Child Care Regulations and Licensing

Mississippi State Department of Health
Child Care Facilities Licensure
PO Box 1700
Jackson, MS 39215-1700
Phone: 601.364.2827
Fax: 601.364.5058

www.healthyms.com

Introduction

The information in this packet includes a list of Mississippi State Department of Health Districts, and Child Care Licensure staff. Information on the various forms and documents used by the Mississippi State Department of Health's licensing officials are also included. For your review, SAMPLE, along with licensure review forms, have been included that you may use in the operation of your facility. This material will also help you set up your facility's records to be in compliance with the requirements set forth in Rules 1.6.1 thru 1.6.7 of the *Regulations Governing Licensure of Child Care Facilities.* We hope this information is useful to you in the day-to-day operations of taking care of the children entrusted in your care.

Keeping Current

In order to keep current on information concerning training and other information, visit www.healthyms.com. Click on Licensure and then Child Care and Youth Camps. Information includes Child Care Provider Search, How to Get a Child Care License, Menu Planning, Provider Training (Training Calendar and registration process), Approved trainers, Resource Guide for Child Care Providers and Regulations and Guidelines.

MSDH Training Unit

James Brice – james.brice@msdh.ms.gov

Carol Bishop – carol.bishop@msdh.ms.gov

Josenda Dockery – josenda.dockery@msdh.ms.gov

Sandra Smith – sandra.smith@msdh.ms.gov

Josie Smith – josie.smith@msdh.ms.gov

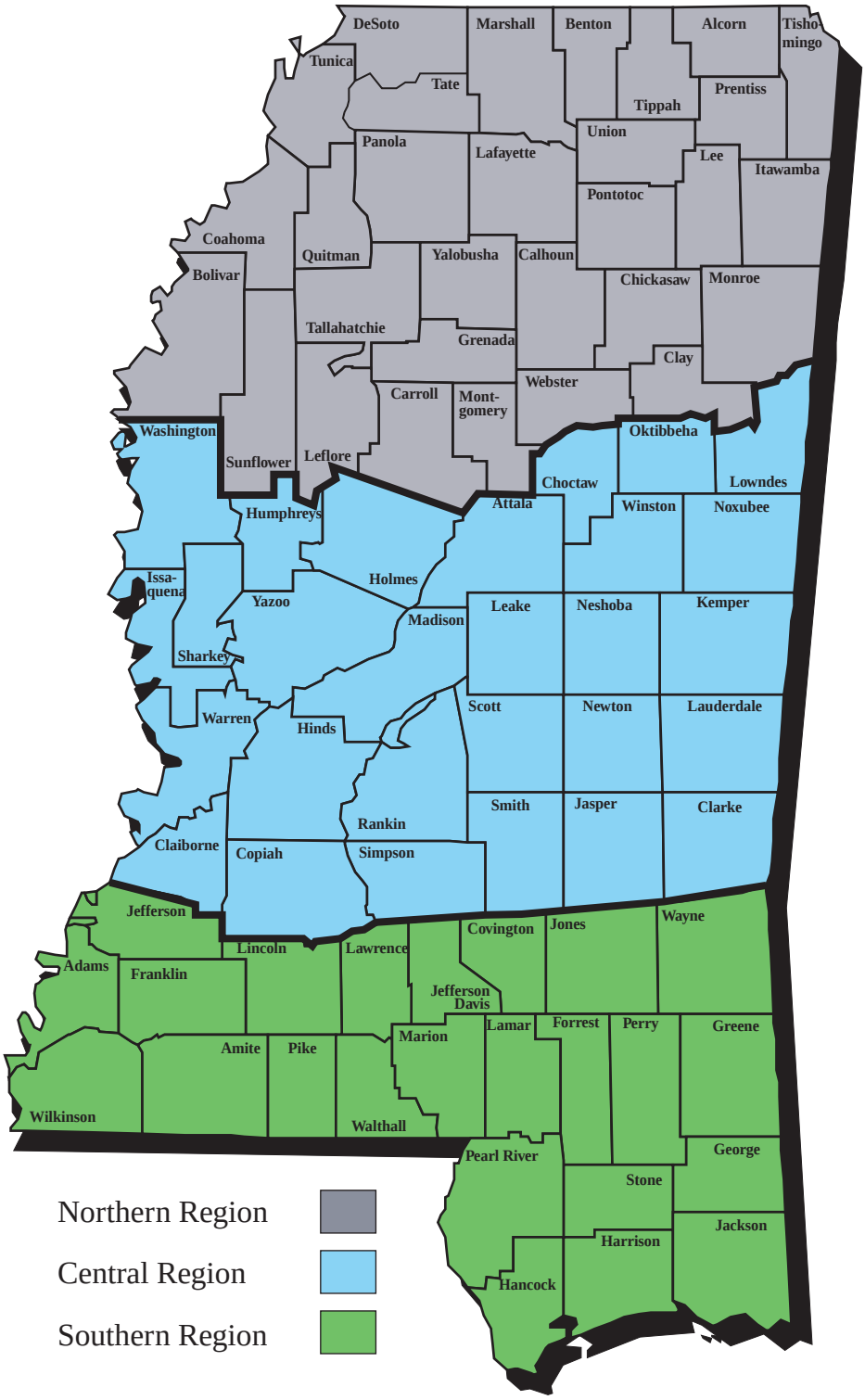
Nicole Banes – Nicole.banes@msdh.ms.gov

Mississippi State Department of Health
Public Health Regions

Northern Public Health Region
532 S. Church St.
Tupelo, MS 38804
Telephone: 662-841-9015
Fax: 662-841-9142

Central Public Health Region
4800 McWillie Circle
Jackson, MS 39206
Telephone: 601-981-2304
Fax: 601-981-2312

Southern Public Health Region
1141 Bayview Ave., Suite 102
Biloxi, MS 39530
Telephone: 228-436-6770
Fax: 228-436-6781



Mississippi State Department of Health

CHILD CARE LICENSE CHECKLIST

Facility Name: _____ Date: _____

Requirements for a Temporary License:

____ Application Date: _____

____ Application Fee $130.00 Date: _____ Check/MO# _____

____ License Fee $_____ Date: _____ Check/MO# _____

____ Director Name _____ Qualifications: _____

(Diplomas/Transcripts/Certifications, etc.)

____ Director: Letter of Suitability issued: _____ Form #121: _____

____ Regulations & Licensing Training Certificate: ____ Owner ____ Director ____ Designee Dated: _____

____ Playground Safety Training Certificate: ____ Owner ____ Director ____ Designee Dated: _____

____ Directors Orientation Training Certificate: ____ Owner ____ Director ____ Designee Dated: _____

Regulations, Playground, and Directors Training are provided by MSDH only. Go to www.healthyms.com (click Licensure – Childcare & Youth Camps) for calendar

____ Food Manager Certification Expires: _____ Name: _____ Type: ServSafe© ____
Prometric_____ TummySafe©____ National Reg. of Food Safety Professionals ____

____ CPR Expires: _____ Name: _____ ***(Face to face training)***

____ First Aid Expires: _____ Name: _____ ***(Face to face training)***

____ Fire Inspection – Uniform Fire Safety Survey (Form #333) ****Completed by Fire Inspector***

____ Water Approval Date: _____ ***(MSDH Environmentalist 1-855-220-0192 if applicable)***

____ Wastewater Approval Date: _____ ***(MSDH Environmentalist 1-855-220-0192 if applicable)***

____ Zoning Approval Date: _____ ***(Letter from city or Chancery Clerk's office)***

____ Privilege Tax License Date: _____

____ Floor Plans

____ Lead Testing Approval Building Approval Date: _____Playground Approval Date: _____
(Proof of Age of Building) ***(MS State Chemical Lab)***

____ Menu Submission Date to for approval: _____ ***(Must be submitted before Temporary License approved)***

____ Daily Schedule of Activities ***(Parent Handbook)***

____ Arrival & Departure Procedures ***(Parent Handbook)***

____ Discipline Policy ***(Parent Handbook)***

____ Emergency Policy ***(Parent Handbook)***

____ Emergency Relocation Sites: ____ 1 mile ____ 5 miles ***(Parent Handbook)***

____ Emergency Transportation Policy ***(Parent Handbook)***

____ Transportation Policy (if applicable) ***(Parent Handbook)***

____ Proof of Vehicle Insurance (if applicable)

____ Liability Statement: ____ Building ____ Children ____ Waiver ***(Parent Handbook and Enrollment Form)***

____ Letter of Suitability for employees (# required to open ____) ***(From MSDH Child Care Licensure)***

____ MSDH 121 for employees (# required to open ____) ***(Submitted on MSDH Form #121)***

Items to be Completed by Child Care Licensure Official

____ Maximum Capacity Worksheet (Form # 28) Dated: _____

____ Child Care Facility Inspection Report (Form # 281) Dated: _____

____ Child Care Facility Data Sheet (Form # 286) Dated: _____

____ Food Service Inspection (Form # 301 & # 328) – if applicable

____ Approval of Menus Dated: _____

Requirements for a Regular License:

____ Pass Temporary to Regular Inspection Date: _____

Developed: 08/30/2008 Revised: 07/09/2020

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Uniform Fire Safety Survey For All Child Care Facilities

Name of Facility _____ Telephone Number _____

Emergency Contact _____

Address _____ Telephone Number _____

Operating Hours _____ Date of Inspection _____

Distance to Water

Name of Owner _____ Source/Fire Hydrant _____

A. General

1. Is facility address visible from street? ..... Yes ☐ No ☐ NA ☐
2. Is occupancy restricted to ground floor only? ..... Yes ☐ No ☐ NA ☐
3. Are monthly fire drills held with specific plan for evacuation of children? ..... Yes ☐ No ☐ NA ☐
4. Is the building free of dead-end corridors or hallways which exceed 20 feet? ..... Yes ☐ No ☐ NA ☐
5. Are fire extinguishers properly installed, tagged and located? ..... Yes ☐ No ☐ NA ☐
6. Are smoke detectors installed and operational in all areas used by children? ..... Yes ☐ No ☐ NA ☐
7. If facility is not all electric, are carbon monoxide detectors installed and operational in all areas used by children? ..... Yes ☐ No ☐ NA ☐

B. Building

1. Are there two exterior outward-opening doors designated as primary emergency exits? (Exit route shall not pass through the kitchen) ..... Yes ☐ No ☐ NA ☐
2. Can each exit door be opened by a child in case of emergency? ..... Yes ☐ No ☐ NA ☐
3. Are all exit doors equipped with a knob, handle, panic bar or other single-action releasing device? ..... Yes ☐ No ☐ NA ☐
4. Are all doors unlocked during hours of operation (all primary exit doors must remain unlocked during all hours of operation) ..... Yes ☐ No ☐ NA ☐
5. Are all gas heaters properly vented to outside? ..... Yes ☐ No ☐ NA ☐
6. Are all gas heaters approved by American Gas Association and have attached the Underwriters Laboratory Seals? ..... Yes ☐ No ☐ NA ☐
7. Is stove equipped with a hood vented to the outside? ..... Yes ☐ No ☐ NA ☐
8. All heat sources in children's area must be equipped with acceptable barriers or guards to prevent children being accidentally burned. What type of barrier is installed? _____

C. Evaluation/Comments/Correction Schedule

1. This facility complies with local fire safety codes and standards. ..... Yes ☐ No ☐
2. The following corrections must be completed by *(month)* _____ *(day)* _____ *(year)* _____

   Corrections: _____

   _____

   _____

   _____

   _____

3. Follow-up inspection required for corrections listed above? ..... Yes ☐ No ☐ NA ☐

   Date for follow-up inspection _____

4. **Inspection: Pass ☐ Fail ☐**

_____ *Center Director/Designee*

_____ *Fire Department Inspector & Title*

_____ *Fire Department*

_____ *Phone #*

White Copy - Facility File *Yellow Copy - Individual* *Pink Copy - Inspector*

Menu Planning Checklist

Please use the following checklist to review your menus before you submit them. This will help speed the approval process. Please send in your menus before the rest of your renewal packet to allow enough time for corrections if needed and a follow-up review. For further information, refer to Appendix "C" in the *Regulations Governing Licensure of Child Care Facilities.*

* Use Menu Planning Worksheets (Form #444), found online at www.healthyms.com. Proceed through the following links:
Licensure ➡ Child Care and Youth camps ➡ Nutrition and Menu Planning ➡ Menu Planning Worksheet

* Submit a minimum of two (2) cycles (weeks) of menus. We encourage submitting a minimum of (4-6) cycles (weeks).

*Complete the top of the menu Planning Worksheet ensuring all blanks are filled in. **Week of** dates, **facility name, last 4 digits of the license number, hours of operation, county, contact person/telephone number, and the licensing official's name.**

*List serving times. (A minimum of 2 ½ hours is required between a snack and a meal. The maximum time between these shall not exceed 4 hours. Example, if a snack is served at 9 am, then lunch should not be served earlier than 11:30 am or later than 1:00 pm)

*Include all **required** components in meals and snacks. (Ham, yogurt, peanut butter, cheese, or eggs served at breakfast do **not** take the place of the required cereal or bread, fruit, and milk.) **Serving sizes do not have to be included on the menu worksheet**.

*Fat Free (Skim) milk or 1% milk shall be served to children ages 2 and older. Fluid milk is **required** at every meal – breakfast, lunch, and dinner/supper. Milk is an option for snacks but is not required. Whole milk is served to infants/toddlers less than 2 years of age.

*Always list the type of juice served. If the juice is used as one of the two components for snacks, it must be 100% juice, not a fruit punch or juice punch. **Fresh or canned fruit is required at breakfast and snack**.

*Make sure two different food groups are represented in the snack. Apple juice and carrot sticks are not acceptable as a snack combination since both foods come from the fruit and vegetable group.

*A vitamin C food is required daily. If juices are used to meet this requirement, they must be from foods naturally rich in this vitamin C such as orange juice. (Refer to page 20 of Appendix C)

*A vitamin A food is required every other day (at least three days in each week, preferably Monday-Wednesday-Friday). (Refer to page 21 of Appendix C).

*Serve water with snacks and meals. (This is in addition to the required milk served at meals)

*Avoid "junk food." If cookies are used for snacks, they should be low fat such as peanut butter or oatmeal. Vanilla wafers, ginger snaps, animal crackers, and graham crackers are also acceptable to be served but may be served no more than 2 to 3 times per week.

*Avoid foods high in fat, salt, and sugar. Fried food and processed foods (hot dogs, bologna, pepperoni, sausage, etc.) are not allowed.

*Limit foods that can cause choking/asphyxiation and serve only to older children under close supervision. (Refer to page 6 of Appendix C. Raw vegetables shall not be served to children under the age of two (2) years.)

*Jell-O fruit cups may not count as a serving of fruit.

*For the days that you serve an afterschool snack only the following must be met: the week must include: three (3) approved Vitamin C sources on Monday, Wednesday, and Friday and one (1) approved Vitamin A source on Friday of each week. MAKE SURE TO FOLLOW THE VITAMIN A AND VITAMIN C GUIDE IN APPENDIX C.

*For the days (Holiday and Summer) that you will serve the full menu you must meet all the Vitamin A and C requirements in Appendix C. To receive an approved menu, you must submit: A 2-6-week snack plan on Form 444 for approval ALONG WITH a 2-6-week full day menu plan on Form 444 for approval. Both menus must be approved at the same time.

***The current menu should be posted on the parents' bulletin board and in the kitchen. Indicate any substitutions on the menu and keep the dated menus on file for a minimum of one year. A file of recipes used shall be kept in the facility.**

CHILD CARE MENU PLANNING WORKSHEET

Week Of:_____
Facility Name/License Number (last 4): _____
Hours of Operation: _____ **County**: _____
Contact Person/Telephone Number:_____
Licensing Official Name:_____

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Record all food and beverages served. Please refer to Appendix C in Regulations Governing Licensure of Child Care Facilities for nutritional standards.

Meal Components	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast-Time: _____ Fruit Cereal or Bread/Bread Alternate Milk					
Snack-Time: _____ (**Select 2 out of 4 food groups**) Meat or Meat Alternate Vegetable, Fruit, or Juice Bread or Bread Alternate Milk					
Lunch/Supper-Time: _____ Meat or Meat Alternate Vegetable and Fruit (**2 Veg/fruit or 1 veg & 1 frui**t) Bread or Bread Alternate Milk					
Snack-Time: _____ (**Select 2 out of 4 food groups**) Meat or Meat Alternate Vegetable, Fruit, or Juice Bread or Bread Alternate Milk					
Snack-Time: _____ (**Select 2 out of 4 food groups**) Meat or Meat Alternate Vegetable, Fruit, or Juice Bread or Bread Alternate Milk					

***Water is made available at all meals and snacks. *Whole grain bread & bread products are used. *No meal or snack may be served more than once in 24 hours.**
***Other Foods or Condiments may be served with meals/snacks but DO NOT count as a component.**

Instructions for MSDH Form F-444, Child Care Menu Planning Worksheet

Revised 01-02-20

PURPOSE

To be used by the child care provider to plan menus for meals and snacks.

INSTRUCTIONS

The child care provider completes weekly menus on the menu worksheet to obtain a license. A two-week plan must be submitted and approved prior to the issuing of a **temporary license** or the renewal of a **regular license**. The licensee may reproduce the worksheets for their own use. However, for licensing purposes, only plans for two weeks are required.

Utilizing the *Regulations Governing the Licensure of Child Care Facilities*, Appendix C, the child care provider shall document and submit menu plans to be used over a two-week period. When the licensing official receives the plans, a copy will be placed in the child care facility file. The original will be forwarded to the designated trainer/nutritionist for review, comment, and/or approval.

The trainer/nutritionist will review the menu, document its approval or disapproval, and return a copy of the evaluation and menu plan to the licensing official, who places it in the permanent file and sends it back to the child care provider.

OFFICE MECHANICS AND FILING

Menu plans are made a part of the licensure district child care facility file.

RETENTION

The form shall be retained as a part of the permanent file.

GIST OF CHANGES

The following changes were made to Form 444:

1) Added facility license number
2) Added facility licensing official's name
3) Removed facility mailing address and telephone number
4) Renamed breakfast snack to snack and added an extra row for that snack
5) Removed "other foods" from each meal/snack and "or Dairy food" from each snack

Records - Simplified

Children's Files:

- Completed enrollment application
- Parental instructions and any relevant updates
- Doctor's orders (required for…)
    - For infants to be put to sleep on their stomach, children with special dietary needs, allergies, etc.
- Record of Accidents (This can be placed in a notebook or individually in each child's file. This is not required but always a good idea)
- Liability insurance statement (IF no liability insurance is offered by the facility)
- Acknowledgment that parents have received:
    - Parent Handbook, and Childcare Regulation Summary for Parents
- An extra copy of the completed Immunization Compliance form #121

Child's Immunization/121 Notebook:

1. Alphabetized (by the last name) roster of all children enrolled to include:
    a. Full name (including middle name[s])
    b. Date of Birth
2. Complete/up-to-date 121 forms for each child according to the alphabetized roster

*****Please remove old 121 forms, parental instructions, enrollment applications, doctor's orders, etc…these belong in the file, not the notebook *****

Employee Files:

- Application for employment or Information sheet with full name, DOB, address & phone number
- Contact hours with certificates for current licensure year for **all** employees
- Qualifications (high school diploma, GED, transcripts, college degree, CDA, valid MSDH Director's Credential, MSDH Director's Certificate, a notarized letter from previous employers if the experience is counted as a qualification)
- Current CPR/First Aid certifications (if applicable)
- Documentation of New Employee Orientation Date and Date of Hire
- Certified Food Safety Manager certificate (if applicable)
- As always, an extra copy of the FBI Letter & 121 is a good idea!

Employee FBI/121 Notebook:

1. Alphabetized (by the last name) roster of all employees to include:
    a. Full name (including middle name[s] and nicknames please)
    b. Date of Birth
    c. Date of Hire
2. Complete 121 & FBI Letter of Suitability for each employee according to the alphabetized roster

Information that will also be requested during the inspection includes:

- Fire Drill Log and Medication Log
- Attendance Records (sign-in/sign-out sheets)
- Updated Parent Handbook
- Current Food Manager Certification (TummySafe©, ServSafe©, Prometric or National Registry of Food Safety Professionals)
- Pest Control Receipt and Water/Sewer Bill

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County_____ Date_____

Facility Name_____ License Number_____

Purpose_____ Capacity_____

All Items In Red Are Critical	In	Out	COS	N/A
Qualified director present	☐	☐	☐	☐
Proper staff to child ratio present	☐	☐	☐	☐
Room and playground capacity met	☐	☐	☐	☐
Center capacity met	☐	☐	☐	☐
License/complaint visible	☐	☐	☐	☐
Certified food manager	☐	☐	☐	☐

Sanitation Approved				
Garbage and garbage bins maintained	☐	☐	☐	☐
Vector control maintained	☐	☐	☐	☐
Water system approved and functioning	☐	☐	☐	☐
Waste water system approved and functioning	☐	☐	☐	☐
Food service approved	☐	☐	☐	☐

Possible Monetary Penalty

		Monetary Penalty
1.	_____	$_____
2.	_____	$_____
3.	_____	$_____
4.	_____	$_____
5.	_____	$_____

	Age/Child/Staff Name
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Other Items - Must be corrected	In	Out	COS	N/A
Children's belongings separated/stored	☐	☐	☐	☐
Evacuation plans posted	☐	☐	☐	☐
Menus posted and served	☐	☐	☐	☐
Plan of activities	☐	☐	☐	☐
Building and Grounds				
Walls, ceilings, floors, toys, equipment clean and in good repair	☐	☐	☐	☐
Lighting approved	☐	☐	☐	☐
Heating/cooling approved	☐	☐	☐	☐
Ventilation adequate	☐	☐	☐	☐
Glass approved and shielded	☐	☐	☐	☐
Telephone on premises, available, and functioning	☐	☐	☐	☐
Electrical outlets protected	☐	☐	☐	☐
Large appliances located properly	☐	☐	☐	☐
Sinks and toilets working properly	☐	☐	☐	☐
Hot water at all sinks, not to exceed 120°	☐	☐	☐	☐
Children barred from kitchen	☐	☐	☐	☐
Vending machine snacks meet nutritional guidelines, if present	☐	☐	☐	☐
Exits, doors and fastening devices single action approved and in good working order	☐	☐	☐	☐
Exits unobstructed	☐	☐	☐	☐
Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order	☐	☐	☐	☐
First aid kits stocked and easily accessible	☐	☐	☐	☐
Playground area clean, shaded, well drained and equipped and fence in good repair	☐	☐	☐	☐
Playground equipment meets standards	☐	☐	☐	☐
Pool area clean, fenced, and adequately maintained	☐	☐	☐	☐
Diaper changing stations adequate in number and each fully supplied (number _____)	☐	☐	☐	☐

Center Director/Individual_____ Child Care Representative _____

White Copy - Facility File *Yellow Copy - Facility Operator*

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name _____ License No. _____ Date _____

	Yes	No	N/A	
1.	❑	❑	❑	**Policies and procedures *(Parent's Handbook)*** {Rule 1.4.1}
2.	❑	❑	❑	Proof of Accident/Liability Insurance or documentation that parent has been notified that no insurance is in effect {Rule 1.4.1 (i) & (j)}
3.	❑	❑	❑	Approved arrival and departure procedures {Rule 1.4.1 (2)}
4.	❑	❑	❑	Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}
5.	❑	❑	❑	Attendance records for children and staff {Rule 1.6.3 (1)}
6.	❑	❑	❑	Current alphabetical roster of children *(includes date of birth)* {Rule 1.6.3 (2)}
7.	❑	❑	❑	Current staff roster *(includes date of birth & date of hire)* {Rule 1.6.3 (3)}
8.	❑	❑	❑	Monthly records of fire/disaster drills {Rule 1.6.3 (5)}
9.	❑	❑	❑	**Medication record with date, time, signature for 90 days** {Rule 1.6.3 (6)}
10.	❑	❑	❑	Immunization Records for Children and Staff {Rule 1.6.3 (8)}
11.	❑	❑	❑	**Personnel records** *(attach employee's records form)* {Rule 1.6.4}
12.	❑	❑	❑	Volunteer records {Rule 1.6.5 & Rule 1.6.6}
13.	❑	❑	❑	**Children records** *(attach children's records form)* {Rule 1.6.7}
14.	❑	❑	❑	**Reports of serious occurences made as required** {Rule 1.7.1}
15.	❑	❑	❑	**Communicable diseases reported as required** {Rule 1.7.3}
16.	❑	❑	❑	Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}
17.	❑	❑	❑	**Staff present who hold valid CPR and First Aid Certification** {Rule 1.8.1 (4) & (5)}
18.	❑	❑	❑	Age appropriate program of activities posted in each room {Subchapter 9}
19.	❑	❑	❑	Required toys present in infant room {Rule 1.10.1 (2)}
20.	❑	❑	❑	Required toys present in toddler room {Rule 1.10.1 (3)}
21.	❑	❑	❑	Required toys present preschool room {Rule 1.10.1 (4)}
22.	❑	❑	❑	Licensed pest control contractor {Rule 1.11.14}
23.	❑	❑	❑	Pets present *(proof of immunization as required, signed by veterinarian)* {Rule 1.12.6}
24.	❑	❑	❑	**Appropriate discipline policy followed** {Subchapter 14}
25.	❑	❑	❑	**Appropriate transportation policy followed** {Subchapter 15}
26.	❑	❑	❑	Infant feeding schedules posted *(Appendix C, VII)*

Comments/Recommendations _____

_____

_____

_____

_____

❑ Pass –
License to be issued: ❑ Regular ❑ Probational ❑ Restricted

❑ Fail

❑ Follow-up within _____ days

_____ ❑ Director ❑ Designee

_____ *Child Care Representative*

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review - Employee Records & Children's Records

Facility _____ License No. _____ Total Children _____ Total Personnel _____ Date _____

Employee's Name and Position	New Director's Orientation	Regulations	Playground Safety	Application for Employment	First Aid	CPR	Tummy Safe/Food Manager	Qualifications	15 Contact Hours	Date of Employment (Start Date)	Form No. 121	Suitability Letter	New Employee Orientation	Comments

Child's Name	Date of Birth	Home Address	Home Telephone Number	Parent's Name	Business Telephone Number	Date of Acceptance	Liability Insurance Notice	Special Needs Critical Info.	Pick Up and Drop Off List	Photography Authorization	Field Trip Authorization	Emergency Authorization	Record of Accidents	Immunization Form No. 121	Emergency Contacts	Comments

CHILD CARE REGULATIONS SUMMARY FOR PARENTS

Dear Parents,

The *Regulations Governing Licensure of Child Care Facilities* requires that child care providers supply you with a summary of the Child Care Regulations that govern the licensure of child care facilities.

The Child Care Regulations are the rules and regulations that each child care facility in Mississippi must follow in order to maintain their Child Care License. You, as a parent, are entitled to access these regulations. Among the subjects covered in the Child Care Regulations are:

- Licensing Requirements
- Buildings & Grounds
- Rights of Entry & Violations
- Health, Hygiene, Safety
- Facility Policies & Procedures
- Nutrition & Meals
- Personnel Requirements
- Discipline & Guidance
- Records
- Transportation
- Reports
- Diapering & Toileting
- Staff Requirements
- Swimming & Water Activities
- Program Activities
- Feeding of Infants & Toddlers
- Children with Special Needs
- Night Care
- School Age Care
- Summer Day Camp & School Age Programs
- Hourly Child Care
- Hearings, Emergency Suspensions, Legal Actions & Penalties
- Release of Information
- Rest Periods
- Equipment, Toys, Materials

APPENDICES

Appendix A – Child Abuse & Neglect Reporting
Appendix B – Reportable Diseases
Appendix C – Nutritional Standards
Appendix D – Playground Safety Standards
Appendix E – Dishwashing Procedure
Appendix F – Handwashing Procedure
Appendix G – Diaper Changing Procedure
Appendix H – Cleaning & Disinfection Procedure
Appendix I – Communicable Disease/Conditions & Return of Child Care Guidelines

A full copy of the Child Care Regulations should be located in the Director's office of your child care facility. It should be available for your examination upon request. You may also access the Regulations at www.healthyms.com (from the left menu, select *Licensure*, then *Child Care & Youth Camps.)* You may direct your questions to your local licensing officials, or you may contact the Child Care Licensure office in Jackson at (601) 364-2827.

Should you have a complaint concerning a child care facility, contact your local licensing official

_____ at _____.

Sign-in/Sign-out Sheet

Print your child's name and provide **your signature** when you drop your child off and when you pick your child up. This is very important for the safety of your child and is **required** by the **Mississippi State Department of Health.** Please be consistent with this measure of accountability for your child.

Date	Child's Name	Parent Signature	Time-in	Parent Signature	Time-out

Developed: 08/01/2008

Revised: 07/09/20

APPLICATION FOR EMPLOYMENT

Name _____ Telephone _____ DOB _____
Complete Address _____
SS# _____ Position Applied for: _____
(Director, Caregiver, Caregiver Assistant, Service Staff, Other)

Education (Document highest educational level – attach copy of Diploma, GED, CDA or college transcript)
High School/GED (or highest grade completed): _____
College/University (or highest grade completed): _____
Degree held and field of study: _____
Special training/Certificates: _____

PREVIOUS EMPLOYMENT EXPERIENCE – document with letters or phone calls (note date, time, the person called, etc.)

Name of Employer Address Telephone # Years

1. _____

Job title & duties: _____

2. _____

Job title & duties: _____

3. _____

Job title & duties: _____

4. _____

Job title & duties: _____

5. _____

Job title & duties: _____

PERSONAL REFERENCES – Document with letters or phone calls (Note date, time, the person called, etc.)

Name Address Telephone # Relationship

_____
_____
_____

_____has my permission to perform all criminal records checks, a Child Abuse Central Registry Check, and contact previous employers and all personal references.

SIGNATURE_____ DATE _____
DIRECTOR – Attach documentation of education, training, and experience. Attach completed criminal records checks (FBI Letter of Suitability) and MS Immunization Compliance Form #121.

DATE OF EMPLOYMENT _____ DATE OF ORIENTATION _____
DATE OF SEPARATION_____

Medication Log

Parent's & Staff's Signatures (not Initials) are Required! DATE(s)_____

Child's Name	Medicine	Dose	Time(s)	Special Instructions	Parent's *Signature*	Date	Time	Staff *Signature*

Medication logs should be kept for 90 days after administration of medication, after which they may be destroyed.

Please Print all information except for full signatures*

Developed: 08/01/2008

Revised: 07/09/20

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Pursuant to Mississippi Code of 1972 §43-20-8, the MSDH Criminal History Record Check Unit performs fingerprint-based background checks which are run through the Mississippi Criminal Information Center at the Mississippi Department of Public Safety and the Federal Bureau of Investigation databases. This includes a Sex Offender Registry check carried out at MSDH and a Child Abuse Registry check which is done by the Central Registry Unit at the Mississippi Department of Human Services.

CHILD CARE FINGERPRINT INSTRUCTIONS:
All items marked on the example card **MUST** be filled out in order to be processed. **Note: If the card is not completely filled in, it will be returned causing a delay in processing.**

The cost to process is $50.00 per card. Extra cards and reprints on the same applicant do not apply.

We accept **business checks, cashier's checks, and money orders ONLY.**
Please make payable to the **Mississippi State Department of Health.**
NO PERSONAL CHECKS WILL BE ACCEPTED.

Mail to the address below:
Mississippi State Department of Health
Attention: Fingerprint Unit
143B LeFleurs Square
Jackson, MS 39211

Please note:
For facilities not submitting electronically—after the fingerprint application card has been completed and the fingerprints taken, please mail the card along with the appropriate fees to MSDH. These cards and payment must come from the licensed facility, not the applicant.

Prior to submission or mailing to MSDH, be sure to maintain a copy of each fingerprint card, your check, money order, or cashier's check and a copy of the Child Abuse Registry form (if applicable) and Privacy Rights form for your records.

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Fingerprint Submission Checklist

___ 1. Child Care facility staff should check all cards for completion and correctness.

___ 2. Obtain payment in the form of a money order, business check, or cashier's check. ($50 per applicant). Made payable to the **Mississippi State Department of Health** or **MSDH**.

___ 3. Mail Fingerprint Card and Payment – All cards and payments MUST come from the Child Care facility, **not** the applicant/student. (Livescan facilities only mail payments)

MAIL Fingerprint Card and Payment To:

Mississippi State Department of Health
Attention: Fingerprinting
143B LeFleurs Square
Jackson, MS 39211

___ 4. The applicant will complete the Child Abuse Central Registry Form. It should be signed by the applicant and a representative of the facility. You may mail this form with your cards and payment to Mississippi State Department of Health OR you may fax it to the number below.

FAX Child Abuse Registry Form to:

601-364-5056

___ 5. Applicant should read, sign and date the Non-Criminal Justice Applicant's Privacy Rights form. *This form should be kept in the employee/student personnel file*. This is a relatively new part of our process, so please be sure to complete and keep this form at the facility in the applicant's personnel file.

Please follow the instructions above to ensure that the background checks for your facility are processed in a timely manner. Thank you so much for your cooperation!

MS State Department of Health

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification [1] that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefits must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations CCFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.[2]

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of a federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.[3]

The Mississippi State Department of Health will provide you with a copy of your Mississippi and FBI criminal history record for review and possible challenge. Should you lose or misplace the provided record, you may obtain a copy from MSDH by submitting a request for the duplicate record which includes appropriate identifying information and a $15 money order.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the state agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the state agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of the official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

Your signature on the fingerprint card and/or this document indicates that you have been informed of your privacy rights and understand that your fingerprints are being run through the criminal history records of the FBI.

Date: _____ Applicant's Signature: _____

[1] Written notification includes electronic notification, but excludes oral notification.
[2] See 28 CFR 50.12(b).
[3] See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV (c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

Form No. 121
Certificate of Immunization Compliance

Name of Child/
Student/Employee _____ Birthdate _____

Name of Parent _____

Address _____
Street *City* *State* *Zip*

Vaccine	Date Each Dose Was Given				
	1st	2nd	3rd	4th	5th
Pneumococcal					
Varicella					
DTaP/DT/Td					
Hib					
Polio					
MMR					
Hep B					
Tdap					
Other					

SAMPLE

☐ Check here if prior history of chicken pox ☐ Medical Exemption Form 122 attached

The individual named above has met the immunization requirements for attendance or employment in a Mississippi child care facility or entry into a Mississippi public or private school, college, or university.

Please check (✔) one box only

☐ Complete Until School Entry

☐ Complete for school entry (K4-6th grade)

☐ Complete for middle school, high school, university/college, work requirements (7th grade and above)

☐ **Temporarily compliant-next immunization is due** _____/_____/_____
Month *Day* *Year*

☐ Record in transit, valid until _____/_____/_____
Month *Day* *Year*

Date of serological confirmation of immunity

*Varicella _____/_____/_____
Month *Day* *Year*

*Measles _____/_____/_____
Month *Day* *Year*

*Rubella _____/_____/_____
Month *Day* *Year*

*Mumps _____/_____/_____
Month *Day* *Year*

Serological testing for the above are the only acceptable titers that will be allowed for child care and school entry for those who are not fully immunized.

_____ _____ _____/_____/_____
Print or Stamp Name of Facility ***Signature and Title of Issuing Individual*** ***Month Day Year***

Hib and Pneumococcal vaccines are only required for child care.

/

DOCUMENTATION OF ORIENTATION

Name of Employee/Volunteer: _____ Date of Employment: _____

Position: _____ Date Orientation Completed: _____

Topics **Policies and Corresponding Rules of Child Care Regulations:**	**Trainer Name** (Signature required here **or** on the certificate)	**Date**	**Hours Earned**
Knowledge of definition of child abuse/neglect (State of MS definition), recognizing symptoms of abuse/neglect, & employee's duty to report suspected abuse/neglect. **Rule 1.7.2; Subchapter 14; Appendix A**			
Discipline policy, biting policy, and Child Care Licensure policy on discipline and guidance. **Subchapter 14**			
Adequate staffing, ratio, supervision of children. **Subchapter 8**			
Maintaining a safe and healthy environment. Review of the Employee Handbook and Child Care Licensing Regulations **Subchapters 8, 9, 10, 11, 12, 17 & 18**			
Review of the center's operational policies and/or parent handbook, emergency policies (including dangerous situations), emergency exit procedures, transportation policies, and the Child Care Licensing Regulations on safe sleep policy for infants. **Rules 1.9.1 & 1.10.7**			
License Requirements. Review the role of state and local government agencies, their effect on the center, their availability as a resource, and individual staff responsibilities to representatives of state and local government agencies: Child Care Licensure, USDA, DHS/OCY Child Care Certificate Program, etc...			
Observation of center operations and daily schedule			
Review of the center's purpose and goals. Review any physical, emotional, or developmental problems of children enrolled.			
Review of individual job-specific duties and responsibilities and job description **Subchapter 5**			
Review of the center's personnel policies			
Mississippi State Department of Health (MSDH) Director's Orientation (Required for all owners, directors, & designees)			
MSDH Regulations and Licensure (Required for all owners, directors, & designees)			
Sun Safe Practices, Playground Supervision, and **MSDH Playground Safety (Required for all owners, directors, & designees)** **Rules 1.9.4; 1.10.2; Appendix D**			
Handwashing, Diapering Procedures, Disinfecting, Dishwashing, and Nutrition **Appendix F, Section 115; Appendix G; Appendix H; Appendix E; Subchapters 13 & 18; and Appendix C**			

/

Orientation for all Staff should include:

Rule 1.6.4 (1) (g), page 23 of Regulations Governing Licensure of Child Care Facilities states, "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. "

"I have provided training in the topics listed above."

_____ _____

Signature of Director Date

"I have received training in the topics listed above."

_____ _____

Signature of Employee Date

Orientation for all Volunteers should include:

Rule 1.6.5 (6) page 23 of Regulations Governing Licensure of Child Care Facilities states, "Documentation of a minimum of one hour of volunteer orientation, within one week of volunteering, including but not limited, to the child abuse law and reporting requirements, emergency exit procedures, policies for handling dangerous situations, and the facility transportation policy."

"I have provided training in the topics listed above."

_____ _____

Signature of Director Date

"I have received training in the topics listed above."

_____ _____

Signature of Volunteer Date

Orientation for all Field Study Students should include:

Rule 1.5.6 (2)(f) page 18 of Regulations Governing Licensure of Child Care Facilities states, "Documentation of a minimum of one hour of orientation, within one week of placement, including but not limited to, the child abuse law and reporting procedures, emergency procedures, and facility discipline and transportation policies."

"I have provided training in the topics listed above."

_____ _____

Signature of Director Date

"I have received training in the topics listed above."

_____ _____

Signature of Field Study Student Date

Child Care Staff Contact Hours Record

Use of Form: This form is to facilitate the licensing inspection process and assure compliance with the *Regulations Governing Licensure of Child Care Facilities.*
Instructions: Attach documentation (certificates) in the same order as recorded on this form. The form must be on file for every employee on the roster.

Name – Staff Person:	Position:	Training Year (mm/dd/yyyy) to	Date of Hire:	Hours Worked per week:

TRAINING DATE	TRAINING TOPIC/TITLE	TRAINER	In-House Hours	Outside Hours	Credit Hours	Certificate on File
						___Y___N
						___Y___N
						___Y___N
						___Y___N
						___Y___N
						___Y___N
						___Y___N
						___Y___N
						___Y___N
						___Y___N
						___Y___N
						___Y___N
						___Y___N
						___Y___N
						___Y___N
						___Y___N
						___Y___N
						___Y___N
						___Y___N
						___Y___N

Total Hours: _____

Alphabetized Children's Roster

(Roster Updated _____)

	(Last) (Middle) (First)	Date of Birth	Acceptance Date	Withdrawal Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				
35.				

Alphabetized Staff Roster

(Roster Updated _____)

	Last Middle First	Date of Birth	Date of Hire	Date of New Employee Orientation
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				

Alphabetized Volunteer Roster

(Roster Updated _____)

	Last Middle First	Date of Birth	First Day to Volunteer	Withdrawal Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				

Volunteer Hours

NAME:

Date	Time In	Time out Lunch	Time In Lunch	Time Out	Total Hrs	Comments

Revised: 07/09/20

Childcare Enrollment Application

Parents, to protect and promote the health and safety of your child, please supply a ***complete*** response to every item on this form. This information is ***required*** by the Mississippi State Department of Health. If the item is not applicable, then please answer N/A. Please do **not** leave anything blank.

Child's Full Name:_____ (First)
(Middle) (Last)

DOB: _____ Home Address:_____

Home/Cell Phone: _____ _____

Mother/Guardian:_____ Father/Guardian:_____

☐ Please check if this parent has primary custody ☐ Please check if this parent has primary custody
☐ Please check if court documentation received ☐ Please check if court documentation received

***If custody is shared by both parents/guardians, the facility will abide by documentation provided on this enrollment application.**

Place of Employment:_____ Place of Employment:_____

Work Address:_____ Work Address:_____
_____ _____

Work Phone: _____ Work Phone:_____

Cell Phone:_____ Cell Phone:_____

E-mail Address: _____ E-mail Address: _____
_____

****
******

List any **special needs** your child may have:
_____
_____

Does your child have any **allergies**? Please list, including food, if necessary: _____
_____
_____

Read and INITIAL the appropriate answer to the following items:

I have been informed that this Daycare Center does NOT provide liability insurance for my child: _____Yes _____No
I have been given a copy of and have read the MSDH Regulation Summary for Parents: ___ Yes _____No
I have been given and have read and understand the facility's Parent Handbook: ___ Yes _____No
Complete 121 Immunization Compliance Form is on file in the facility before the child attends: _____Yes _____No

*********PLEASE CONTINUE ON BACK**********

In case of emergency and the Parents/Guardians cannot be reached, please contact:

1. Name:_____ Phone:_____ Relationship:_____

   Address: _____

2. Name:_____ Phone:_____ Relationship:_____

   Address:_____

3. Name:_____ Phone:_____ Relationship:_____

   Address: _____

The following people are authorized to pick-up and drop-off my child/children:

1. Name:_____ 2. Name:_____ 3. Name:_____
4. Name:_____ 5. Name:_____ 6. Name:_____
7. Name:_____ 8. Name:_____ 9. Name: _____

Complete each of the following sections by INITIALING either yes or no:

My child may be photographed at the childcare center: _____Yes _____No

My child's picture may be used in media, i.e., Facebook, newspaper, etc… _____ Yes _____ No

My child may take approved field trips sponsored by the center: _____Yes _____No

The center may obtain emergency medical treatment for my child if needed _____Yes _____No

****

My child is toilet trained ___Yes ___No. If no, a consultation between the parent & caregiver is required to be documented prior to toilet training & kept on file. Date of consultation____/_____/_____.

My child will eat breakfast/morning snack at the center ___Yes ___ No. If no, my child will eat BEFORE coming into the center.

Parent Signature:_____ **Date:**_____

Director Signature:_____ **Date:**_____

Record to be updated & signed by a parent if NO changes (once a year):

Signature :_____ Date : _____

Signature :_____ Date :_____

Signature :_____ Date :_____

****

DIRECTOR USE ONLY: Enrollment date:___/___/___ Start Date:___/___/___ Withdrawal:___/___/____

PARENTAL AUTHORIZATIONS/UPDATES

To be completed by parents at least once annually, or when changes occur.

Child's Name_____**Date of Birth**_____

Change of Address? ____ Yes ____ No. If yes, please list new address _____

_____

Change of Phone #? ____ Yes ____ No. If yes, please list new phone # _____

_____

The following people can pick-up and drop-off my child:

1. Name: _____Phone: _____
2. Name: _____Phone: _____
3. Name: _____Phone: _____

My child may be photographed/video-taped at the facility. ____ Yes ____ No;
By the media _____ Yes _____ No; For social media (e.g., Facebook) ____ Yes ____ No.

My child may participate in approved field trips sponsored by the facility. ____ Yes ____ No.
I understand a separate permission form must be signed for each field trip. ____Yes ___ No.
The facility has my permission to obtain emergency medical treatment for my child ___ Yes ___ No.
If no, list instructions

_____

_____

Two (2) emergency contacts if the parent(s) or guardian(s) can not be located promptly:

1. Name: _____
   Telephone:_____
   Address:_____

2. Name: _____
   Telephone:_____
   Address:_____

_____ _____

(Parent Signature) (Date)

Report
Abuse, Neglect or Exploitation
1-800-222-8000

- Provides a central point of contact for all allegations of abuse, neglect, and exploitation for the State of Mississippi that is available 24 hours a day, 7 days per week, and 365 days per year.

- In the case of a walk-in to a DHS county office, office staff will explain to the reporter the new function of centralized intake and guide them through the new process of making a report.

- Reports are sent to the county of responsibility within one hour of receipt.

- Mississippi Centralized Intake will inform the reporter of the agency's responsibilities, including protection of the reporter's identity, the confidentiality of records, the investigation process, and any ongoing role of the reporter.

- Quality assurance and evaluation performed via call monitoring and recording of calls.

- Assists Social Workers in the identification of relatives, family strengths, available resources, and family connections at intake.

Mississippi Centralized Intake
Effective November 1, 2009

MISSISSIPPI STATE DEPARTMENT OF HEALTH

License Number _____

Accident Report Form
Child Care Facilities

Child's Name _____
(First) (MI) (Last)

Parent/Guardian's Name _____

Address _____

Date of Accident _____

Time of Accident _____ am ☐ pm ☐

Time Parent Notified _____ am ☐ pm ☐ Number of attempts to notify _____

Time Child Left Child Care Facility am ☐ pm ☐

Description of Injuries _____

_____

Action Taken at Home or Center (first aid) _____

Doctor/Nurse consulted _____ Address _____

Doctor's/Nurse's diagnosis _____

_____

Number of days missed from the child care facility as a result of the accident _____

Adult in charge when accident occurred _____

Description of activity, location in facility and circumstances, immediately before and at the time of the accident _____

_____

_____

_____

What corrective measures could be taken to eliminate such accidents in the future? _____

_____

Report prepared by _____ Date _____

Street _____

City _____ County _____ Zip _____

Date submitted to Mississippi State Department of Health _____

White - Child Care *Yellow - Parent/Guardian* *Pink - Facility*

Incident Report Form

Facility Name _____ **Date** _____

Personal Information

Name of child/adult _____ Person Making Report _____
Last First MI

Parent/Guardian's Name _____Telephone No. (_____)_____

Parent's Address _____ City _____ State _____ Zip Code _____

Date of Incident _____ Time of Incident _____□ a.m. □ p.m. Parent Notified _____□ a.m. □ p.m.

Time of Report _____□ a.m. □ p.m. MSDH Licensing Official Notified _____□ a.m. □ p.m.

Brief Description of the Incident

Description of Events:

_____

_____

_____

Activity immediately before/at the time of the incident:_____

Was child/adult taken to ER? □ yes □ no Transported by: _____

Action taken by facility staff: _____

_____Written Incident Report _____Parent Conference

_____Suspension from the Center/Program _____Withdrawal from Center

_____Length of Time _____ Call 911

Witnesses to the Incident

Name of Person _____ Name of Person _____

Address _____ Address _____

City/State/Zip_____ City/State/Zip_____

The Child Care Facility has the responsibility to ensure the safety of all of the participants in its programs. This incident report is to inform you that the behavior outlined above can not and will not be tolerated in any program sponsored by this Child Care Facility. This Facility must ensure the "health and safety of the children" enrolled here, and continued behavior of this nature may result in you or your child being suspended temporarily or permanently from programs and facilities owned/operated by the Child Care Facility.

Please give a copy to the parents and keep a copy for your files.

Parent/Guardian Signature

_____**Date**_____

Director Signature

_____**Date**_____

DAILY RECORD OF ACCIDENTS

Child's Name _____ Date of Birth _____

Date	Notes	Staff

***A copy of this form should be kept on file as a record of events that occur to children at the center. All accidents, illnesses, incidents, drastic behavior shifts, etc. should be recorded on this form.*

PROGRAM OF ACTIVITIES

The child care facility shall provide a basic program of activities geared to the age levels and developmental needs of the children served. There are standard requirements that include setting the daily routine, meal periods, rest periods, outdoor activities, and toys and equipment. Refer to Subchapters 9 & 10 of the *Regulations Governing Licensure of Child Care Facilities.*

The general daily schedule should be posted for parents and staff by your front door. Each room should have an age-appropriate Program of Activities posted in the room.

Lists of the minimum required toys and equipment for the infant, toddler, and preschool rooms can be found in Subchapter 10 of the *Regulations Governing Licensure of Child Care Facilities.*

The daily schedule may be adjusted as needed for changes in the weather. For example, many centers schedule most of their outdoor activities for early in the morning during the hottest months of the year. Extreme weather may cause you to reduce the amount of outdoor time while pleasant weather may increase your outside activities.

Example of Learning Centers

An appropriate method of providing diversity and stimulation for the children is the establishment of separate interest or learning centers. The number and complexity of the centers is determined by the size of the child care facility and the needs of the children. Listed below are some examples of learning centers and the types of materials and equipment that can be used to equip them. Be sure that all equipment is safe for the age of the children using it. Check that all materials are non-toxic and the correct size for the age of the children. Special care may be needed in smaller centers that do not have different age groups in separate rooms.

- **Art Center**: Paints (finger and tempera), clay, play dough, crayons, collage materials, markers, scissors, and paste.
- **Block & Building Center**: Blocks of various sizes, boats, cars, planes, trains, figures of people and animals.
- **Home Living and Dramatic Play Center**: Beds, dolls, telephones, toy appliances (stove, sink, etc…), pots, pans, dishes, tables, chairs, cleaning equipment, "office equipment", dress-up clothes, large child-safe mirror, puppets, etc…
- **Large Muscle Center**: Boxes, boards, saw-horses, barrels, climbers, ladders, workbench, sand, water, wheel toys, swings, slides, balls, bats, bean bags. ****NOTE**: Fall zone protection is required for many of these pieces of equipment.
- **Manipulative Center**: Pegs, beads, lotto, puzzles, pounding boards, small building sets, tying or lacing toys, zippers, etc…
- **Music Center**: Piano or keyboard, records, tapes, CD's, musical instruments.
- **Science/Math Center**: Aquarium with fish (NO TURTLES), abacus, non-poisonous seeds and plants, gardening tools, batteries, magnets, compass, microscope, telescope, stethoscope, magnifying glass, rope and pulley, collections (rocks, leaves, shells, etc…)

As you can see, many items will be appropriate for several different centers. You are not required to have every item listed for a center. You may wish to rotate materials periodically. Many of the materials can be collected from home or made at little to no cost. You are limited only by safety factors and your own imagination.

The following pages contain a sample Program of Activities that may give you a few helpful hints. (Note: This plan is for preschool-age children. A separate plan may be needed for infants and young toddlers.)

Sample Daily Schedule

7:30 -8:15	Arrival Health Check Free Choice in Activity Areas
8:15-8:45	Breakfast – Children engage in free choice activity areas after finishing
8:45-9:00	Cleanup Toileting
9:00-9:30	Group Time: Action songs----Singing time----Finger plays----Hello Songs----Concept Games----Discussion of Daily Activities----Story
9:30-9:45	Outdoor play or vigorous indoor activity (including teacher-directed games)
9:45-10:00	Toileting, clean-up, water
10:00 – 11:15	Activity Areas • Children are allowed to select their activities from standard equipment and a changing variety of teacher provided materials. • Teacher-directed activities and self-directed activities are included. • Examples of activities: creative art cooking, science/discovery, blocks, dramatic play, language arts, listening center, sand and water, dramatic play, fine and gross motor.
11:15-11:30	Clean up Toileting Preparation for lunch
11:30-12:00	Lunch
12:00 – 12:30	Toileting Preparations for rest time, perhaps a quiet story
12:30-2:30	Rest Period – Children as required to rest for a reasonable period but are not required to sleep. Quiet activities are available for those who are awake before others, i.e. quiet books, puzzles, etc.
2:30-3:00	Toileting Snack
3:00-3:30	Group Time Free choice in activity areas
3:30-3:45	Clean up Toileting Preparation for outside play
3:45-4:45	Outdoor play or vigorous indoor play
4:45-5:30	Free choice in activity areas Preparation for Departure Children Leave

Mississippi State Department of Health
Playground Safety

DEFINITIONS

1. **CPSC – Consumer Product Safety Commission**
   Contains guidelines for playgrounds used to certify and inspect daycare playground equipment in the state of MS

2. **ASTM – American Society for Testing and Material**
   ASTM 1487 (commercial/industrial equipment only) is used to certify and inspect child care playground equipment in MS

3. **Composite Structure** – Large piece of playground equipment attaching more than one type of play into one structure

4. **Entrapment** – Any opening (gap) on playground equipment or fencing between 3 ½ and 9 inches, into which a child can become trapped.

5. **Entanglement** – when something around the user's neck becomes entangled in/on playground equipment causing strangulation.

6. **Loose-Fill Surfacing Material** – A protective surfacing material consisting of loose particles (sand, gravel, wood fiber, shredded tires, etc.)

7. **Unitary Surfacing Materia**l – A protective (manufactured) surfacing material providing a single impact-absorbing surface (mats, tiles, poured-in-place, or combination of the three)

8. **Use-Zone** – the area under and around a piece of equipment upon which a child would land (in the event of a fall or when exiting equipment)

9. **Risk** – Something we are willing to do. Involves choice by the user

10. **Hazard** – Something unknown, hidden, unexpected or unforeseen

Important Playground #s to Remember!

In General

- 83% of accidents happen to children ages 2-9 years.
- ASTM 1487 is the manual with standards for commercial playground equipment
- Entrapments are any openings on a playground between 3 ½ to 9 in.
- In general, loose surfacing should be from 7-9 in. thick. (refer to table 1, Appendix D-8) General rule – Use zones should be 6 ft around equipment over 30 in. in height.

Slides

- The 'Use Zone' around a slide is 6 ft.
- The 'Exit Zone' at the end of a slide is a minimum of 6 ft to a maximum of 8 ft, depending on the height of the slide.
- The slide chute's walls should be at least 4 in. high.
- The exit height for a slide 48 in. high is 0-11 in. from the surfacing.
- The exit height for a slide over 48 in. is 7-15 in. from the surfacing.
- The inside diameter of an enclosed (tunnel) slide shall be no less than 23 in.
- There is a 21 in. 'Safe Zone' at the top of a slide where no gaps/protrusions are allowed.
- The openings in an S-hook shall never be greater than 0.04 in. (a dime should not fit into the opening!)

Swings

- The 'Use Zone' for regular to-fro swings is 6 ft. around the entire structure.
- The 'Exit Zone' for regular to-fro swings is the height X 2, to the front & back.
- Pre-school swing seats should be a minimum of 12 in. from the surfacing.
- School-age swing seats should be a minimum of 16 in. from the surfacing.
- Tot swing seats should be a minimum of 24 in. from the surfacing.
- The distance between the chains of 2 to-fro swings should be a minimum of 24 in. at 5 ft from the surface.
- The distance between the chains suspending one seat, at the juncture of the supporting structure, shall be a minimum of 20 in.

More #'s

- The maximum height for balance beams on a preschool playground is 12 in.
- The maximum height for balance beams on an afterschool playground is 16 in.
- Suspended hazards (tree limbs, chains, rope, etc.…) should never be within 84 in. (7 ft) of any designated playing surface.
- Transformers and high voltage power lines shall be at least 30 ft from the playground.
- The playground fence must be a minimum of 4 ft in height unless hazards exist (pools, ditches, busy roads/highways, etc. …) within proximity. If so, a greater height may be recommended by your licensing official.
- Bolts on a playground fence or playground equipment shall never protrude more than 2 threads beyond the nut.
- All concrete footings used to secure equipment or fencing into the ground shall be at least 6 in. under the surfacing.

Fire & Severe Weather Drills Monthly Report

Facility Name_____ Monthly Fire Drills - from _____to_____

License # _____ (Follows Licensure Year for "from/to" Dates)

Date/Time	# of Staff	# of Children	Method (Alarm, Bell)	Total Time of Evacuation*	Person In Charge	Weather/Special Conditions**	Problems Encountered

**"Time Required" includes evacuation and verification that all occupants are out of the building.*

***"Special Conditions" include circumstances such as the primary exit route being blocked or the presence of special needs children, etc.*

Developed: 09/22/2008 Revised: 07/09/20

My Day at School

Name: _____ Time I Arrived: _____
Date: _____ Last Feeding before Arrival:_____

Today I was: Happy Sad Irritable Sick
Chatty Curious Playful Cuddly Tired

Today I: ☐ Played Nice ☐ Hit ☐ Bit ☐ Scratched
Slept: _____to_____ and _____to_____ and _____to_____
☐ Did not sleep

Morning Snack was _____At _____
☐ I ate everything ☐ I ate a little bit ☐ I did not eat

Lunchtime was _____At _____
☐ I ate everything ☐ I ate a little bit ☐ I did not eat

Afternoon snack was _____At _____
☐ I ate everything ☐ I ate a little bit ☐ I did not eat

Sippy Cup/Bottle – Time/Amount: _____/_____/_____/_____/_____
Wet Diaper - Times: _____
Dirty Diapers - Times: _____
They were: ☐ Runny ☐ Soft ☐ Firm ☐ Normal

Comments (crafts we did, books we read, songs we sang, etc. . .):

_____
_____
_____

Toilet Training Conference

Required by the Mississippi State Department of Health *Regulations Governing Licensure of Child Care Facilities* prior to toilet training

_____ and _____ have discussed the
(Parent's Name) (Director's/Caregiver's Name)

toilet training of _____, and have agreed upon
(Child's name)

the following procedures to be instituted at the center AND in the home:

_____

_____

_____

_____

_____

_____ set(s) of extra clothing is/are required to be kept at the facility at all times.

_____ _____
Parent's Signature Date

_____ _____
Director's/Caregiver's Signature Date

Director reserves the right to terminate the enrollment of children who take more than _____ weeks/months to complete the toilet training process.