in accordance with facility’s policy manual.
7. **Parental Instructions:**
- a. If the parent provides written instructions to the facility, those instructions concerning the child’s growth and development, medical needs, allergies, toilet training and other information relevant to the child’s well-being shall be maintained and updated as provided from time to time.
  - b. Written identification of an authorized, responsible person(s) for

pick-up of the child.

- c. Official legal documentation of any limitation of parental rights of the other parent or stepparent.
- d. Documentation of any limitation or restriction, if any, on activities of a child, or other participation by the child in certain events such as holiday celebrations.

8. **Authorizations:**

- a. Signed, written authorization to obtain emergency medical treatment and to administer medication.
- b. Election by a parent to either
  - k. provide written authorization consenting to any and all field trips, excursions, or series of events outside the child care family home, or
  - iv. provide written consent only for those specific field trips, excursions, or series of events for which date, time and location are specifically approved.
- c. Signed acknowledgment by a parent that the written policies and procedures described in Rule 3.4.1 have been received by the parent.
- d. Signed acknowledgment by a parent that a summary of licensing standards and other materials designated by the licensing agency has been received by the parent.
- e. Parental authorization of child being photographed, having photos posted or shared on social media, or other parental concerns.

9. **Documents Required by Policy Manual or Contract:**

- a. If agreed by the facility in its policy manual or caregiver contracts, the method in which the provider will inform the parent or contact person if a child does not arrive at the facility within a reasonable time after a scheduled drop-off.
- b. Any other documents or identification records agreed to be maintained by the facility.

10. **Confidentiality of Records and Information:**

- a. Individual child records are confidential and shall not be disclosed or released without prior written authorization by the parent.
- b. Individual personnel records are confidential and shall not be disclosed or released without prior written authorization by the employee.

*Source: Miss. Code Ann. §43-20-8*

**Subchapter 7. EMERGENCY PREPAREDNESS AND EVACUATION PLANNING**

**Rule 3.7.1 Emergency and Evacuation Plan:** The provider shall establish and follow a written, multi-hazard emergency preparedness, response, and recovery plan to protect children in the event of emergencies that at a minimum shall:

- 13. Address any potential disaster, natural or human-caused event, related to the area in which the facility is located;
- 14. Include procedures to control access to buildings and outdoor play areas;
- 15. Include procedures for evacuation, relocation to one of the facility's pre-determined places, shelter-in-place, lock down, communication with families, and continuity of operations;
- 16. Include specific procedure for accommodations for infants and toddlers, including food and formula;
- 17. Include specific procedures for caring for children with disabilities and chronic medical conditions, including the evacuation and transportation, as well as any required medication or medical equipment;
- 18. Include a system to quickly account for all children;
- 19. Include a system, and a back-up system, for contacting parents and authorized third party release caretakers;
- 20. Include a system to reunite children and parents following an emergency;

21. Include procedures for providing information about the emergency plan to parents at the time of enrollment and when changes and/or updates occur;
22. Be reviewed annually for accuracy and updated as changes are needed;
23. Be reviewed with all staff and volunteers during orientation and at least once every six months;
24. Be available at the time of inspection and any other time requested by the licensing agency.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.7.2 Individualized Emergency Plan:** An individual emergency plan shall be in place for each child with special health care needs and shall include medical contact information and additional supplies and equipment as needed.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.7.3 Evacuation Pack:** The facility shall have an evacuation pack, the location of which shall be known to all staff, that at a minimum shall contain:

9. A list of area emergency phone numbers;
10. An updated list of emergency contact information and emergency medical authorization for all enrolled children;
11. An emergency pick up form;
12. First aid supplies, hand sanitizer, wet wipes, and tissue;
13. Diapers for children who are not toilet trained and plastic bags for diaper disposal;
14. A battery-powered flashlight and radio and batteries or a crank flashlight and radio;
15. Disposable cups and bottled water.
16. A designated staff member shall be responsible for maintaining the pack to ensure that all contents, including medications are current and not expired.

Source: Miss. Code Ann. §43-20-8

**Rule 3.7.4** **Records:** A facility shall maintain a copy of records, documents, and computer files necessary for its continued operation following an emergency in ether a portable file or at an off-site location (an electronic back up copy of all information is strongly recommended).

Source: Miss. Code Ann. §43-20-8

**Rule 3.7.5** **Drills:** The provider shall conduct fire and tornado drills monthly and all other disaster drills at least once every six months. The provider shall vary the days and times on which fire and other disaster drills are held. The provider shall keep documentation of the previous 12 months of all drills on-site for review by licensing agency. Documentation of the drill shall include:

7. The type of drill (i.e., fire, tornado, flood, violence, loss of electrical power)
8. The date and time of the drill;
9. The number of children participating;
10. The name of the individual supervising the drill;
11. The total time to complete the drill; and
12. Any problems encountered and remediation.

Source: Miss. Code Ann. §43-20-8

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**Rule 3.7.6** **First Aid and CPR**

4. During all hours of operation, including the arrival and departure of children, a child care family home employee shall be present, at any location where the children are present, who holds a valid infant, child, and adult first aid certificate. This certificate shall be issued by an agent recognized by the licensing agency.
5. During all hours of operation, including the arrival and departure of children, a child care family home employee shall be present who holds a valid infant, child, and adult CPR certification, at any location where the children are present. Said certificate shall be issued by an agent recognized by the licensing agency.
6. When initially acquiring or renewing the CPR and First Aid certifications, online (internet, etc.) training is not acceptable.

Training must be face-to-face and hands on.

**Subchapter 8. STAFF TO CHILD RATIO, GROUP SIZE, AND SUPERVISION**

**Rule 3.8.1 General:**

1. During all hours of operation, including arrival and departure of children, a child care family home employee shall be present to whom administrative and supervisory responsibilities have been assigned. This employee shall meet the minimum qualifications of a director.
2. During all hours of operation, including the arrival and departure of children, a child care family home employee shall be present who holds a valid infant, child, and adult CPR certification, at any location where the children are present. Said certificate shall be issued by an agent recognized by the licensing agency.
3. During all hours of operation, including the arrival and departure of children, a child care family home employee shall be present, at any location where the children are present, who holds a valid infant, child, and adult first aid certificate. This certificate shall be issued by an agent recognized by the licensing agency.

Source: Miss. Code Ann. §43-20-8

**Rule 3.8.2 Staff-to-Child Ratio:** The minimum staff to child ratio present shall be five children to one staff.

Source: Miss. Code Ann. §43-20-8

**Rule 3.8.3 Grouping:** When children are placed in groups, the maximum group size shall be five children to one staff.

Source: Miss. Code Ann. §43-20-8

**Rule 3.8.4 Supervision:** A caregiver must maintain watchful oversight. Staff must always be aware of all children in their care and must be alert, able to respond quickly to children's actions and needs, and be able to intervene promptly in case of an emergency.

5. Staff shall refrain from using electronic devices or any object that will distract one's attention while supervising children or performing classroom duties.

6. The responsible caregiver shall stay on the same floor or level of the house with the children.
7. When children are outdoors, the caregiver must be present outside providing direct supervision to the children.
8. Provide closer supervision to ensure children are within easy reach when risks are higher and when children's age and behavioral tendencies require it.

## **Subchapter 9. PROGRAM OF ACTIVITIES**

### **Rule 3.9.1 General:**

3. The child care family home shall provide a basic program of activities geared to the age levels and developmental needs of the children served.
4. The child care family home shall provide for the reading of age-appropriate materials to children.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.9.2 Daily Routines:** All daily routines, such as eating and rest periods, shall be scheduled for the same time each day.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.9.3 Eating:** Meal periods are breakfast, lunch, dinner, and snacks.

*Source: Miss. Code Ann. §43-20-8*

### **Rule 3.9.4 Rest Periods:**

3. Rest period shall be individualized to meet each child's needs.
4. Physical force shall not be used in requiring children to lie down or go to sleep during rest periods.

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**Rule 3.9.5 Infant Safe Sleep:** A safe sleep environment for infants to lower the risk of Sudden Infant Death Syndrome (SIDS) is required as follows:

1. An infant MUST be placed on his/her back for sleeping unless written physician orders to the contrary, with medical reasons listed, are in the child's record. Sleeping infants shall be within the view of the staff and



- visually checked regularly when sleeping. Nothing shall obstruct the view of the staff or prevent the staff from clearly seeing infants or children. All children MUST be visually checked during naptime.
2. Infants shall be dressed in clothing appropriate for sleeping that is designed to keep the infant warm without the possible hazard of head covering or entrapment. Clothing used for swaddling and swaddling blankets are not to be used at any time. The room shall be kept at a draft-free seasonally appropriate temperature of 65 degrees Fahrenheit to 78 degrees Fahrenheit. If a child is already asleep and not dressed in clothing appropriate for sleeping, the caregiver does not need to awaken the infant to change his or her clothes. Facilities shall use a firm mattress covered by a fitted sheet.
  3. The lighting in the room must allow the caregiver to see each infant's face, to view the color of the infant's skin, and to check on the infant's breathing.
  4. A caregiver trained in safe sleep practices and approved to care for infants shall always be present in each room where infants are present.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.9.6 Outdoor Activities:**

5. All children shall have daily outdoor activities appropriate for the children's chronological ages and developmental levels unless the weather poses a significant health risk identified by the National Weather Service.
6. Sun safe practices shall be used during outdoor activities throughout the year.
7. Sun safe practices shall be evident in the planning of all outdoor activities.
8. Outdoor activities shall be held in areas providing shade or covered spaces.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.9.7 Infant, Toddler, and Preschool Activities:**

4. Infants, toddlers, and preschoolers shall be free to creep, crawl, toddle, and walk as they are physically able.

- a. Cribs, car seats, and highchairs are to be used appropriately only for their primary purpose, i.e., cribs for sleeping, car seats for vehicle travel, and highchairs for eating.
  - b. Providers should limit the use of equipment such as strollers, swings, and bouncer seats/chairs for holding infants while they are awake.
  - c. Providers should implement activities for toddlers and preschoolers that limit sitting or standing to no more than 30 minutes at a time.
  - d. Providers should use strollers for toddlers and preschoolers only when necessary.
5. For infants who cannot move about the room, caregivers shall frequently change the place and position of the infant and the selection of toys available, and the child shall be held, rocked, and carried about.
  6. Television viewing shall be kept at a minimum.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.9.8 Indoor or Outdoor Physical Activity:** Child care providers are to provide infants, toddlers, and preschool children with opportunities to be physically active throughout the day.

*Source: Miss. Code Ann. §43-20-8*

## **Subchapter 10. EQUIPMENT, TOYS, AND MATERIALS**

### **Rule 3.10.1 General:**

9. Equipment, toys, and materials for both indoor and outdoor use shall be appropriate to the age and developmental needs of the children served.
10. Equipment, toys, and materials for both indoor and outdoor shall be clean, safe, and in good repair.
11. The daily activity schedule shall demonstrate that preschoolers are given opportunities to do a variety of activities, including both quiet and active, such as block play, art activities, puzzles, books, and learning games, and that stories are read to and discussed with each child every day.

**Rule 3.10.2** **Paint:** Paint on toys, equipment, furniture, walls, and other items shall be lead-free and non-poisonous.

Source: Miss. Code Ann. §43-20-8

**Rule 3.10.3** **High Chairs:** High chairs, if used, shall have a wide base and a T-shaped safety strap. They shall be labeled or warranted by the manufacturer in documents provided at the time of purchase or verified thereafter by the manufacturer as meeting the American Society for Testing Materials (ASTM) Standard F-404 (Consumer Safety Specifications for High Chairs).

Source: Miss. Code Ann. §43-20-8

**Rule 3.10.4** **Rest Period Equipment:** In accordance with the U.S. Consumer Product Safety Act of 2008, any crib provided by a child care family home must meet federal safety standards. To verify compliance with federal standards, any crib manufactured prior to June 28, 2011, there shall be a Certificate of Compliance on file in the facility and the crib must have a label attached to show the date of manufacture. Any crib manufactured after June 28, 2011, must have a label attached to show the date of manufacture.

1. The facility shall provide a crib or other similarly commercially purchased bed unit, approved and designated for the purpose of sleeping. Children shall not be placed directly on the floor for rest periods.
2. Mobile infants, at a minimum of eight months, may be placed on a mat during the transition period of crawling to walking. If such mat is used, it shall be commercially purchased, flame retardant, a minimum of two inches thick, and designated for the purpose of sleeping.
3. Cribs, cots, and mats are to be a minimum of 24 inches apart or separated by a solid barrier. A minimum of 36 inches is recommended.
12. Once a sheet or blanket has been used by a child, it shall not be used by another child until it has been laundered.
13. Rest period equipment shall be covered with a waterproof cover.
14. Nap pads/cots are designed for use by one child only at a time and sanitized after each use or when soiled.
15. Children are not allowed to sleep in shared places, such as infant seats, strollers, swings, cozy areas, or on tables. If a child falls asleep in such shared place, he or she should be moved immediately.

16. Stackable cribs are not allowed.

*Source: Miss. Code Ann. §43-20-8*

## **Subchapter 11. BUILDINGS AND GROUNDS**

### **Rule 3.11.1 Building:**

15. A child care family home shall be physically separated from any other business or enterprise. Other occupants, visitors, and/or employees of other businesses or enterprises within the same building shall not be allowed within the physical confines of the child care family home for the purpose of entering the building or exiting the building or passing through the child care home for the purpose of gaining access to another part of the building.
16. A child care family home can only utilize approved, lower-level areas of the home.
17. All child care family homes shall meet all fire safety standards listed on the MSDH Form #333 and all applicable local fire safety standards and/or ordinances.
18. A separate space shall be provided for the use of an ill or injured child until the child can be picked up by the parent.
19. The ceiling, floor, and/or floor covering shall be properly installed, kept clean and in good condition, and maintained in good repair.
20. All parts of the child care family home used by children shall be lead-safe, well-lighted, ventilated, and free of hazardous or potentially hazardous conditions, such as, open stairs and unprotected low windows.
21. All glass in doors, windows, mirrors, etc., shall have a protective barrier at least four feet high when measured from the floor. Doors, windows, mirrors, etc., using safety-grade glass or polymer (e.g., Lexan®) are not required to have a protective barrier. Glass windows and glass door panels shall be equipped with a vision strip 36 inches from the floor. Safety glass must be certified by the installer and the statement kept on file at the child care family home.
22. Walls shall be kept clean and free of torn wall covering, chipped paint, broken plaster, and holes. No paint that contains lead compounds shall be applied to interior walls or woodwork.

23. A child care family home shall maintain a primary and secondary communication device, one of which shall be a telephone.
24. All fire extinguishers, as required in the fire safety plan, shall be serviced on an annual basis by a qualified fire extinguisher technician.
25. Unused electrical outlets shall be protected by a safety plug cover.
26. No extension cords shall be used in areas accessible to children.
27. Every child care family home that uses nonelectric heating and/or cooling systems, cooking stoves, and/or water heaters, or other nonelectric equipment, shall have sufficient carbon monoxide monitors placed appropriately throughout the child care family home.
28. All child care family homes are to be kept clean and in good repair.

Source: Miss. Code Ann. §43-20-8

**Rule 3.11.2 Openings:**

4. Each window, exterior door, and basement or cellar hatchway shall be weather-tight and watertight.
5. The width of doors shall accommodate wheelchairs and the needs of individuals with physical disabilities, if applicable
6. Doorways and exits shall be free of debris and equipment to allow unobstructed traffic to and from the room.

Source: Miss. Code Ann. §43-20-8

**Rule 3.11.3 Kitchens:**

4. Children are not allowed in the kitchen area.
5. The following regulations shall apply:
  - a. No game or home canned foods shall be served.
  - b. Other than fresh or frozen vegetables and fruit, all foods shall be from commercial sources.
  - c. Food shall be cooked or reheated to a temperature of 165 degrees

- Fahrenheit. Hot food shall be held at a minimum temperature of 140 degrees Fahrenheit.
- d. Cold food shall be stored at a temperature of 41 degrees Fahrenheit or below.
  - e. All food shall be covered while in the refrigerator or freezer.
  - f. Any prepared foods not properly refrigerated at a temperature of 41 degrees Fahrenheit or less, or frozen, shall be discarded.
  - g. If manual washing is utilized, a sanitizer shall be used. Rinsing in a chlorine solution using one and one-half tablespoons of household bleach per gallon of water is sufficient. If a dishwasher is utilized, the nozzle ports shall be free of obstructions, and the interior of the machine shall be clean.
  - h. Hot water, under pressure, shall be available.
  - i. Insecticides, poisons, cleaning agents, and medications, shall be stored away from food, separately from each other, and out of the reach of children.
  - j. Children shall not be exposed to insecticides or pesticides, or other toxic agents.
  - k. Hands shall be washed frequently, when switching between working with raw and ready-to-eat foods, and after all non-food preparation activities.
  - l. Clean clothing shall be worn.
  - m. Gloves shall be worn if there are any cuts or abrasions on the hands.
6. All kitchens and/or food/snack preparation areas in a child care family home shall be inspected as part of the child care inspection process.

Source: Miss. Code Ann. §43-20-8

**Rule 3.11.4 Toilets and Hand Washing Lavatories:**

- 4. Toilets and hand washing lavatories shall be located within the physical confines of child care family home and shall be convenient to outside playground areas.

5. All hand washing lavatories shall have both hot and cold running water. Hot water temperature shall not exceed 120 degrees Fahrenheit.
6. Toilets, and hand washing lavatories, and sinks shall be clean and operational. Bathrooms, hand washing lavatories, and sinks shall be supplied with soap, and individual towels for drying hands. Each toilet shall be supplied with toilet paper.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.11.5 Water:** The water supply shall be from a public water system or a private system approved by the Mississippi State Department of Health. Water shall be dispensed by the following:

3. Disposable paper cups; or
4. Labeled cup for each child that shall be washed and sanitized daily.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.11.6 Exits:** Must comply with local fire codes and municipalities.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.11.7 Heating, Cooling, and Ventilation:**

12. A draft-free seasonally appropriate temperature of 65 degrees Fahrenheit to 78 degrees Fahrenheit shall be maintained.
13. All rooms used by children shall be heated, cooled, and adequately ventilated to maintain the required temperatures, and air exchange, and to avoid the accumulation of objectionable odors and harmful fumes.
14. Ventilation may be in the form of openable windows.
15. Electric fans, if used, shall be guarded to limit the size of the opening in the blade guard to less than one-half inch.
16. When air-cooling is needed, draft-free cooling units shall be used. They shall present no safety hazard to the children.
17. Filters on recirculation systems shall be checked and cleaned or replaced as needed.
18. Thermometers that do not present a hazard to children shall be

present.

19. Portable, open flame and kerosene space heaters are prohibited. Portable gas stoves shall not be used for heating.
20. Electric space heaters shall be UL-approved, inaccessible to children, and utilized in compliance with all manufacturer's recommendations.
21. Fireplaces and fireplace inserts shall be properly vented, inaccessible to children through a barrier device, and in compliance with all manufacturer's recommendations.
22. Heating units, including water pipes and baseboard heaters shall be made inaccessible to children.

Source: Miss. Code Ann. §43-20-8

**Rule 3.11.8 Outside Grounds and Play Area:** Outside play areas shall be free of hazardous or potentially hazardous objects and/or conditions that may result in injury. The outdoor play area shall be well arranged so that all areas are visible to staff.

6. Outside play areas shall be protected from traffic or other hazards by fencing. Fencing at least four feet high shall be provided around the outdoor playground area. Fencing higher than four feet but not to exceed eight feet may be required if the licensing agency determines that a hazard exist. Fencing materials shall not present a hazard to children. The gate latch or securing device shall be high enough that it cannot be opened by small children.
7. All equipment shall be securely anchored to prevent accidents or injuries.
8. Outdoor playground areas shall be free from unprotected swimming and wading pools, ditches, and other bodies of water.
9. Outdoor spaces shall be laid out to ensure ample shaded space for children.
10. Protective surfacing is required beneath climbing and swinging equipment.

Source: Miss. Code Ann. §43-20-8

**Rule 3.11.9 Garbage Removal:** Garbage and trash shall be removed from the child



care family home daily and from the grounds at least once a week. Garbage and trash shall be stored inaccessible to the children and in insect and rodent-resistant containers.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.11.10 Pest Control:** The home shall be free of insects and rodents. Use of agricultural chemicals for pests is strictly prohibited.

*Source: Miss. Code Ann. §43-20-8*

## **Subchapter 12. HEALTH, HYGIENE, AND SAFETY**

### **Rule 3.12.1 Employee Health:**

4. Employees manifesting symptoms or otherwise suspected of having upper respiratory, gastrointestinal, skin, or other serious contagious conditions shall be excluded from work until either free from symptoms or certified by a physician to be no longer infectious.
5. Staff shall use universal precautions when changing diapers or being exposed to blood, fecal material, or urine.
6. Refer to the MSDH website for proper handwashing procedures.

*Source: Miss. Code Ann. §43-20-8*

### **Rule 3.12.2 Child Health:**

4. A child who is suspected of having a serious contagious condition shall be isolated and returned to the parent as soon as possible.
5. A child having a serious contagious condition shall not be allowed to return to the child care family home until they have been certified by a physician to be no longer contagious.
6. A child with a physical injury shall be treated by a staff member with infant, child, and adult valid first aid certificate issued by an agent recognized by the licensing agency. A child with a serious physical injury shall be treated by a staff member with a valid first aid certificate issued by an agent recognized by the licensing agency and transported to a hospital or medical facility as soon as appropriate.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.12.3 Child Hygiene:**

4. A child's wet or soiled clothing shall be changed immediately.
5. A child's hands shall be washed:
  - a. Immediately before and after eating.
  - b. After using the toilet or having their diapers changed.
  - c. After playing on the playground.
  - d. After handling pets, pet cages, or other pet objects.
  - e. Whenever hands are visibly dirty.
  - f. Before going home.
6. A child shall have a shower, tub, or sponge bath to ensure bodily cleanliness when necessary.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.12.4 Toys and Equipment:** Toys and equipment used by infants or toddlers shall be cleansed daily with a germicidal solution. Refer to the National Resource Center for Health and Safety in Child Care and Early Education for cleaning and disinfecting procedures.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.12.5 First Aid Supply:**

7. A first aid supply shall be kept on-site and easily accessible to employees, but not in reach of the children.
8. A first aid supply shall be taken on all field trips and excursions and shall be easily accessible to employees, but not in reach of the children.
9. All vehicles used by the facility in transporting children shall be equipped with a first aid kit.
10. All first aid kits should be periodically inspected for contents. Depleted and out-of-date materials should be replaced.
11. Special attention should be exercised when utilizing first aid supplies or any medication for children who have allergies or other special medical needs.

12. For additional information on supplies for first aid kits contact your local office of the American Red Cross.

Source: Miss. Code Ann. §43-20-8

**Rule 3.12.6 Animals and Pets:**

6. Any pet or animal present at a child care family home, indoors or outdoors, shall be in good health, show no evidence of carrying any disease, and be a friendly companion for the children.
7. Dogs or cats, where allowed, shall be immunized for any disease that can be transmitted to humans and shall be maintained on a flea, tick, and worm control program.
8. All pets shall be cared for as recommended by the regulating health agency. When pets are kept at the child care family home, procedures for their care and maintenance shall be written and followed. When immunizations are required, proof of current compliance signed by a veterinarian shall be on file at the home where the pet is kept.
9. A caregiver shall always be present when children are exposed to animals (including dogs and cats). Children shall be instructed on safe procedures to follow when near these animals (e.g., not to provoke or startle them or remove their food). Potentially aggressive animals (e.g., pit bulls, boxers, etc.) shall not be in the same physical space as the children.
10. Each child's and staff's hands shall be properly washed after being exposed to animals.

Source: Miss. Code Ann. §43-20-8

**Subchapter 13. NUTRITION, MEALS, AND FOOD SAFETY**

**Rule 3.13.1 General:**

7. A child care family home shall provide adequate and nutritious meals prepared in a safe and sanitary manner.
8. Meal periods are breakfast, lunch, dinner, and snacks.
9. Meals shall be served where each child may be seated.
10. Meals shall be served by employees only.

11. Employees shall wash their hands before preparing or serving food.
12. Children shall not share food.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.13.2 Nutritional Standards:** Meals shall meet the nutritional standards as prescribed in Appendix “C” Minimum Standards for Nutritional Care in Child Care Facilities.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.13.5 Snacks:** All snacks shall meet acceptable nutritional standards, as prescribed in Appendix “C” Minimum Standards for Nutritional Care in Child Care Facilities.

#### **Subchapter 14. DISCIPLINE AND GUIDANCE**

**Rule 3.14.1 Prohibited Behavior:** The following behaviors are prohibited by anyone (parent, caregiver, or child) in all child care home settings:

9. Corporal punishment, including hitting, spanking, beating, shaking, pinching, biting, and other measures that produce physical pain.
10. Withdrawal or the threat of withdrawal of food, rest, or bathroom opportunities.
11. Abusive or profane language, yelling, and/or harsh tones toward or around children is not allowed.
12. Any form of public or private humiliation, including threats of physical punishment.
13. Any form of emotional abuse, including rejecting, terrorizing, ignoring, isolating, or corrupting a child.
14. Use of any food product or medication in any manner or for any purpose other than that for which it was intended.
15. Inappropriate disciplinary behavior including putting soap or pepper in a child's mouth is not allowed.
16. Any acceptable disciplinary action that is not age-appropriate for the child or is excessive in time or duration.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.14.2 Restraint of a Child:** Children shall not be physically restrained except as necessary to ensure their own safety or that of others, and then for only as long as is necessary for control of the situation. Children shall not be given medicines or drugs that will affect their behavior except as prescribed by a licensed physician and with specific written instructions from the licensed physician for use of the medicines or drugs.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.14.3 Time Out:** "Time out" that enables the child to regain self-control and keeps the child in visual contact with a caregiver shall be used selectively, considering the child's developmental stage and the usefulness of "time out" for the child. Isolation from a caregiver is not acceptable. "Time out" is not allowed for children younger than (3) three years of age.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.14.4 Children Shall Not Discipline Other Children:** Children shall neither be allowed nor be instructed to discipline other children.

*Source: Miss. Code Ann. §43-20-8*

## **Subchapter 15. TRANSPORTATION**

**Rule 3.15.1 General:** The child care family home is responsible for the safety of the children.

*Source: Miss. Code Ann. §43-20-8*

### **Rule 3.15.2 Requirements:**

7. All drivers shall be appropriately licensed.
8. All vehicles shall have current licenses and registrations.
9. Insurance is required and shall adequately cover the transportation of children.
10. Children shall board or leave the vehicle from the curbside of the street and shall be safely accompanied to their destinations.
11. A parent shall be present if the child is delivered home.
12. Age and weight appropriate seat restraints shall be used.

*Source: Miss. Code §43-20-8.*

**Rule 3.15.3 Occupant Restraints:**

1. All children will be properly restrained whenever they are being transported in a motor vehicle.
  - a. Every person transporting a child under the age of four years in a passenger motor vehicle, and operated on a public roadway, street or highway, shall provide for the protection of the child by properly using a child passenger restraint device or system meeting applicable federal motor vehicle safety standards.
  - b. Every person transporting a child in a passenger motor vehicle operated on a public roadway, street or highway, shall provide for the protection of the child by properly using a belt positioning booster seat system meeting applicable federal motor vehicle safety standards if the child is at least four years of age, but less than seven years of age and measures less than four feet nine inches in height or weighs less than 65 pounds.
  - c. Any vehicle equipped with seatbelts is subject to the requirements in items a. and b. above
2. No vehicle shall be occupied by more individuals than its rated capacity.
3. No children shall be transported in the front seat of vehicles equipped with passenger-side airbags.
4. An individual seat restraint must be used for each child. The use of an individual seat restraint for two or more children is not allowed.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.15.4 Staff-to-Child Ratio:** The staff to child ratio shall be always maintained. The driver of the vehicle shall not be counted as a caregiver while transporting the children.

*Source: Miss. Code Ann. §43-20-8*

**Subchapter 16. DIAPERING AND TOILETING**

**Rule 3.16.1 Diaper Changing Area:** A diapering area shall be in a designated place of the home accessible to a hand-washing lavatory with hot and cold running water, a smooth and easily cleanable surface, a plastic-lined, covered garbage receptacle, and sanitizing solution. Refer to the National Resource

Center for Health and Safety in Child Care and Early Education for proper diaper changing procedures.

Source: Miss. Code Ann. §43-20-8

**Rule 3.16.2 Non-Disposable Diapers and Training Pants:** The fecal contents of non-disposable diapers or training pants shall be disposed of into a toilet. The soiled non-disposable diaper or training pants shall then be placed into a plastic bag, sealed, and placed in the child's individual container.

Source: Miss. Code Ann. §43-20-8

**Rule 3.16.3 Disposable Diapers:** Disposable diapers shall be placed into a plastic bag and sealed or shall be rolled up and taped securely, then placed into a plastic-lined covered garbage receptacle.

Source: Miss. Code Ann. §43-20-8

**Rule 3.16.4 Potty Chairs:** Potty chairs, if used, shall be placed in the bathroom area and sanitized after each child's use.

**Rule 3.16.5 Parental Consultation:** A parent-caregiver consultation is required prior to toilet training.

Source: Miss. Code Ann. §43-20-8

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## **Subchapter 17. FEEDING OF INFANTS AND TODDLERS**

**Rule 3.17.1 Hand Washing:** Employees shall wash their hands with soap and water and dry their hands with individual or disposable towels before and after each feeding. The infant and toddler's hands shall be washed with soap and water and dried with individual or disposable towels before and after each feeding.

Source: Miss. Code Ann. §43-20-8

**Rule 3.17.2 Bottle Feeding:** Infants shall be held while being bottle-fed. Bottles shall not be propped at any time. With parental consent and when infants are old enough to hold their own bottles, they may feed themselves without being held. The bottle shall be removed at once when empty or when the child has fallen asleep.

Source: Miss. Code Ann. §43-20-8

**Rule 3.17.3 Formula Storage:** Formula shall be labeled with the child's name,

dated, and placed in the refrigerator upon arrival.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.17.4 Baby Food:** Foods stored or prepared in jars shall be served from a separate dish for each infant or toddler. Any leftovers from the serving dish shall be discarded. Leftovers in the jar shall be labeled with the child's name, dated, refrigerated, and used within the next 24 hours or discarded.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.17.5 Refrigerator:** A refrigerator shall be available and easily accessible to the infant or toddler's room(s).

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.17.6 Heating Unit and Microwave Use:**

3. A heating unit for warming bottles and food shall be accessible only to adults.
4. Microwave ovens shall not be used for warming bottles or baby/infant food.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.17.7 Breast-Feeding Accommodations and Staff Training:** This section applies to all mothers choosing to breast-feed their child regardless of the child's age.

3. Breast-feeding mothers, including employees, shall be provided a sanitary place that is not a toilet stall to breast-feed their child or to express milk. This area shall provide an electrical outlet, comfortable chair, and nearby access to running water.
4. A refrigerator must be available to accommodate storage of expressed breast milk. It is acceptable to store expressed milk in the same refrigerator as other milk/bottles provided each bottle is appropriately labeled with the child's name and the time of expected expiration of the milk. Milk must be stored in accordance with the American Academy of Pediatrics and Centers for Disease Control guidelines.

*Source: Miss. Code Ann. §43-20-8*

## **Subchapter 18. SWIMMING AND WATER ACTIVITIES**



**Rule 3.18.1 General:** This section shall apply to any child care family home that, as part of its program, allows the children to swim, wade, or participate in any water activities whether on-site or at any other location during the time staff has responsibility for children enrolled.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.18.2 Lifeguard Supervision:**

3. **Swimming pools, lakes, etc.:**
  - a. A person having an American Red Cross lifeguard certificate, or the equivalent as recognized by the licensing agency, shall be present at all swimming and water activities.
  - b. Lifeguards, or the equivalent as recognized by the licensing agency, are not counted in the staff-to-child ratio.
  - c. The staff-to-child ratio shall be always maintained.
  - d. Staff, as well as lifeguards, shall be responsible for enforcing general safety rules.
  - e. Staff is responsible for requiring children to obey all swimming/water rules. These rules shall be explained each day that swimming/water activities occur so that all ages can understand what is expected.
4. **Wading pools:** For activities taking place in wading pools with a water depth of one foot or less the following is required:
  - a. There shall always be a person(s) with a valid CPR and first aid certificate present.
  - b. The staff-to-child ratio shall be always maintained.
  - c. Wading pools shall be cleaned after each use.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.18.3 Health and Safety:**

5. Swimming pools equipped with a diving board shall be level. All diving boards shall be installed in accordance with manufacturer's

guidelines.

6. Swimming pools, when in use, shall be properly maintained and monitored for appropriate concentration of disinfectant based on the manufacturer's guidelines.
7. A testing kit for measuring the concentration of the disinfectant, shall be available at each swimming pool.
8. The water in a swimming pool shall have sufficient clarity to ensure visibility to the floor of the pool. The pool shall be closed immediately if this requirement cannot be met.

*Source: Miss. Code Ann. §43-20-8*

## **Subchapter 19. CHILDREN WITH SPECIAL NEEDS**

### **Rule 3.19.1 Facility Adaptation:**

3. The child care home areas to be utilized by a child with special needs shall be adapted as necessary to accommodate special devices that may be required for the child to function independently, as appropriate.
4. A separate area shall be available for providing privacy for diapering, dressing, and other personal care procedures.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.19.2 Activity Plan:** A child with special needs shall have an individual activity plan. The individual activity plan shall have been developed by a person with a bachelor's or advanced degree in a discipline dealing with disabilities, as appropriate. The individual activity plan shall be reviewed, at a minimum, once every 12 months.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.19.3 Caregiver Staff Development:** Caregivers serving children with special needs shall receive staff development related to the specific needs of the children served.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.19.4 Staffing:** Caregiver staffing shall be appropriate and adequate to meet the specific physical and/or developmental needs of the special needs children served at the child care home. Staff-to-child ratio shall be

determined by the needs of the child rather than child's chronological age as based upon the child's individual plan (individual education plan, individual habilitation plan, individual family service plan, etc.). The facility is encouraged to be an active participant in the child's individual plan development.

*Source: Miss. Code Ann. §43-20-8*

**Subchapter 20. HEARINGS, EMERGENCY SUSPENSIONS, LEGAL ACTIONS AND PENALTIES**

**Rule 3.20.1 Emergency Suspensions of License:**

3. Any license issued pursuant to these regulations may be suspended prior to a hearing if the licensing agency has reasonable cause to believe that the operation of the child care family home constitutes a substantial hazard to the health or safety of the children cared for by the child care family home.
4. Whenever a license is to be suspended, the operator or director shall be notified in writing that the license, upon service of the notice, is immediately suspended. The notice shall contain the reason for the emergency suspension, and shall set a date for a hearing, which shall be within 14 days of the service of notice.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.20.2 Denial, Revocation, or Suspension of License:** The licensing agency may deny, refuse to renew, suspend, revoke, or restrict a license of any child care family home upon one or more of the following grounds:

7. Fraud, misrepresentation, or concealment of a material fact by the operator in securing the issuance or renewal of a license.
8. Conviction of an operator of any crime, if the licensing agency finds that the acts of which the operator has been convicted could have a detrimental effect on the children cared for by the child care family home.
9. Violation of any of the provisions of the act or of these rules and regulations.
10. Any conduct or failure to act, which is determined by the licensing agency to threaten the health or safety of a child.

11. Failure by the child care family home to have all criminal records and child abuse central registry checks on file at the facility.
12. Information received by the licensing agency as a result of the criminal records check or the child abuse central registry check on an operator.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.20.3 Notification:** Prior to the denial, refusal to renew, suspension, revocation or restriction of a license, and at the time of the imposition of any monetary penalty, written notice of the contemplated action shall be given to the applicant or person named on the license of the child care family home, at the address on record with the licensing agency. Such notice shall specify the reasons for the proposed action and shall notify the operator of the right to a hearing on the matter.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.20.4 District Level Hearing for Monetary Penalties:**

5. If requested in writing within ten calendar days of receipt of notice of the imposition of a monetary penalty, a district level hearing shall be provided in which the operator or applicant may show cause why the monetary penalty should not be imposed. The District Health Officer or his/her designee will preside at said hearing.
6. Any hearing requested pursuant to Subchapter 22, Rule 2.22.44(1) shall be held no less than five calendar days and no more than 20 calendar days from the receipt of any request for a hearing, unless both parties agree to an alternate period.
7. The district level hearing shall be informal. There will be no court reporter present and the Department will not be represented by counsel. However, the hearing officer will take notes of the proceedings and will provide the licensee with a written order outlining his decision within ten calendar days of conclusion of the district level hearing.
8. Within ten calendar days of the receipt of the district level decision the licensee may make a written request for a hearing at the state level.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.20.5 State Level Hearing:**

4. If requested in writing within ten calendar days of receipt of a notice of revocation, non-renewal, probation, or suspension, or after a district level hearing has been held on a monetary penalty, a hearing shall be held at the state level. At the state level hearing a hearing officer shall be appointed by the State Health Officer. A court reporter shall transcribe the proceeding. The hearing shall be held within 30 calendar days of receipt of the request for such hearing, unless waived in writing by the licensee.
5. Within 30 calendar days of the hearing, or such period as determined during the hearing, written findings of fact, together with a recommendation for action, shall be forwarded to the State Health Officer. The State Health Officer shall decide what, if any, action is to be taken on the recommendation within 14 calendar days of receipt of the recommendation. Written notice of the decision of the State Health Officer shall be provided to the operator.
6. At the state level hearing, the licensee shall be entitled to legal representation at his or her own expense.

Source: Miss. Code Ann. §43-20-8

**Rule 3.20.6 Appeal:**

1. Any operator who disagrees with or is aggrieved by a decision of the licensing agency concerning the suspension, revocation, or restriction of a license may appeal to the Chancery Court of the county in which the child care family home is located. The appeal shall be filed no later than 30 calendar days after the operator receives written notice of the final administrative action by the licensing agency as to the suspension, revocation, or restriction of the license. The operator shall have the burden of proving that the decision of the licensing agency was not in accordance with applicable law and these regulations.
2. If a facility is allowed to continue to operate during the appeal process, it will remain under the regulation of the licensing agency and will be subject to all current licensure regulations to include, but not limited to, inspection of the facility, review of facility and children's records, submission of all required or requested documents, and payment of all applicable fees and/or monetary penalties.

Source: Miss. Code Ann. §43-20-8

**Rule 3.20.7 Injunction:** Notwithstanding the existence of any other remedy, the licensing agency may, in the manner provided by law, in term time or in vacation, upon the advice of the Attorney General who shall represent the

licensing agency in the proceedings, maintain an action in the name of the state for injunction or other proper remedy against any person to restrain or prevent the establishment, conduct, management, or operation of a child care family home with or without a license under the act, or otherwise in violation of these regulations.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.20.8 Criminal Penalties:** Any person establishing, conducting, managing, or operating a child care family home without a license pursuant to these regulations shall be guilty of a misdemeanor, and, upon conviction, shall be fined not more than one hundred dollars (\$100.00) for the first offense, and not more than two hundred dollars (\$200.00) for each subsequent offense.

*Source: Miss. Code Ann. §43-20-8*

**Rule 3.20.9 Violations and Penalties:** In the event of an emergency occurring at a child care family home which makes it difficult or impossible to comply with any of these Rules, the facility shall not be in violation of those specific Rules. For purposes of this Rule 2.22.9, the term “emergency” shall include only the following:

1. Inclement weather;
2. Damage to the facility and/or structure which might require moving, transferring or consolidation of children;
3. Traumatic injury or acute illness of a caregiver or the caregiver’s immediate family while the caregiver is on-site resulting in the caregiver having to leave the premises;
4. Declaration of a state of emergency by local or state officials;
5. An injury or illness of a child at the facility requiring the immediate attention of one or more caregivers, resulting in non-compliance of child-to-staff ratio or room ratio; and/or
6. During a period when licensing agency inspectors or other government officials require facility staff to temporarily not be able to perform their normal supervisory duties.

Any violation of these regulations, in the discretion of the licensing agency, is punishable by a monetary penalty.

## **Subchapter 21. RELEASE OF INFORMATION**

**Rule 3.21.1** Information in the possession of the licensing agency concerning the license of individual child care facilities may be disclosed to the public, except such information shall not be disclosed in such manner as to identify children or families of children cared for at a child care family home. Nothing in this section shall affect the agency's authority to release findings of investigation into allegations of abuse pursuant to either Sections 43-21-353(8) and Section 43-21-257 Mississippi Code of 1972, annotated.

*Source: Miss. Code Ann. §43-20-8*

### **APPENDIX A**

#### **Nutritional Standards for Family Child Care Home**

Meals shall meet the nutritional standards as prescribed in this section. A family child care home shall provide adequate and nutritious meals prepared in a safe and sanitary manner.

Healthy diets help children grow, develop, and perform well in learning environments. Healthy diets contain the amounts of essential nutrients and calories needed to prevent nutritional deficiencies while preventing an excess caloric intake. Planned meals and snacks provide the right balance of carbohydrate, fat, and protein to reduce risks of chronic diseases, and are part of a full and productive lifestyle. Such diets are obtained from a variety of foods.

Nutrition and feeding practices for children strongly affect the development and long-term health of the child. Proper nutritional care during the early years is essential for intellectual, social, emotional, and physical growth. It is also necessary that an environment be provided which encourages the development of good eating habits.

#### **Nutritional Goals:**

14. Menus shall be nutritionally adequate and consistent.
15. Foods shall be provided in quantities and meal patterns that balance energy and nutrients with children's ages, appetites, activity levels, special needs, and cultural and ethnic differences in food habits.
16. Parents shall be involved in the nutrition component of the child care family home.
17. A variety of fruits, vegetables, and whole-grain products shall be offered to children for meals and snacks. Mealtime should be used as an opportunity to teach nutrition concepts.
18. The addition of fat, sugar, and sources of sodium shall be minimal in food

- preparation and service.
19. Food preparation and service shall be consistent with best practices for food safety and sanitation.
  20. Furniture and eating utensils shall be age-appropriate and developmentally suitable to encourage children to accept and enjoy mealtime.
  21. Child care caregivers shall encourage positive experiences with food and eating.
  22. Caregivers shall receive appropriate training in nutrition, food preparation, and food service.
  23. Child care facilities shall obtain assistance as needed from the MSDH Child Care Licensure Bureau.
  24. Nutrition education for children and for their parents shall be encouraged as a component of the child care program.
  25. Child care programs must comply with local and state regulations related to wholesomeness of food, food preparation facilities, food safety, and sanitation.
  26. Family style dining is encouraged.

### **Mealtime**

1. Meals and snacks shall be served at regularly scheduled times each day.
2. The same meal or snack shall not be served more than one time in any 24-hour (one-day) period.
3. No more than four and no less than a two- and one-half-hour period must elapse between the beginning of a meal and a snack. If breakfast is not served, then a mid-morning snack shall be provided.

### **Mealtime Environment**

1. Age-appropriate utensils, plates, bowls, cups, and dining area shall be provided.
2. Children shall not wait longer than fifteen minutes at the table for food to be served.
3. Sufficient time shall be allowed for children to wash their hands and prepare for the meal.
4. Mealtime shall be used for socialization, and shall be a relaxed, happy time for the children. No televisions, videos, or DVD's may be viewed during meal and snack times.
5. Family style dining is encouraged with serving platters, bowls, and pitchers on the table so that everyone can serve him/herself. Children are encouraged to assist with table setting.
6. A caregiver shall sit and join the children while they are eating. It is suggested that the staff eat the same food items that are served to the children. The staff will encourage social interaction, conversation, and use the mealtime for education purposes. Extra assistance and time shall be provided for slow eaters.



7. Food shall not be used as a reward or punishment. Children will not be encouraged to “clean your plate,” but encouraging children to try two bites of each food served is acceptable.
8. Additional servings shall be provided for the child who requests more food at a meal or snack. It is at the discretion of the facility and knowledge of the child’s eating pattern to allow seconds on food items. This time to teach children on portion control, monitoring extra intake, and better food selections is higher in nutritional value.
9. Meals and snacks provided by a parent must not be shared with other children, unless a parent is providing baked goods for a celebration or party being held at the operation.
10. Children will be permitted in meal preparation areas when under the direct supervision of a staff person, when there is no danger of injury from equipment, and for instruction/teaching purposes only.

**Food Preparation**

1. Foods shall be prepared in a form that is easy for children to handle. Bite size pieces and finger foods are suitable. Bones shall be removed from any food served to any child in the child care setting.
2. Foods shall be prepared as close to serving time as possible to preserve nutrients, flavor, and color.
3. Food should not be highly seasoned. No extra salt or fats should be added to the foods in cooking. The use of salt free, low-fat products is allowed. Children need to learn the flavors of food.
4. Raw vegetables and foods that may cause choking in young children shall not be served to children less than two years of age.

**Choking Prevention**

1. Children should be encouraged to eat slowly, take small bites, and chew well before swallowing.
2. Cook food until soft and cut into thin slices or small pieces. Remove bones from meat, chicken, and fish, and remove seeds and pits from fruit. With toddlers, cutting foods into “pea” size is recommended.

**FOODS THAT MAY CAUSE CHOKING**

Sausage shaped meats (hot dogs)*	Pop Corn	Hard Candy*	Chips*
Nuts	Dried Fruits		
Grapes	Chunks of peanut butter		
Gum*	Marshmallows		
<u>Thick Pretzels Rods* Thin pretzel sticks and rounds would be allowed.</u>			

*\*Not allowed to be served*

**Child Requiring a Special Diet:** A child requiring a special diet due to medical reasons, allergic reactions, or religious beliefs, shall be provided meals and snacks in accordance with the child's needs. If medical reasons exist for the special diet, a medical diagnosis from the child's physician stating that the special diet is medically necessary is required. Information required for dietary modifications include:

- Child's full name and date of instructions, updated annually
- Any dietary restrictions based on the special needs
- Any special feeding or eating utensils
- Any foods to be omitted from the diet and any foods to be substituted
- Limitations of life activities
- Any other pertinent special needs information
- What, if anything, needs to be done if the child is exposed to restricted foods.

1. Religious or ethnic requests should include the above information as needed, plus a certified statement of request based upon the religious or ethnic beliefs of the family.
2. The child's parent shall meet with the facility staff and/or director to review the written instructions.
3. Parents of children with severe restrictions and dietary needs will be given a copy of the facility's menu to pre-select foods to be served. The parents will be responsible for ensuring the accuracy of foods served based upon the preplanned menu.
4. The child care family home may request the parent to supplement food served by the facility. When food is supplied by the parent, the child care family home shall be responsible for assuring that it is properly stored and served to the child in accordance with the diet instructions on file. Meals and snacks provided by a parent must not be shared with other children, unless a parent is providing baked goods for a celebration or party being held at the operation.
5. Records of food intake shall be maintained when indicated by the child's physician.
6. Request for a vegetarian/vegan diet shall be accommodated with the same information completed as for dietary modifications. Specialty items may be supplied by the parent to meet nutritional needs.
7. To the extent authorized by federal laws, the facility may determine that the special nutritional needs of a child cannot be met at the facility and the child may be excluded from admission into the facility.

### **Infants**

1. Breast milk or formula shall be brought to the child care family home daily, ready to be warmed and fed. Each bottle shall be labeled with the infant's name and the date. No cereal, juice or other foods may be added to the infant's breast milk/formula without a physician's written request.
2. Bottles should not be warmed in the microwave.

3. At the end of each feeding, discard any milk left in the bottle. Staff will send all used bottles home with the parent for proper cleaning and sanitizing.
4. Age-appropriate solid foods (complimentary foods) may be introduced no sooner than when the child has reached four months of age, but ideally at six months. The first food introduced usually is cereal mixed with breast milk or formula (not in a bottle). Adding juice to dry cereal is not allowed.
5. Commercially prepared baby foods shall be brought in unopened jars and labeled with the infant's name. A facility may choose to mash and puree the foods served to older children for the infants seven months to one year. No additional juice, sauces, or fats may be added to the pureed foods.
6. Iron-fortified dry infant cereal shall be brought in sealed container premeasured for each feeding and labeled with the infant's name.
7. Breast milk is the recommended feeding for infants and should be encouraged and supported by child care family home personnel. The mother may choose to come to the child care family home to nurse her infant or may choose to supply bottles of expressed breast milk for the child care personnel to feed the infant. To help a mother be successful with breastfeeding the facility may provide the following:
  - A quiet, comfortable and private place for feeding.
  - A place to wash the hands.
  - A comfortable chair, stool for feet while breast feeding.
8. If infant is breast-fed, encourage the mother to provide a back-up supply of frozen breast milk that is labeled with the infant's name and date of expression. The mother's expressed milk shall be used for her infant only.
9. Refer to the Centers for Disease Control for guidelines on the storage and preparation of breast milk.
10. For a breast fed infant, it is acceptable to introduce iron-fortified cereal earlier, at four months if desired, but preferably at 6 months.
11. A written schedule for feeding a breast-fed infant shall be provided by the parent and posted for reference by the child care family home staff.
12. Feeding should be by hunger cues whenever possible. Hunger cues may include:
  - Sucking on tongue, lips, hands, or fingers while asleep
  - Moving his arms and hands toward mouth
  - Restless movements while asleep
  - Opening mouth when his lips are touched
  - "Rooting" or searching for the nipple
13. Infants are fed when hungry by noting hunger cues, such as crying, being restless. Feeding is stopped when it is determined that the infant is satisfied. Signs of satiety include, refusing the nurse, turning away from the nipple, falling asleep.
14. Infants shall be held cradled in the arms during feeding. At no time shall an infant be fed by propping a bottle.

15. Introduction of solid foods to an infant should be done in consultation with the parent.
16. Juice shall not be served to infants (children less than 12 months of age).
17. A small amount of water is encouraged at 8-12 months.
18. Solid foods must be spoon-fed. No solid food shall be fed by bottle or infant feeder without written direction from a physician.
19. Infants are encouraged to start using a cup at six to nine months, based upon motor skills. By the age of one, all children should be off a bottle.
20. Older infants are encouraged to hold and drink from cups and to use child appropriate eating and serving utensils. Self-feeding should be encouraged.
21. Breast milk or formula is served to at least 12 months of age. Children ages one to two, shall be served whole milk, after age two, toddlers should be served fat-free/skim milk or 1% milk.
22. When centers are reimbursed for meals and must supply formula for their infants, only ready to use formula may be purchased for use. The center may require the parents to supply clean bottles daily. If the center supplies the bottles, there must be provisions in place for the proper cleaning, sanitizing, and drying of all bottles and supplies outside of the infant room.

### **Meal Planning for Infants through One Year**

1. Infant food needs are based on the amount of time spent in the child care family home.
2. Any infant in a child care family home at the time of a meal or snack, shall be served foods appropriate to age.

<u>Meal/Snack</u>	<u>Birth through 5 Months</u>	<u>6 Months through 12 Months</u>
<u>Breakfast</u>	<u>4-6 fl. oz. breast milk or formula</u>	<u>6-8 fl. oz. breast milk or formula</u> <u>2-4 Tbsp. prepared infant cereal (optional)</u> <u>1-4 Tbsp. fruit and/or Vegetable (infant or mashed)</u>
<u>Lunch or Supper</u>	<u>4-6 fl. oz. breast milk or formula</u>	<u>6-8 fl. oz. breast milk or formula</u> <u>2-4 Tbsp. prepared infant cereal (optional)</u> <u>1-4 Tbsp. fruit and/or vegetable (infant or mashed)</u> <u>1-4 Tbsp. infant meat</u>
<u>Supplement/Snack</u>	<u>4-6 fl. oz. breast milk or formula</u>	<u>2-4 fl. oz. breast milk or formula</u> <u>0-1/2 dry bread or 0-2 crackers (optional)</u>

**Meal Schedule for Children One year and older:**

3. Children’s food needs are based on the amount of time spent in the child care family home.
4. Any child in a child care family home at the time of a meal or snack will be served that meal or snack.

<u>IF YOU ARE OPEN</u>	<u>YOU MUST SERVE</u>		
<u>Nine hours or less</u>	<u>Two snacks and one meal</u>	<u>OR</u>	<u>One snack and two meals</u>
<u>Over nine hours</u>	<u>Two snacks and two meals</u>	<u>OR</u>	<u>Three snacks and one meal</u>
<u>24 hours or during all meals</u>	<u>Three meal and three snacks: one snack should be a late night snack only served to children who are awake.</u>		

**Menus:**

1. A menu for all meals and snacks prepared and/or served in the child care family home shall be plainly posted. Any substitutions shall be of comparable food value and shall be recorded on the menu and dated.
2. Menus shall be planned to include food with variety in texture, color, and shape. Record of dated menus served, and any substitutions made, shall be kept on file for a minimum of one year.
3. New food shall be introduced to help develop good food habits. Introduce only one new food per meal or snack. Foods used for activities/teaching can be included on the written record of foods served for the day.
4. It is the facility’s responsibility to discuss recurring eating problems with the child's parent.
5. The facility shall not serve nutritional supplements such as protein powders, liquid protein, vitamins, minerals, and other nonfood substances without written instructions from the child’s physician.

**Menu Planning:**

7. Serve fresh, frozen, canned, or dried vegetables, fruits whenever possible, and whole grain products.
8. Avoid excessive fat, saturated fat, and cholesterol. No fried foods shall be served.
9. Use and serve sugar only in meal preparation and then in moderation. No concentrated sweets, such as candy, syrup, sweetened drinks sodas, or flavored milks may be served.
10. Limit sodium products and the use of salt.
11. Promote an alcohol, tobacco and drug free lifestyle for children, parents, and

caregivers.

12. Promote and encourage daily physical activity.

### **Menu Planning Tips to Remember:**

1. Plan your meat first. Then select fruits and vegetables, making sure that you have a Vitamin C source daily and a Vitamin A source every other day (refer to the vitamin tables). Limit starchy vegetables - these include lima beans, butterbeans, white/sweet potatoes, English peas, black-eye peas, field peas, Crowder peas, cream and whole kernel corn, any dried pea/bean.
2. Two vegetables or two fruits may be served at mealtime, but it is recommended to serve a vegetable and a fruit for variety. Including a variety of brightly colored fruits and vegetables will help to meet the vitamin requirements.
3. The same meal may not be served more than once in a day (i.e., facilities who are open for lunch and supper may not serve the same menu for both meals).
4. Snacks should be served mid-morning, when required, early afternoon, and late afternoon, usually 30-60 minutes before closing. Snack time is an excellent time to introduce fruits and vegetables.
5. Use only 100-percent juice for snack no more than once a day. Give fruit for breakfast/morning snack instead of juice.
6. Fruit-flavored drinks, sport drinks, soft drinks, caffeinated beverages, artificially sweetened beverages shall not be served.
7. Serve a variety of vegetables and fruits to ensure a nutritionally well-balanced meal.
8. Dry milk may be used for cooking purposes.
9. Emphasis shall be placed on serving more whole grains and fewer foods high in fat, sugar, and sodium.
10. Drinking water shall be freely available to children of all ages and offered at frequent intervals.
11. To prevent nutrient and vitamin loss during food preparation:
  - Serve fruits and vegetables raw as appropriate for the age. The risk of choking is greater for the child under the age of two.
  - Steam, boil, or simmer foods in a very small amount of water, or microwave for the shortest time possible.
  - Cook potatoes in their skins after washing.
  - Refrigerate prepared juices and store them for no more than two to three days.
  - Store cut raw fruits and vegetables in an airtight container and refrigerate - do not soak or store in water. Nutrients may be diluted from soaking in water.

**Parties and Special Occasions:** Parties and party events should not be held more than once a month.

### **Meal Planning for Children in Family Child Care Homes:**

## **Breakfast/Lunch/Dinner/Snack**

### **Milk:**

Milk shall be served at breakfast, lunch, and dinner. The milk shall be pasteurized fluid milk, fortified with vitamin A and D. Whole milk is served to infants and toddlers less than two years of age. After age two fat-free/skim milk or 1% milk shall be served. Milk alternatives may be served when indicated with dietary restrictions.

Provisions must be made to serve calcium in alternate forms when no milk/substitute may be served to the child due to dietary restrictions.

If a child cannot be served milk for medical reasons or upon parent's instructions, then that child is not to be served high content milk products, e.g., pudding, ice cream, cheese, etc.

### **Bread and Bread Alternates:**

Use enriched whole-grain breads and bread alternatives. Dry cereals need to be high fiber and not sugar coated. Hot cereals cannot be instant. Whole grain pasta, noodles, or brown rice are encouraged at all meals.

The following breakfast breads may be served: muffin, biscuit, toast, breakfast bread, pancake or waffle, no more than weekly (with no syrup). Crust used as part of the main dish (i.e., for quiche) or dry oatmeal in a fruit crisp is allowed as a bread alternate. **These items may not be served:** doughnuts, honey buns, breakfast tarts, pastries, packaged snack cakes, and other high fat/sugar foods.

Any pre-fried items including hash browns, French fries, and tater tots shall not be served more than once a week.

Plain, low sugar type cookies and snacks, including animal crackers, graham crackers, vanilla wafers, oatmeal, oatmeal raisin, peanut butter, low-fat granola bars, whole grain fruit and cereal bars, and Rice Krispie treats, and ginger snaps may be served as a snack occasionally. Other snack suggestions include cheddar cheese, plain or vegetable flavored crackers or trail mix made of various dry, no sugar-coated cereals, dried fruits, and small marshmallows. Items that may not be served include chocolate chip cookies and most pre-packaged cookies/snack cakes.

Packaged crackers with cheese/peanut butter filling are discouraged due to the fat/sodium content.

### **Fruits and Vegetables:**

Use fresh, canned, dried, or frozen fruit for every meal. No sugar may be used in the packaging or preparation of the fruit. Canned or frozen fruit should be packed in juice or water - not syrup or sugar packed.

Vegetables may be used for the breakfast meal. Cultural differences may also dictate that specific food items be served at a certain meal.

Serve a variety of fruits and vegetables to meet a Vitamin C source daily and a Vitamin A source every other day. Fruits and vegetables supply these nutrients.

Use a different combination of two or more fruit/vegetables during meals. Use fresh, canned, dried, or frozen vegetables and fruits for meals.

Vegetables and fruits may be served as combination dishes (i.e., beef stew with meat, potatoes, carrots, English peas, or shredded carrot salad with diced pineapple).

Avoid serving two forms of the same fruit or vegetable in the same day.

Limit serving starchy vegetables to once per meal. Starchy vegetables include white/sweet potatoes, lima beans, butter beans, English peas, black-eye peas, field peas, crowder peas, cream and whole kernel corn, and any dried bean/pea (unless counted for a meat alternate).

The use of high sodium/salt and high fat seasonings should be limited.

Juice should not be served as part of the snack when milk is the only other item served.

Fruit juice (100%) is allowed once a day. Vitamin fortified fruit juices, such as apple juice, with extra Vitamin C, will not be recognized as a good vitamin source.

**Water:**

Water is to be made available with all meals and snacks. Tap or bottled water may be served. Water should be encouraged before and after all meals and snacks.

**Meat and Meat Alternates:**

The meat component is not required at the breakfast meal, but the facility may choose to serve a meat item with breakfast. Meats and meat alternates that would be acceptable include eggs, fat-free yogurt, low-fat cheese, fat-free cottage cheese, lean ham, Canadian bacon, and peanut butter. Bacon is not considered a meat and shall not be served due to the high fat and high sodium content.

It is recommended to have at least one meatless meal a week. An alternate for meat could be cooked dried beans or peas. Canned beans and peas include canned kidney beans, black beans, garbanzo beans, etc. Canned beans are much higher in sodium/salt.

Edible portion for meats and meat alternates is used. No bones may be served. One ounce of cooked meat is equal to one medium cooked chicken leg with bone removed.



Processed, pre-fried meats are not allowed due to the sodium/salt and fat content. Meats not allowed include hot dogs, corndogs, bologna, bacon, sausage, pancake sticks, small chicken nuggets, fish sticks, and steak fingers.

Processed cheese, such as cheese spread, canned cheese sauce, and cheese in packaged snack crackers is not allowed. Low-fat or fat-free cheese can be served.

Serving nuts and seeds is not recommended due to the prevalence of nut/seed allergies.

**VITAMIN C SOURCES**  
**VITAMIN C SOURCE MUST BE SERVED DAILY**

\*\*BEST CHOICE

\*GOOD CHOICE

#ACCEPTABLE CHOICE (ONLY COUNT FOR A VITAMIN SOURCE ONCE PER WEEK)

<b>Fruits</b>			<b>Vegetables</b>		
<u>Food</u>	<u>Serving Size</u>		<u>Food</u>	<u>Serving Size</u>	
<u>Blackberries</u>	<u>¼ c.</u>	<u>#</u>	<u>Asparagus</u>	<u>¼ c.</u>	<u>*</u>
<u>Blueberries</u>	<u>¼ c.</u>	<u>#</u>	<u>Artichoke</u>	<u>¼ medium</u>	<u>*</u>
<u>Cantaloupe</u>	<u>¼ c</u>	<u>**</u>	<u>Bok Choy</u>	<u>¼ c.</u>	<u>*</u>
<u>Grapefruit</u>	<u>¼ medium</u>	<u>**</u>	<u>Broccoli</u>	<u>¼ c.</u>	<u>**</u>
<u>Grapefruit Juice</u>	<u>½ c</u>	<u>**</u>	<u>Brussel Sprouts</u>	<u>¼ c.</u>	<u>**</u>
<u>Grapefruit-Orange Juice</u>	<u>½ c.</u>	<u>**</u>	<u>Cabbage</u>	<u>¼ c.</u>	<u>*</u>
<u>Guava</u>	<u>¼ c.</u>	<u>**</u>	<u>Cauliflower</u>	<u>¼ c.</u>	<u>*</u>
<u>Honeydew Melon</u>	<u>½ c.</u>	<u>*</u>	<u>Chicory</u>	<u>¼ c.</u>	<u>*</u>
<u>Kiwi</u>	<u>½ medium</u>	<u>**</u>	<u>Collard Greens</u>	<u>¼ c.</u>	<u>*</u>
<u>Mandarin Orange Sections</u>	<u>¼ c.</u>	<u>*</u>	<u>Kale</u>	<u>¼ c.</u>	<u>#</u>
<u>Mango</u>	<u>¼ medium</u>	<u>*</u>	<u>Kohlrabi</u>	<u>¼ c.</u>	<u>**</u>
<u>Melon balls</u>	<u>¼ c.</u>	<u>*</u>			
<u>Orange</u>	<u>½ medium</u>	<u>**</u>	<u>Mustard Greens</u>	<u>¼ c.</u>	<u>#</u>
<u>Orange Juice</u>	<u>¼ c.</u>	<u>**</u>	<u>Okra, not fried</u>	<u>¼ c.</u>	<u>#</u>
<u>Papaya</u>	<u>¼ c.</u>	<u>*</u>	<u>Peppers, green &amp; red</u>	<u>¼ c.</u>	<u>**</u>
<u>Peach, frozen only</u>	<u>¼ c.</u>	<u>**</u>	<u>Potato, White, or Red Skinned Baked only-no instant/fries/tots</u>	<u>½ medium</u>	<u>*</u>
<u>Pineapple</u>	<u>¼ c.</u>	<u>#</u>	<u>Rutabagas</u>	<u>¼ c.</u>	<u>#</u>
<u>Pineapple Juice</u>	<u>¼ c.</u>	<u>*</u>	<u>Snow Peas</u>	<u>¼ c.</u>	<u>#</u>
<u>Pineapple-grapefruit or orange juice</u>	<u>¼ c.</u>	<u>**</u>	<u>Spinach</u>	<u>¼ c.</u>	<u>#</u>
<u>Raspberries</u>	<u>¼ c.</u>	<u>*</u>	<u>Sweet Potato</u>	<u>½ medium</u>	<u>*</u>
<u>Starfruit</u>	<u>¼ c.</u>	<u>#</u>	<u>Tomato</u>	<u>½ medium</u>	<u>*</u>
<u>Strawberries</u>	<u>¼ c.</u>	<u>**</u>	<u>Tomato or V-8 Juice</u>	<u>¼ c.</u>	<u>**</u>
<u>Tangelo</u>	<u>½ medium</u>	<u>**</u>	<u>Turnip Greens</u>	<u>¼ c.</u>	<u>*</u>
<u>Tangerine</u>	<u>½ medium</u>	<u>**</u>	<b>Miscellaneous</b>		
<u>Tropical fruit mix</u>	<u>¼ c.</u>	<u>*</u>			
<u>Watermelon</u>	<u>½ c.</u>	<u>#</u>	<u>Liver, beef</u>	<u>1 oz.</u>	<u>**</u>

### VITAMIN A SOURCES

**VITAMIN A SOURCE MUST BE SERVED EVERY OTHER DAY, 3 TIMES PER WEEK**

**\*\* BEST CHOICE**

**\* GOOD CHOICE**

**#ACCEPTABLE CHOICE (ONLY COUNT FOR A VITAMIN SOURCE ONCE PER WEEK)**

<u>Fruits</u>			<u>Vegetables</u>		
<u>Food</u>	<u>Serving Size</u>		<u>Food</u>	<u>Serving Size</u>	
<u>Avocado</u>	<u>1/4 medium</u>	<u>#</u>	<u>Asparagus</u>	<u>1/4 c.</u>	<u>#</u>
<u>Apricot</u>	<u>2 halves</u>	<u>*</u>	<u>Artichoke</u>	<u>1/2 medium</u>	<u>#</u>
<u>Cantaloupe</u>	<u>1/4 c.</u>	<u>*</u>	<u>Bok Choy</u>	<u>1/4 c.</u>	<u>*</u>
<u>Cherries, red sour</u>	<u>1/4 c.</u>	<u>*</u>	<u>Broccoli</u>	<u>1/4 c.</u>	<u>*</u>
<u>Mandarin Orange Segments</u>	<u>1/4 c.</u>	<u>*</u>	<u>Brussels Sprouts</u>	<u>1/4 c.</u>	<u>*</u>
<u>Mango</u>	<u>1/4 medium</u>	<u>**</u>	<u>Carrots</u>	<u>1/4 c.</u>	<u>**</u>
<u>Melon Balls</u>	<u>1/4 c.</u>	<u>*</u>	<u>Collard Greens</u>	<u>1/4 c.</u>	<u>**</u>
<u>Nectarine</u>	<u>1/4 medium</u>	<u>#</u>			
<u>Papaya</u>	<u>1/4 c.</u>	<u>*</u>	<u>Kale</u>	<u>1/4 c.</u>	<u>**</u>
<u>Peaches</u>	<u>1/4 c.</u>	<u>#</u>	<u>Lettuce, Green, Romaine, or Red - NOT Iceberg</u>	<u>1/2 c.</u>	<u>#</u>
<u>Plantain</u>	<u>1/4 c.</u>	<u>#</u>	<u>Mixed Vegetables</u>	<u>1/4 c.</u>	<u>**</u>
<u>Prunes</u>	<u>1/4 c.</u>	<u>*</u>	<u>Mustard Greens</u>	<u>1/4 c.</u>	<u>**</u>
<u>Tangerine</u>	<u>1/2 medium</u>	<u>*</u>	<u>Okra, not fried</u>	<u>1/4 c.</u>	<u>#</u>
			<u>Peas &amp; Carrots</u>	<u>1/4 c.</u>	<u>**</u>
			<u>Peppers, red</u>	<u>1/4 c.</u>	<u>**</u>
			<u>Pumpkin</u>	<u>1/4 c.</u>	<u>**</u>
			<u>Rutabagas</u>	<u>1/4 c.</u>	<u>#</u>
<u>Egg</u>	<u>1 medium</u>	<u>*</u>	<u>Spinach</u>	<u>1/4 c.</u>	<u>**</u>
<u>Liver, beef</u>	<u>1 oz.</u>	<u>**</u>	<u>Sweet Potato</u>	<u>1/2 medium</u>	<u>**</u>
<u>Liver, chicken</u>	<u>1 oz.</u>	<u>**</u>	<u>Tomato or V-8 Juice</u>	<u>1/4 c.</u>	<u>**</u>
			<u>Turnip Greens</u>	<u>1/4 c.</u>	<u>**</u>
			<u>Winter Squash, Butternut or Hubbard</u>	<u>1/4 c.</u>	<u>**</u>

## APPENDIX B

### CLEANING AND DISINFECTION PROCEDURES

Keeping the child care environment clean is very important for the health and safety of both children and providers. One of the most important steps in reducing the number of germs, and therefore the spread of disease, is the thorough cleaning of surfaces that could possibly pose a risk to children or staff. Surfaces considered most likely to be contaminated are those which the children are most likely to have close contact. These include toys that children put in their mouths, crib rails, food preparation areas, and other surfaces, such as diaper-changing areas.

Routine cleaning with soap and water is the most useful method for removing germs from surfaces in the child care setting. Physically scrubbing with soap and water reduces the number of germs from the surface, just as hand washing reduces the numbers of germs from the hands. Removing germs in the child care setting is especially important for soiled surfaces which cannot be treated with chemical disinfectants, such as some upholstery fabrics.

However, some items and surfaces should receive an additional disinfection, to kill germs after cleaning with soap and rinsing with clean water. Items that can be washed in a dishwasher on the hot cycle of a washing machine are not required to be disinfected because these machines use high temperature water for a period long enough to kill most germs. The disinfection process uses chemicals that are stronger than soap and water. Disinfection also usually requires soaking the item for several minutes to give the chemical time to kill the remaining germs. Commercial products that meet the Environmental Protection Agency's (EPA) standards may be used for this purpose. One of the most used chemicals for disinfection in child care settings is a homemade solution of household bleach and water. The solution of bleach and water is easy to mix, is nontoxic, is safe if handled properly, and kills most infectious agents. Be aware that some infectious agents are not killed by bleach.

A solution of bleach and water loses its strength quickly and easily. It is weakened by organic material, evaporation, heat, and sunlight. Therefore, bleach solutions should be mixed fresh each day to ensure its effectiveness. Any leftover solution should be discarded at the end of the day. NEVER mix bleach with anything but fresh tap water! Other chemicals may react with bleach and create and release a toxic gas.

Keep the bleach solution you mix each day in a cool, dry place out of direct sunlight and out of the reach of children.

If a child care family home uses a commercial cleaner, sanitizer, or disinfectant it must be a EPA registered product that has an EPA registration number on the label. Such products shall only be used according to the manufacturer's instructions. **NOTE:** All EPA-registered products may not be appropriate for use in a child care family home. Therefore, it is the responsibility of the facility to make sure any product use is appropriate for use in a child care family home.

## **Recipe for Bleach Disinfecting Solution**

**For use on non-porous surfaces such as diaper change tables, counter tops, door cabinet handles toilets, etc.**

1/3 cup or 5 tablespoons bleach  
added to  
1 gallon of cool water

**OR**

4 teaspoons bleach  
added to  
1 quart of cool water

## **Recipe for Weaker Bleach Sanitizing Solution**

**For food contact surfaces sanitizing, e.g., dishes, utensils, cutting boards, highchair trays, toys that children may place in their mouths, and pacifiers.**

1 tablespoon bleach  
added to  
1 gallon of cool  
water

### **Washing and Disinfecting Toys**

Infants and toddlers should not share toys. Toys that children (particularly infants and toddlers) put in their mouths should be washed and disinfected between uses by individual children. Toys for infants and toddlers should be chosen with this in mind. If you cannot wash a toy, it probably is not appropriate for an infant or toddler.

When an infant or toddler finishes playing with a toy, you should retrieve it from the play area and put it in a bin reserved for dirty toys. This bin should be out of reach of the children. Toys can be washed at a later, more convenient time, and then transferred to a bin for clean toys and safely reused by the other children.

To wash and disinfect a hard plastic toy:

- Scrub the toy in warm, soapy water. Use a brush to reach into the crevices.
- Rinse the toy in clean water.
- Immerse the toy in a mild bleach solution (see above) and allow it to soak in the solution for 10-20 minutes.
- Remove the toy from the bleach and rinse well in cool water.
- Air dry.

Hard plastic toys that are washed in a dishwasher or cloth toys washed in the hot water cycle of

the hot water cycle of a washing machine do not need to be additionally disinfected.

Children in diapers should only have washable toys. Each group of children should have its own toys. Toys should not be shared with other groups.

Stuffed toys used by only a single child should be cleaned in a washing machine every week or more frequently if heavily soiled.

Toys and equipment used by older children and not put into their mouths should be cleaned at a minimum of weekly and/or when soiled. A soap and water wash followed by clear water rinsing and air drying should be adequate. No disinfection is required. (These types of toys and equipment include blocks, dolls, tricycles, trucks, and other similar toys.).

Do not use wading pools for children in diapers.

Water play tables can spread germs. To prevent this:

- Disinfect the table with chlorine bleach solution before filling it with water.
- Disinfect all toys to be used in the table with chlorine bleach solution. Avoid using sponge toys. They can trap bacteria and are difficult to clean.
- Have all children wash their hands before and after playing in the water table.
- Do not allow children with open sores or wounds to play in the water table.
- Carefully supervise the children to make sure they do not drink the water.
- Discard the water after play is over.

### **Washing and Disinfecting Bathroom and Other Surfaces**

Bathroom surfaces, such as faucet handles and toilet seats, should be washed and disinfected several times a day, if possible, but at least once a day or when soiled. The bleach and water solution or chlorine-containing scouring powders or other commercial bathroom surface cleaner/disinfectants can be used in these areas. Surfaces that infants and young toddlers are likely to touch or mouth, such as crib rails, should be washed with soap and water and disinfected with a nontoxic disinfectant, such as bleach solution, at least once every day, more often if visibly soiled. After the surface has been cleaned with the disinfectant, it should be thoroughly wiped with a fresh towel moistened with tap water. Be sure not to use a toxic cleaner on surfaces likely to be mouthed. Floors should be washed and disinfected at least once a day and whenever soiled.

### **Washing and Disinfecting Diaper Changing Areas**

Diaper Changing Areas should:

- Only be used for changing diapers.
- Be smooth and nonporous, such as Formica (NOT wood).
- Have a raised edge or low fence around the area to prevent a child from falling off.
- Be next to a sink with hot and cold running water.

- Not be used to prepare food, mix formula, or rinse pacifiers.
- Be easily accessible to providers.
- Be out of reach of children.

Diaper changing areas should be cleaned and disinfected after each diaper changer as follows:

- Clean the surface with soap and water and rinse with clear water.
- Dry the surface with a paper towel.
- Thoroughly wet the surface with the recommended bleach solution.
- Wipe dry with a clean disposable towel or air dry. If using a commercial disinfectant/sanitizer, follow labeled manufacturer's instructions.

### **Washing and Disinfecting Clothing, Linen, and Furnishings**

Do not wash or rinse clothing soiled with fecal material in the child care setting. You may empty solid stool into the toilet. Put the soiled clothes in a plastic bag and seal the bag to await pick up by the child's parent or guardian at the end of the day. Always wash your hands after handling soiled clothing.

Explain to parents that washing or rinsing soiled diapers and clothing increases the chances that you and the children may be exposed to germs that cause disease. Although receiving soiled clothes is not pleasant, remind parents that this policy protects the health of all children and providers. Each item of sleep equipment, including cribs, cots, mattresses, blankets, sheets, etc., should be cleaned and sanitized before being assigned to a specific child. The bedding should be labeled with that child's name and should only be used by that child. Children shall not share bedding. Infant linens (sheets, pillowcases, blankets) shall be cleaned and sanitized daily, and crib mattresses shall be cleaned and sanitized weekly or when soiled. Linens from beds of older children shall be laundered at least weekly and whenever soiled. However, if a child inadvertently uses another child's bedding, you shall change the linen and mattress cover before allowing the assigned child to use it again.

### **Cleaning Body Fluid Spills**

Spills of body fluids, including blood, feces, nasal and eyed discharges, saliva, urine, and vomit shall be cleaned up immediately. Wear gloves while cleaning. Be careful not to get any of the fluid you are cleaning in your eyes, nose, mouth or any open sores you may have. Clean and disinfect any surfaces, such as counter tops and floors, on which body fluids have been spilled. Discard fluid-contaminated material in a plastic bag that has been securely sealed. Mops used to clean up body fluids should be cleaned, rinsed with a disinfecting solution, wrung dry, and hung to dry. Be sure to wash your hands after cleaning up any spill.

Source: Centers for Disease Control