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## Quality Child Care in Missouri: The Intersections of Policy and Teachers' Perceptions of Quality Child Care

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**QUALITY CHILD CARE IN MISSOURI:  
THE INTERSECTIONS OF POLICY  
AND TEACHERS' PERCEPTIONS  
OF QUALITY CHILD CARE**

A Master's Thesis

Presented to

The Graduate College of

Missouri State University

In Partial Fulfillment

Of the Requirements for the Degree

Master of Science, Early Childhood and Family Development

by

Catherine Slade

May 2020

# **QUALITY CHILD CARE IN MISSOURI: THE INTERSECTIONS OF POLICY AND TEACHERS' PERCEPTIONS OF QUALITY CHILD CARE**

Early Childhood and Family Development

Missouri State University, May 2020

Master of Science

Catherine Slade

## **ABSTRACT**

A child's health and well-being is supported by the environment in which they learn and develop. For an average of 36,000 children in Missouri, their environment includes an out-of-home child care program. Child care regulations are designed to protect the health and safety of children in child care. Using a constant comparative method, this study examined the extent to which the child care licensing regulations in Missouri align with the 13 Indicators of Quality Child Care published by the U.S. Department of Health and Human Services (DHHS). This study also examined how effective teachers working in child care programs felt the Missouri licensing regulations were in supporting quality care. This study found that Missouri's child care regulations only partially align with national best practice recommendations. The study also found that the majority of teachers find the Missouri regulations to be effective in supporting quality care, yet teachers commented that many of the regulations should be updated to better support small group sizes, lower child to staff ratios, or high quality face-to-face training opportunities. The current study discusses implications regarding Missouri's child care regulations to better support teachers' and children's success in early childhood classrooms.

**KEYWORDS:** child care, early care and education, licensing, regulations, quality child care, quality early care and education, quality indicators, preschool

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May 2020

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In the interest of academic freedom and the principle of free speech, approval of this thesis indicates the format is acceptable and meets the academic criteria for the discipline as determined by the faculty that constitute the thesis committee. The content and views expressed in this thesis are those of the student-scholar and are not endorsed by Missouri State University, its Graduate College, or its employees.

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I wish to dedicate this thesis to all of the teachers who work in child care programs. Do not let them tell you that you are not worthy; for you are “essential” after all.

## TABLE OF CONTENTS

Introduction	Page 1
Literature Review	Page 3
The Importance of Quality Child Care for Children	Page 3
Inconsistencies in Child Care Regulations	Page 5
Comparing Federal and State Policies	Page 8
Teachers' Perspectives Regarding Quality	Page 9
The Current Study	Page 12
Methods	Page 13
Participants	Page 13
Procedure	Page 14
Measures	Page 14
Data Analysis	Page 19
Results	Page 21
Constant Comparative Analysis	Page 21
Survey	Page 32
Discussion	Page 41
Missouri Regulations Compared to DHHS Indicators	Page 41
Survey and Teacher Comments	Page 50
Limitations	Page 55
Implications	Page 57
Future Directions	Page 59
Conclusion	Page 59
References	Page 61
Appendices	Page 106
Appendix A. Constant Comparative Analysis Rubric	Page 106
Appendix B. Cross-Sectional Survey	Page 175
Appendix C. Consent to Participate in Research Study Form	Page 192
Appendix D. Human Subjects IRB Approval	Page 194

## LIST OF TABLES

Table 1. Supervision/discipline standards not present in Missouri regulations	Page 66
Table 2. Child abuse/neglect standards not present in Missouri regulations	Page 67
Table 3. Staff qualifications standards not present in Missouri regulations	Page 69
Table 4. Staff training standards not present in Missouri regulations	Page 71
Table 5. Medication standards not present in Missouri regulations	Page 73
Table 6. Emergency plan/contact standards not present in Missouri regulations	Page 74
Table 7. Outdoor play standards not present in Missouri regulations	Page 75
Table 8. Toxic substances standards not present in Missouri regulations	Page 79
Table 9. Handwashing/diapering standards not present in Missouri regulations	Page 81
Table 10. General regulations scored extremely effective by the majority of teachers	Page 82
Table 11. Infant/toddler regulations scored extremely effective by the majority of teachers	Page 90
Table 12. Percentage of teachers' comments on regulations	Page 94
Table 13. Teachers' comments on Missouri child care regulations	Page 99

## INTRODUCTION

In Missouri, an average of 36,000 children ages birth to five are spending time in licensed child care facilities while their parents are working and/or attending school (Missouri's Children, 2018). The Center on the Developing Child at Harvard University has done extensive research on how early experiences affect the brain architecture in young children and suggests that the foundation for all future learning starts in the womb and continues through age eight (Center on the Developing Child, 2007). Child care providers spend as much as eight to ten hours per day with children whose brains are developing rapidly. According to the AAP Council on Early Childhood and the AAP Council on School Health (2016, p. 2) "a child's caregiver exerts a tremendous amount of influence, both positive and negative, on early learning." Therefore, it is important that the people providing care to these young children have guidance on how to best support children while in their care.

Child care regulations provide guidance for owners, directors, and staff of child care facilities to ensure children's environments are not only safe and healthy but also promote learning and development; however, there are no federally mandated regulations for child care programs. Every state designs their own regulations and in Missouri, child care regulations are written and enforced by the Missouri Department of Health and Senior Services (Missouri Department of Health and Senior Services, Laws & Regulations, 2019). The U.S. Department of Health and Human Services (DHHS) has published a research update to provide guidance to state child care agencies in regard to developing their child care licensing regulations (DHHS, 2002). The purpose of this study is to determine the extent to which the Missouri child care licensing regulations align to the standards within the DHHS 13 Indicators of Quality Child



Care, and to explore how effective the Missouri child care licensing regulations are in supporting quality child care in infant/toddler and preschool classrooms according to teachers' perspectives. Additionally, the study will assess teachers' recommendations for changes to the Missouri child care regulations in order to better support quality in their classrooms.

## LITERATURE REVIEW

The purpose of this study is to compare current Missouri child care licensing regulations to the standards within the DHHS 13 Indicators of Quality Child Care and to determine how effective teachers in birth to five-year-old classrooms feel the Missouri child care licensing regulations are in supporting quality child care. The following review of related literature will present: (a) the importance of quality child care for children birth through age five, (b) the inconsistencies of state child care regulations, (c) comparisons of Federal and State policies and, (d) teachers' perspectives regarding quality.

### **The Importance of Quality Child Care for Children**

The well-being of children intersects with many different systems in society. According to *Transforming the Workforce for Children Birth Through Age 8*, there are five sectors that have a professional responsibility to children (Institute of Medicine (IOM) & National Research Council (NRC), 2015). Those sectors are (1) care and education; (2) health; (3) social services; (4) parents, family, and community and; (5) other influencers such as business leaders, legislators, researchers, and advocacy organizations (Institute of Medicine (IOM) & National Research Council (NRC), 2015). Improving the quality of early child care in the United States should be at the forefront of any conversation had by professionals in those five sectors as they all have responsibilities for the healthy development of young children. The current study focuses on the care and education sector, as Child Care Aware reported in 2013 that 11 million children under age five in the U.S. are in non-parental care while their parents are working (Child Care Aware of America, 2013). The *Early Childhood Workforce Index* from 2018 also

reported that 70% of Missouri's children live in homes where both parents are working (Whitebook, McLean, Austin, & Edwards, 2018). The quality of the experiences young children receive in child care environments sets the stage for future learning. It is important that the environments not only have the necessary materials to support brain development, but also have knowledgeable staff who understand how to support and facilitate that learning. There is considerable evidence that children in high quality environments demonstrate better developmental outcomes than children in low quality care (Burchinal et al., 2000; McCartney, Dearing, Taylor, & Bub, 2007; NICHD Early Child Care Research Network, 2006; Raikes, Raikes, & Wilcox, 2005). For example, children's enrollment in high-quality child care settings in the child's first nine months has been associated with increased scores on school readiness assessments and higher cognitive development, speech, and social skills (Moodie-Dyer, 2011).

However, even with all that is known through many years of research about the importance of high-quality learning environments for children birth to age five, most child care programs in the U.S. provide low- to mid-quality experiences (Peth-Pierce, & National Institute of Child Health and Human Development; NICHD, 1998; La Paro, Williamson, & Hatfield, 2014). The National Institute of Child Health and Human Development (NICHD) Early Child Care Research Network found that the percentage of child care centers that met the recommended regulable guidelines for ratio, group size, and training and education of staff was 65% or less for infants six months and younger, 69% or less for children between six and 18 months old, 77% or less for children between 18 months and two, and 80% or less for children who were three or older (NICHD, 2006). While those percentages may have increased over the past 13 years, it is still worthy to note that the NICHD (2006) study claims that regulable standards are important to children's school readiness outcomes; specifically, children who

attended child care in centers where regulable standards were met had better language comprehension and fewer behavioral problems (NICHD, 2006). Thus, studying state-level regulations to determine if they meet the suggested guidelines that have been determined to indicate quality is imperative.

### **Inconsistencies in Child Care Regulations**

At the present time, each state has its own responsibility for regulating and protecting the health and safety of the children who are enrolled in child care programs. In 2013, Child Care Aware ranked states based on their child care center regulations and oversight and gave a detailed report that demonstrates the inconsistencies between the states in regard to regulating child care programs (Child Care Aware of America, 2013). The study found that:

No state earned an “A” and only DoD child care programs (Department of Defense) earned a “B.” The remaining top 10 states (New York, Washington, North Dakota, Oklahoma, Texas, Wisconsin, Delaware, Illinois, Minnesota and Tennessee) earned a “C.” Twenty-one states earned a “D,” and the remaining 20 states earned a score of 60 or less, a failing grade (Child Care Aware of America, 2013, p. 7).

Missouri received an overall score of 60% and was ranked 33<sup>rd</sup> out of 50 states (Child Care Aware of America, 2013). In the 2018 Missouri state profile report issued by the Center for the Study of Child Care Employment, lead and assistant teachers were not required to hold any type of education in early childhood development (Whitebook, McLean, Austin, & Edwards, 2018). In addition to a lack of education requirements, Missouri regulations miss important factors facilitative of children’s health. For example, in 2009, Benjamin et al. compared national recommendations for meal menus in child care programs with the licensing regulations from all 50 states and D.C. and found that Missouri was one of ten states that did not have any child care licensing regulations related to the national recommendations for meal planning.

There are several ways in which states attempt to affect quality child care. One way is through the use of the Child Care and Development Block Grant (CCDBG) which provides funding to each state for child care subsidies (Moodie-Dyer, 2011). A CCDBG grant is awarded to states who are then required to ensure equal access to child care for eligible children. In Missouri, if a child care center is contracted to receive subsidy funding for qualified children through CCDBG funds, they are required to be licensed through the Missouri Department of Health and Human Services; which means they also have to follow the Missouri child care licensing regulations. Additionally, if the center is accredited, their subsidy rates will increase. Studies have found that when subsidy reimbursement rates meet, or exceed, the rates set by the provider, there is a positive association with quality (Rigby, Ryan, & Brooks-Gunn, 2007). In most cases, subsidy reimbursement rates are lower than provider tuition, which could cause the provider to take a profit loss or be forced to pass the difference in cost onto the parent (Crosby, Gennetian, & Hustin, 2005).

In another attempt to impact the quality of child care, Quality Rating and Improvement Systems or QRIS have been emerging at the state level. The QRIS is a tool used by states to help to identify and promote higher quality care (Buettner & Andrews, 2009). The system uses a set of indicators that range from meeting basic requirements to the highest professional standards much like those set by the National Association for the Education of Young Children (NAEYC). QRIS are designed to improve the quality of child care by defining quality standards, educating customers and providers on what quality is in ECE programs, and providing incentives and support for quality improvement of centers. The QRIS system uses tiers to indicate quality. States use different names for their levels such as stars, steps, bronze, silver, or gold, or simply tier or level (Tout et al., 2010). In theory, a program with a higher tier level provides higher

quality care to the children and families they serve (Buettner & Andrews, 2009). Not all states currently have QRIS programs in place, and those that do have their own indicators and ways of implementing the program (Tout et al., 2010). Missouri is one of two states that does not have a QRIS system in place and, according to the Child Care and Development Fund (CCDF) Plan for Missouri FFY 2019-2021, there are no plans to implement one at this time (Missouri Department of Social Services, 2019, p. 224).

Similarly, accreditation systems were designed to affect the quality of child care programs much like the QRIS. The role of accreditation is to encourage providers to implement higher quality programs based upon a professionally agreed upon set of standards (Buettner & Andrews, 2009). Research suggests that accreditation increases the quality of child care (Weinstock, Mistry, & Ryan, 2004). However, there are barriers for programs to obtain accreditation. According to NAEYC, the initial cost to achieve accreditation is, on average, \$1,500 for a center that is licensed for up to 60 children. The cost increases for every 60 children for whom a center is licensed. The fees for maintaining accreditation are due annually and start at \$550 for a center licensed for up to 60 children. The fee goes up \$150 for every 60 children. Other barriers include the time it takes to go through the process and the commitment to seeing it through as well as little economic incentives for becoming accredited (Weinstock, Mistry, & Ryan, 2004).

Accreditation, QRIS, and CCDBG funding are important to consider when talking about child care regulations. Only one of these (CCDBG) requires programs to meet a set of regulations and in all states those regulations are different. In Missouri, child care regulations are basic health and safety requirements designed to keep children safe while in care. The purpose of this study is to examine the consistency of Missouri regulations to DHHS indicators – as a

potential first step in better assessing and aligning quality regulations with research-based evidence. Accreditation and QRIS focus on increasing the minimum health and safety requirements but instead of focusing solely on the structure, these programs also attempt to influence the process aspects of programs. Both the structure (policies) and the process (teachers) are important in determining quality programming for children in child care; therefore, the proposed study will examine how closely Missouri licensing regulations align with DHHS federal guidelines and will explore teachers' perceptions of the effectiveness of licensing regulations in supporting quality care.

### **Comparing Federal and State Policies**

Most of the research completed comparing child care regulations to the DHHS 13 Indicators of Quality Child Care is not on the standards within the indicator, but rather on bits and pieces of each indicator depending on the focus of the group providing the research. Very few studies compared the regulations of all 50 states and District of Columbia (D.C.) and even fewer looked at more than one area of state licensing regulations. The recurring theme in most studies is the diversity in regulations across states and the inconsistencies in meeting any best practice recommendations set forth by reputable organizations. For example, a study that compared all 50 states and D.C. to recommendations set forth by the Institute of Medicine (IOM) for infant physical activity in child care found that there were inconsistencies across states when it came to rules regarding infant physical activity (Slining, Benjamin-Neelon, & Duffey, 2014). A second study completed on all 50 states and D.C. was limited to only looking at children ages three-five years old and focused on structural aspects of licensing regulations versus process aspects of the QRIS (Connors & Morris, 2015). Connors and Morris (2015) argue that the

variations in regulations are partly due to funding streams and types of programs; this means that regulations may or may not include rules for developmentally appropriate practice, working with parents, or highly trained and educated staff depending on the requirements of the funding source.

Interestingly, only one study to date compares the licensing regulations from all 50 states and D.C. to the DHHS 13 Indicators of Quality Child Care. The report (Child Care Aware, 2013) is comprehensive as it grades each state on their child care regulations by looking at 11 benchmarks and four oversight issues. The benchmarks used in the report were developed based on the DHHS 13 Indicators of Quality Child Care, however they did not take into consideration the standards within each of the DHHS 13 Indicators. The benchmarks were a summary of the standards within the DHHS 13 Indicators of Quality Child Care. The actual verbiage from the standards within the DHHS 13 Indicators of Quality Child Care was not compared to the actual licensing regulations of each state. Therefore, this completed study extends this work by examining the specific standards within each of the DHHS 13 Indicators of Quality Care in comparison with Missouri's licensing regulations.

### **Teachers' Perspectives Regarding Quality**

Lillian Katz (1993) proposed five perspectives that were important to consider in the assessment of the quality of child care programs and in policy decisions made with respect to supporting quality. Those perspectives were (1) looking at quality from a program standpoint such as equipment or other features; (2) from the standpoint of the children enrolled in the program; (3) the families who experience the program; (4) the staff who work in the program, and; (5) and the community/larger society who are served by the program. The proposed study



focuses on exploring the perspectives of the staff who work in these programs, as children in child care spend an average of 8-10 hours per day with their teacher. Given the role that teachers play in the development of children, it is necessary to explore their perspectives on factors that affect the quality care they provide.

One study completed by Child Trends compared the perspectives of teachers on what they felt was the most important indicator of quality child care based on the constructs of quality from emerging QRIS standards and strategies (Sosinsky, Halle, Susman-Stillman, Cleveland, & Li, 2015). There were four areas that researchers asked teachers to rate. These areas included developmentally appropriate practices, social-emotional development, family-sensitive caregiving practices, and cultural responsiveness (Sosinsky et al., 2015). The teachers in this study reported that they felt social emotional development and developmentally appropriate practices were the most important constructs of the QRIS (Sosinsky et al., 2015). The study did not look into the state regulations nor did it ask teachers if they felt that state standards supported quality child care.

Other research that considered teachers' perspectives were focused on the topic of administrative support and staff turnover. One study focused on teachers' perceptions of administrative support and whether it was linked to antecedents of turnover (Russel, Williams, & Gleason-Gomez, 2010). In this study, teachers who felt their director lacked the ability to enforce rules and standards, were less skilled at scheduling, and were less dependable were more likely to look for other jobs (Russel et al., 2010). Research also suggests that staff turnover can affect the quality of child care programs including child outcomes. It did not matter if the center was accredited or not, if there was high turnover, the children had "lower levels of language, cognition, and social development" (Cassidy, Lower, Kintner-Duffy, Hedge, & Shim, 2011, p.

2). Additionally, Cassidy et al., (2011) asked teachers to share their perceptions on how turnover effects classroom quality. The results of the survey showed that teachers felt they could not meet the needs of the children as well as they could prior to their partner staff leaving, that they had more difficulty managing the classroom rules and routines as effectively as they had before, and that they noticed the children experienced periods of sadness and loss when a staff person left the program (Cassidy et al., 2011). Teachers' feelings are important to consider when assessing regulations as they are the ones who provide direct service to the children. It's important to consider what research has been done to assess those feelings so that patterns can be recognized and solutions can be considered.

In their review of the literature on perspectives of quality child care, Ceglowski and Bacigalupa (2002) considered only four of the five perceptions from Katz's (1993) study on quality child care. They did not review the literature on quality from a program standpoint, but instead focused on (1) the children in child care; (2) the parents who use child care; (3) the staff who perform the work, and; (4) researchers and professionals in the field, who are referred to as the community/larger society in Katz's (1993) study. They argue that based on the "preponderance of studies conducted from the professional/researcher perspective, more effort should be directed to studying child care quality from parents', children's, and child care staff members' viewpoints" (Ceglowski & Bacigalupa, 2002, p. 87). Thus, the proposed study provides a focused examination of teachers' perspectives of indicators of classroom quality.

Throughout the years, researchers in early childhood education have examined many different factors involving the health, safety, and education of young children. Research shows that children's brains go through their highest growth rates between the ages of birth through five years (Shonkoff & Phillips, 2004), yet states set minimal rules that regulate health, safety, and

sanitation in programs and, in most states, do not regulate the education requirements of staff (Child Care Aware of America, 2013). Research also suggests that the various attempts that states take to try to impact quality in child care programs fall short. CCDBG funds do not pay enough to the provider to be able to implement quality changes, QRIS does not exist in Missouri, and accreditation programs are often too expensive to pursue. Furthermore, research into how regulations align with quality indicators is minimal and there are very few studies that examine teachers' perceptions of how effective regulations are in supporting quality care in the classroom. This study aims to close the gap in literature by exploring the alignment of Missouri regulations with DHHS recommended 13 Indicators of Quality Child Care and assess teachers' perspectives on how effective Missouri regulations are in supporting quality in the classroom.

### **The Current Study**

The purpose of this study is to determine the extent to which the Missouri child care licensing regulations align to the standards within the DHHS 13 Indicators of Quality Child Care. Additionally, the study will examine teachers' perspectives on the efficacy of the Missouri child care licensing regulations in supporting quality child care in infant/toddler and preschool classrooms and explore teachers' recommendations for potential regulation changes. The current study is guided by three questions:

1. To what extent do the Missouri child care licensing regulations align with the standards within the DHHS 13 Indicators of Quality Child Care?
2. How effective do teachers feel the Missouri child care licensing regulations support quality care in their classrooms?
3. What, if any, of the Missouri child care licensing regulations would teachers change so that they would be more effective in supporting quality care?

## **METHODS**

### **Participants**

The study used a purposive sampling of 28 lead teachers in a Head Start and Early Head Start program who serve children birth through age five in Missouri. All 28 teachers identified as female ranging in age from 22 – 58 years old with a mean of 43.42 years. The racial or ethnic background of the participants consisted of 21 teachers who identified as White/European American (non-Hispanic), four who identified as Hispanic or Latino/a, and one who identified as Native American or Alaska Native. Teachers' years of experience ranged from between one and 35 years with a mean of 15 years. Six teachers had a four year degree in Early Childhood Education, four teachers had a four year degree in a related field such as Psychology, four teachers had a four year degree in another field, and four teachers had an AA or AAS degree in Early Childhood. Two teachers had a Child Development Associates Credential (CDA) for Infants and Toddlers and two teachers had some college coursework consisting of less than 30 credit hours. One teacher had a Master degree, one teacher had a Child Development Associates Credential (CDA) for Preschool, and one teacher some college coursework consisting of more than 30 credit hours. 13 of the teachers worked with children ages three to five years old, six worked with children ages 12 – 24 months, three worked with children 24 – 26 months, and 2 worked with children birth – 12 months. The Head Start and Early Head Start program selected for this study is comprised of four counties located in Southwest Missouri and is operated by a local Community Action Agency.

## Procedure

This study used two different types of data collection methods that resulted in an in-depth analysis of (1) how well the Missouri child care licensing regulations align to the standards within the DHHS 13 Indicators of Quality Child Care; (2) how teachers working in infant/toddler and preschool classrooms perceive the effectiveness of the Missouri child care licensing regulations to support quality care in their classrooms, and; (3) what, if any, of the Missouri child care licensing standards would teachers change so that they would be more effective in supporting quality care. The alignment of Missouri child care licensing regulations to the standards within the DHHS 13 Indicators of Quality Child Care was assessed using a constant comparative analysis, the rubric for which is located in Appendix A. Teachers' perceptions were examined via online survey, located in Appendix B.

There are 60 teachers in 53 classrooms throughout the Head Start and Early Head Start program. Permission to email the teachers was obtained through emailing the Head Start Director who supplied the teachers' email addresses. The email that was sent to the teachers included information describing the study and a link to the study on Qualtrics. Informed consent, which can be found in Appendix C, was obtained from the selected teachers via the Qualtrics survey. 28 teachers completed the survey resulting in a response rate of 46%. The survey data collection method was approved by the Missouri State University Institutional Review Board (IRB; IRB-FY2020-423, Approved November 25, 2019, see Appendix D).

## Measures

**Constant Comparative Analysis.** To assess the alignment between Missouri state child care licensing regulations and the DHHS 13 Indicators of Quality Child Care, a constant

comparative analysis was completed using a four-point rubric scale adapted from Gallagher, Rooney, and Campbell (1999). The completed rubric, which is included in Appendix A, was used to compare the Missouri state child care licensing regulations to the standards within the DHHS 13 Indicators of Quality Child Care. The standards within the DHHS 13 Indicators of Quality Child Care describe expectations for child care programs in terms of: 1) child abuse and neglect; 2) immunizations; 3) staff child ratio and group size; 4) staff (director and teachers) qualifications (counts as 2 indicators); 5) staff training; 6) supervision/discipline; 7) fire drills; 8) medication; 9) emergency plan/contact; 10) outdoor playground; 11) toxic substances; and 12) handwashing/diapering. Within each of the DHHS 13 Indicators of Quality Child Care, there are specific standards; for example, under the staff training indicator, one specific standard reads “Facilities that serve children with special needs shall have at least one caregiver certified in infant and child CPR. Written verification of CPR certification shall be kept on file.” The Missouri child care licensing regulations were compared to the standards within each of the DHHS 13 Indicators of Quality Child Care. This was accomplished through reviewing the Missouri child care licensing regulations and highlighting each regulation that fell under the DHHS indicator being reviewed. For example, when reviewing the child/staff ratio indicator, the Missouri child care licensing regulations were reviewed for regulations that were relevant to child/staff ratio. Each relevant regulation was highlighted and placed into the source section of the rubric for the child/staff ratio indicator. Once all of the relevant Missouri child care licensing regulations were placed into the rubric, each of the standards within the indicator were compared to the licensing regulations to determine alignment. This was accomplished by looking for similarities in the wording between the DHHS standard and the Missouri regulations. A regulation was determined to be aligned if the wording was similar to that of the DHHS standard.

If the wording was not similar to the DHHS standard, the regulation was determined to not be in alignment. Once the alignment determination was made, the DHHS standard within the indicator that was reviewed was marked with a plus sign if the Missouri child care licensing regulations fully met the standard being reviewed, a minus sign if it did not fully meet the standard being reviewed, or a plus/minus sign if it partially met the standard being reviewed. A partially met decision was made if the standard being reviewed had multiple items listed and Missouri regulations aligned with some, but not all of those items. After all of the DHHS standards within the indicator were compared to the Missouri regulations, the indicator was assigned a score based on the percentage DHHS standards within the indicators were met. Missouri child care licensing regulation received four points if 100% of the standards within that indicator were present in the Missouri licensing regulations, three points if at least 80% of standards within that indicator were present in the Missouri licensing regulations, two points if at least 50% of standards within that indicator were present in the Missouri licensing regulations, and one point if less than 50% of standards within that indicator were present in the Missouri licensing regulations. This process was completed for all standards within the 13 DHHS indicators. When a Missouri licensing regulation fell under one of the 13 indicators but there was no standard with which to align the regulation, it was noted in the rubric but was not used to assign a point value. When a standard within one of the 13 indicators had sub-standards included, each sub-standard was looked at as a separate standard and the Missouri licensing regulations were compared to each as described above. In all but one indicator, the Missouri child care licensing regulations document was the only document used to determine alignment with the DHHS indicators. Missouri child care licensing regulations referenced a separate document in regard to sanitation requirements, which was included in the analysis. Missouri child care licensing regulations

require that all facilities applying for, or renewing, their license pass a sanitation inspection. The sanitation regulations for Missouri child care programs are in a separate document called “Bureau of Child Care: Sanitation Inspection Guidelines for Licensed Group Child Care Homes, Licensed Child Care Centers and License-Exempt Child Care Facilities.” This document was used to determine alignment with the DHHS indicator of toxic substances along with the Missouri child care licensing regulations. The sanitation document was referenced in the rubric for the toxic substance indicator. There were also times when the Missouri child care licensing regulations referenced a definition of a term in the Missouri state statutes. In those cases, the relevant Missouri state statute was also included in the rubric for the relevant indicator.

**Survey.** To measure teachers’ perceptions of the efficacy of Missouri child care licensing regulations and teachers’ recommendations for changes, teachers completed a survey. The survey asked teachers about each of the Missouri child care licensing regulations in order to assess teachers’ perceptions of the effectiveness of each regulation relevant to their work, on a 1-5 scale. Each regulation included in the survey was selected based on whose responsibility it is to implement the regulation. If it is a caregiver’s responsibility, it was included in the survey (e.g. “Caregivers shall be capable of carrying out assigned responsibilities and shall be willing and able to accept training and supervision (Missouri Department of Health and Senior Services, Laws & Regulations, (2019)”). If it is the responsibility of the owner/director/supervisor, it was not included in the survey (e.g. “The provider, within 30 days following the admission of each infant, toddler or preschool child, shall require a medical examination report signed by a licensed physician or registered nurse who is under the supervision of a licensed physician and completed not more than twelve months prior to admission (Missouri Department of Health and Senior Services, Laws & Regulations, (2019)”).



The survey consisted of three sections, a general section for all teachers, a section specific to teachers who work with preschoolers (three – five-year-olds), and a section specific to teachers who work with infants and toddlers (birth – two-year-olds). The general section of the survey had 49 questions, eight of which were demographic questions used to gather information on what age group teachers work with, how long they’ve been employed in the field, and other demographic information. The remaining 41 questions in the general section assessed teachers’ perceptions of the regulations that are required to be carried out by caregivers who work in the classrooms with children from birth- five-years-old. There were an additional four questions that consisted of regulations specifically written for teachers who work with preschoolers, and an additional 21 questions that consisted of regulations specifically written for teachers who work with infants and toddlers. The survey took approximately 25-40 minutes to complete, depending on the age group with which the teachers reported that they work.

The licensing standards presented in the survey were taken directly from the Missouri Licensing Rules for Group Child Care Homes and Child Care Centers and represent the minimum regulations required for the health and safety of children in child care programs. The Head Start and Early Head Start program’s policies and procedures may exceed the Missouri child care licensing regulations listed in this survey; therefore, when completing the survey, teachers were directed to answer the questions based solely on how effective they felt the specific Missouri child care licensing regulations was in supporting quality care in their classroom. Teachers read the regulations in the survey and answered on a Likert scale of one - five with one meaning “not at all effective” and five meaning “very effective” on how they felt the regulations were in supporting what they think quality child care is in their classroom. If they felt that a certain regulation could be changed to be more effective in supporting what they think

is quality child care, they were asked to comment in the area provided how they think the regulation could be changed to be more effective in supporting quality child care.

## **Data Analysis**

**Constant Comparative Analysis.** There are a total of 62 points that could be earned through the comparative analysis of the Missouri child care licensing regulations and the standards within the DHHS 13 Indicators of Quality Child Care. The final results report which of the DHHS 13 Indicators of Quality Child Care are fully present, partially present, and not at all present in the Missouri child care licensing regulations. The completed rubric used to make the alignment determination can be found in Appendix A. The following results describe which of the DHHS 13 Indicators of Quality Child Care are at least 80% present in the Missouri child care licensing regulations, which of the DHHS 13 Indicators of Quality Child Care are at least 50% present in the Missouri child care licensing regulations, and which of the DHHS 13 Indicators of Quality Child Care are less than 50% present in the Missouri child care licensing regulations. The analysis also consists of reporting which of the standards within the DHHS 13 Indicators of Quality Child Care are missing from the Missouri child care licensing regulations that prevented them from being fully aligned. Lastly, results report an overall percentage of alignment taking into consideration all of the percentages from each indicator to give a final alignment score. Each indicator is broken down by a summary of which ones were fully met by Missouri regulations, by listing which indicators were partially met by the Missouri regulations, and in table format for those indicators that were not met by the Missouri regulations. This method of analyzing the data is similar to previous research assessing regulations (Gallagher, Rooney, & Campbell, 1999).

**Survey.** By using Qualtrics to host the survey, teachers' responses were collected such that each response indicates teachers' perceptions of the effectiveness of each Missouri child care licensing regulation in supporting quality child care, rated on a Likert scale from one, meaning not at all effective to five, meaning extremely effective. Results report how teachers felt about each of the regulations presented in the survey. The responses to the open-ended question for each indicator regarding how the regulations could be changed to be more effective in supporting quality were reviewed looking for common suggestions for how the regulations could be changed. Comments that were vague, such as "never" or "n/a" are not included in the results. Results report direct quotes exemplary of the most common suggestions for changing specific regulations. The researcher also counted the frequency of how many times a specific regulation was targeted for change, which are reported as percentages for each regulation (i.e. what percent of teachers felt the regulation needed to be changed).

## RESULTS

### Constant Comparative Analysis

The constant comparative analysis showed that none of the DHHS 13 indicators of Quality Child Care were fully present in the Missouri child care licensing regulations. The Fire Drills Indicator was the only DHHS indicator that Missouri regulations met with at least an 80%, meaning 80% of the DHHS standards were present in Missouri regulations.

Supervision/Discipline was the only DHHS indicators that Missouri regulations met with at least a 50%, meaning 50% of the DHHS standards were present in the Missouri regulations. Finally, there are 11 of the 13 DHHS indicators that Missouri regulations met with less than 50%, including Immunizations, Child Abuse and Neglect, Staff/Child Ratio and Group Size, Staff Qualifications (director and teacher, counts as two indicators), Staff Training, Medication, Emergency Plan/Contact, Outdoor Playground, Toxic Substances, and Handwashing/Diapering, meaning that fewer than 50% of the DHHS standards were present in the Missouri regulations. In the results that follow, the alignment of each DHHS indicator is summarized in the text when indicators were fully or partially met by Missouri regulations, and in table format for indicators that were not met by the Missouri regulations.

**DHHS Indicators that were Met with at Least 80%.** The Fire Drills DHHS indicator was the only indicator met with at least an 80%. There are five standards within the DHHS Indicator of Fire Drills. Missouri Regulations fully meet four of the five standards which resulted in the score of a three (on the 1-4 scale) because at least 80% of the DHHS Standards were fully met. Missouri regulations do contain requirements for having a written plan in case of an emergency such as fire, that the plan is approved by the fire inspector, practiced periodically, and

maintained by the caregiver. The actual DHHS standards that Missouri regulations did meet are marked with a “+” sign in the completed rubric located in Appendix A. The DHHS standard (DHHS, 2002) that is not present in the Missouri Regulations is “AD 033: The center director shall use a daily class roster in checking the evacuation and return to a safe indoor space of all children in attendance during an evacuation drill. Small and large family home caregivers shall count to be sure that all children are safely evacuated and returned to a safe indoor space during an evacuation drill.”

**DHHS Indicators that were Met with at Least 50%.** The Supervision/Discipline DHHS indicator was the only indicator met with at least 50%. There are 13 standards that make up the DHHS indicator of Supervision/Discipline. Missouri Regulations fully meet nine of the 13 standards. One of the 13 standards was partially met, meaning parts of the standard were present in the Missouri regulations and parts of it were not present. This standard is detailed below. Due to Missouri regulations fully aligning with nine out of 13 standards, they were assigned a percentage of 77%, or a score of a two out of four.

The Missouri regulations that did align with the DHHS indicators were focused on the areas of positive discipline and prohibiting physical punishment and/or humiliation of any kind. The DHHS standards that Missouri regulations did meet are marked with a “+” sign in the completed rubric located in Appendix A. The DHHS (2002) standard that was partially met is

AD 009: Each facility's supervision policy shall specify (a) That no child shall be left alone or unsupervised while under the care of the child care staff. Caregivers shall supervise children at all times, even when the children are sleeping. (b) caregiver must be able to both see and hear infants while they are sleeping. Caregivers shall not be on one floor while children are on another floor. School-age children shall be permitted to participate in activities and visit friends off premises as approved by their parents and by the caregiver(s). (c) That developmentally appropriate child:staff ratios shall be met during all hours of operating, including field trips. The policy shall include specific procedures governing supervision of the indoor and outdoor play spaces that describe the child:staff ratio, precautions to be followed for specific areas and equipment, and staff

assignments for high-risk areas. The supervision policies of centers and large family-child-care homes shall be written policies.

The Missouri regulations fully align with section (a) of the DHHS standard Ad 009. They do not fully align with sections (b) or (c). The part of section (b) that is not met states that “School-age children shall be permitted to participate in activities and visit friends off premises as approved by their parents and by the caregiver(s) (DHHS, 2002).” The Missouri regulations do not have anything in regard to school age children visiting friends off premises as approved. The part of section (c) that is not met states “The policy shall include precautions to be followed for specific areas and equipment, and staff assignments for high-risk areas (DHHS, 2002).” The Missouri regulations do have requirements for certain areas such as bathrooms, kitchens, and field trips but they fail to mention equipment and staff assignments for high risk areas.

The remaining two standards that were not present in the Missouri regulations are PR 028 and PR 036; these standards focus on behavior policies such as maintaining supervision of children at all times and what should and should not be done to control the behavior of children. The full text of the standards that were not present can be found in Table 1.

**DHHS Indicators that were Met with Fewer Than 50%.** The 11 DHHS indicators that Missouri regulations met with less than 50% are Immunizations, Child Abuse and Neglect, Staff/Child Ratio and Group Size, Staff Qualifications (director and teacher, counts as two indicators), Staff Training, Medication, Emergency Plan/Contact, Outdoor Playground, Toxic Substances, and Handwashing/Diapering.

Immunizations. There is one standard within the DHHS Indicator for Immunizations. Missouri regulations only partially meets the standard in that the Missouri regulations do not apply to facilities who are licensed for 10 or less children. This results in a 0% for this indicator which is a score of one out of four. The DHHS standard refers programs to the latest version of

the Advisory Committee on Immunization Practices (ACIP) of the U.S. Public Health Service and the American Academy of Pediatrics (AAP) immunization schedule (2018) which states that

Child care facilities should require that all parents/guardians of children enrolled in child care provide written documentation of receipt of immunizations appropriate for each child's age. Infants, children, and adolescents should be immunized as specified in the "Recommended Immunization Schedules for Persons Aged 0 Through 18 Years – United States" developed by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP). Children whose immunizations are not up-to-date or have not been administered according to the recommended schedule should receive the required immunizations, unless contraindicated or for legal exemptions.

Missouri regulations do not require this standard to be followed for licensed programs that serve 10 or less children but they do require it for facilities that are licensed for 10 or more children.

Staff/Child Ratio and Group Size. There is one standard within the DHHS Indicator of Child/Staff ratio. Missouri Regulations did not meet the standard resulting in a 0% which is a score of one out of four. The DHHS (2002) standard that was not met is

ST 002: Child:staff ratios for centers and large family child care homes shall be maintained during all hours of operation. When there are mixed age groups in the same room, the child:staff ratio and group size shall be consistent with the age of the majority of the children when no infants or toddlers are in the mixed age group. When infants or toddlers are in the mixed age group, the child:staff ratio and group size for infants and toddlers shall be maintained.

There are staff/child ratios in Missouri regulations and they do require that they be met at all hours of operation however, the ratios themselves do not align with what the DHHS indicator suggests is appropriate for quality care. Both Missouri regulations and DHHS indicators break down child/staff ratios by age. In Missouri regulations, children from birth to age two should have no less than one adult to four children and cannot have more than eight children in the group. The DHHS standard for children birth to age two is no less than one adult to three children and no more than six children in the group.

In Missouri regulations, children who are between 24 and 36 months of age can have no less than one adult to eight children with no more than 16 children in a group. The DHHS indicator says that children 25 to 30 months should have no less than one adult to four children and no more than eight in a group and for children 31 to 35 months should have no less than one adult to five children and no more than 10 in a group.

In Missouri regulations, children who are between the ages of three and four years old, there can be no less than one adult to 10 children and no more than 16 in a group. The DHHS indicator breaks this age group down into two separate groups as well. It states that three year old children shall have no less than one adult for seven children with a maximum group size of fourteen and that four year old children shall have no less than one adult to eight children with a maximum group size of 16.

In Missouri regulations children who are five years old should have no less than one adult for every 16 children and no more than 16 in a group. The DHHS indicator for five year olds is no more than one adult for eight children and no more than 16 in a group. Missouri regulations for maximum group sizes for children who are four to five years old do align with the DHHS indicator.

In regard to the mixed age groups regulation, Missouri states “Groups composed of mixed ages of children two years of age and older shall have no less than one adult to 10 children with a maximum of four two year olds. When there are more than four two-year olds in a mixed group, the staff/child ratio shall be no less than one adult to eight children.”. The DHHS (2002) indicator regarding mixed age groups states “when there are mixed age groups in the same room, the child:staff ratio and group size shall be consistent with the age of the majority of the children when no infants or toddlers are in the mixed age group. When infants or toddlers are in the



mixed age group, the child:staff ratio and group size for infants and toddlers shall be maintained.”

Child Abuse and Neglect. There are 12 standards within the DHHS indicator of child abuse and neglect. Missouri Regulations fully meet three of the 12 standards and partially meets one of the standards but because they did not fully meet the standard it was marked as a minus, meaning it did not fully align with the standard being reviewed (see Appendix A). This resulted in Missouri Regulations meeting 25% of the DHHS standards, which is a score of one out of four.

The Missouri regulations that do align with DHHS standards are do anyone who is in care, custody, or control of a child is a mandated reporter of suspected child abuse and neglect, that if staff report suspected child abuse or neglect that they are immune from any disciplinary action for that reason alone, and that background checks must be completed on staff before they can be left alone with children. The DHHS standards that Missouri regulations did meet are marked with a “+” sign in the completed rubric located in Appendix A. The DHHS (2002) standard that was partially met was “HP 099: All caregivers in all settings and at all levels of employment shall know the definitions of the four forms of child abuse and shall be able to give examples. They shall know the child abuse reporting requirements as they apply to themselves, and how to make a report.” Missouri regulations did not have any information regarding knowing the definitions of the four forms of child abuse and being able to give examples is not mentioned. The standards that were not present in the Missouri regulations are HP 095, HP 096, HP 098, and HP100 - HP 104, focused on establishing relationships with professionals in the community who can consult on suspected cases of abuse or neglect, knowing the signs, symptoms and types of abuse and neglect, methods for reducing the risk of abuse and neglect,

and the ability to take scheduled breaks away from the children throughout the day. The full text of the standards that were not present can be found in Table 2.

Staff (Directors and Teachers) Qualifications (Two Indicators). There are 15 standards within the DHHS Indicator of Staff (Director and Teacher) qualifications. Missouri Regulations meet one of the 15 standards resulting in a 6% which is a score of one out of four. The standard that was met was “ST 034: Directors and large family home caregivers shall check references and examine employment history before employing any staff, including substitutes, who will be alone with a child or a group of children in child care (DHHS, 2002).” The standards that were not present in the Missouri regulations are ST 006 - ST 011, focused on specific education requirements and experience for teaching staff and directors. The full text of the standards that were not present can be found in Table 3.

Staff Training. There are 44 standards within the DHHS indicator of Staff training. Missouri regulations meet 14 of those standards resulting in a 31% which is a score of one out of four. There was one standard within the indicator that was not considered in the overall score due to the fact that it related specifically to family child care homes and this study did not look at the family child care home regulations for Missouri. The 14 standards that Missouri regulations did meet are in regard to areas that new staff should be trained on in the orientation process, CPR/First aid qualifications, and specific procedures if a program has a swimming pool on location, the full text of which are marked with a “+” sign in the completed rubric located in Appendix A. The standards that were not present in the Missouri regulations are ST 039, ST 040 (a-d), ST 042 (a-f), ST 043, ST 046 (a-n), and ST 050 focused on the amount of training hours, what should be covered in orientation of new staff, and topics in which new staff should be

trained on before being left in charge of a group of children. The full text of the standards that were not present can be found in Table 4.

Medication. There are six standards within the DHHS indicator of Medication. Missouri regulations meet one of the six indicators resulting in a 16% which is a score of one. The DHHS (2002) standard that Missouri regulations do align with is HP 083 which states:

Any prescribed medication brought into the facility by the parent, legal guardian, or responsible relative of a child shall be dated, and shall be kept in the original container labeled by a pharmacist with the child's first and last names; the date the prescription was filled; the name of the health care provider who wrote the prescription; the medication's expiration date; and specific, legible instructions for administration, storage, and disposal (i.e., the manufacturer's instructions or prescription label).

Missouri regulations allow for parents to provide non-prescription medication for their child without a doctor's recommendation, which does not align with the following standards: HP 082, and HP 084 - HP 087. The full text of the standards that were not present can be found in Table 5.

Emergency Plan/Contact. There is one standard within the DHHS indicator of Emergency Plan/Contact that is comprised of nine sub-standards. Due to each of the sub-standards being specific, they were looked at and scored separately. Missouri regulations fully meet one of the nine sub-standards resulting in 11% alignment which is a score of one. The sub-standard that Missouri regulations does meet is in regard to the process and procedure for handling a lost child. The actual DHHS sub-standard that Missouri regulations did meet is marked with a "+" sign in the completed rubric located in Appendix A. The remaining sub-standards that are not present in the Missouri regulations are located in Table 6.

Outdoor Play. There are 29 standards within the DHHS indicator of outdoor play. Missouri regulations meet three of those standards resulting in a 10% which is a score of one out of four. The DHHS standards that Missouri regulations align with are in regard to hard surfaces

around equipment where children could fall off, fingers or other parts of children's bodies becoming pinched by moving pieces and preventing entrapment of children's heads. The DHHS standards that Missouri regulations did meet are marked with a "+" sign in the completed rubric located in Appendix A. The standards that were not present in the Missouri regulations are FA 234 - FA 240, FA 242 - FA 245, FA 247, and FA 249 - FA 262 focused on inspecting playgrounds on a regular basis for any hazards that may harm children. The full text of the standards that were not present can be found in Table 7.

Toxic Substances. There are 21 standards within the DHHS Toxic Substances indicator. Missouri regulations, along with the Bureau of Child Care: Sanitation Inspection Guidelines for Licensed Group Child Care Homes, Licensed Child Care Centers and License-Exempt Child Care Facilities fully meet seven of the standards resulting in a 33% which is a score of one out of four. The seven standards that were met by Missouri regulations were in regard to how to handle friable and non-friable asbestos in child care centers, the minimum rating for lead levels before they needed to be treated, how treatment of lead should be handled, and how minor construction and/or repair work should be handled during child care operating hours. The DHHS standards that Missouri regulations did meet are marked with a "+" sign in the completed rubric located in Appendix A. There were two standards that were partially met, but because they did not fully meet the standard they were marked as a minus, meaning it did not fully align with the standard being reviewed. The first partially met DHHS (2002) standard is

FA120: Cleaning materials, detergents, aerosol cans, pesticides, health and beauty aids, poisons, and other toxic materials shall be stored in their original labeled containers and shall be used according to the manufacturer's instructions and for the intended purpose. They shall be used only in a manner that will not contaminate play surfaces, food, or food preparation areas, and that will not constitute a hazard to the children. When not in actual use, such materials shall be kept in a place inaccessible to children and separate from stored medications and food.

The first two parts of this standard that talk about toxic materials being stored in their original containers, being used according to the manufacturer's instructions, and not contaminating play or food surfaces are not present in Missouri regulations or in the sanitation guidelines. The second DHHS (2002) standard that was partially met is

FA135: Any surface painted before 1978 shall be tested for excessive lead levels; (a) In all centers, both exterior and interior surfaces covered by paint with lead levels of 0.06 percent and above and accessible to children shall be removed by a safe chemical or physical means or made inaccessible to children, regardless of the condition of the surface; (b) In large and small family child care homes, flaking or deteriorating lead based paint on interior or exterior surfaces, equipment, or toys accessible to preschool age children shall be removed or abated according to health department regulations and: (c) Where lead paint is removed, the surface shall be refinished with lead-free paint or nontoxic material. Sanding, scraping, or burning of high-lead surfaces shall be prohibited.

Missouri regulations meet both (a) and (b) of FA 135, but do not meet (c). The standards that were not present in the Missouri regulations are FA 121- FA 124, FA 126, FA 128 - FA 134 focused on processes and procedures for contacting poison control, what information needs to be on hand for staff in regard to chemicals, and recommendations for specific set up of pipes and boilers. The full text of the standards that were not present can be found in Table 8.

Handwashing/Diapering. There are 18 standards within the DHHS handwashing and diapering indicator. Missouri Regulations fully meet six of those regulations resulting in a 33% which is a score of one out of four. Five of the six standards that were met by Missouri regulations are in regard to handwashing, specifically "before food preparation, handling, or serving, after toileting or changing diapers, after assisting a child with toilet use, before handling food, and before any food service activity (including setting the table) (DHHS, 2002)." The sixth standard Missouri met is that "The changing area shall never be located in food preparation areas and shall never be used for temporary placement or serving of food (DHHS, 2002)."

Two standards within the indicator were partially met, but because they did not fully meet the standard it was marked as a minus, meaning it did not fully align with the standard being reviewed. The first partially met DHHS (2002) standard is

HP 029: Staff and children shall wash their hands at least at the following times, and whenever hands are contaminated with body fluids: (a) Before food preparation, handling, or serving; (b) After toileting or changing diapers; (c) After assisting a child with toilet use (d) Before handling food; (e) Before any food service activity (including setting the table); (f) Before and after eating meals or snacks and (g) After handling pets or other animals.

Missouri regulations do not specify that hands should be washed after eating, only before eating. The second DHHS (2002) standard that was partially met is FA 156: “Changing tables shall have impervious, nonabsorbent surfaces. Tables shall be sturdy, shall be adult height, and shall be equipped with railings. Safety straps on changing tables shall not be used.” The part of the standard referring to the sturdiness, height, railings, and safety straps on changing tables is not present in Missouri regulations. The standards that were not present in the Missouri regulations are HP 030, HP 031, FA 144, FA 158, and FA 159 which focus on the accessibility of toileting facilities and supervision of children when they are using them. The full text of the standards that were not present can be found in Table 9.

**Summary of Constant Comparative Analysis Results.** In conclusion, there are 181 standards within the DHHS indicators. The alignment of Missouri regulations to the DHHS standards was assessed via a constant comparative assessment. This study identified 50 of the 181 DHHS standards that Missouri regulations aligned with, resulting in an overall alignment percentage of 28%. The total amount of points that could have been awarded is 62, which is the total score of the 13 DHHS indicators assessed on a scale of one to four based on the Missouri regulations percentages of alignment with the indicators. Missouri regulations total amount of points is 16. These results support the past research in the field such as the study completed by

the Institute of Medicine (IOM) on the best practice recommendations for infant physical activities in childcare (Slining, Benjamin-Neelon, & Duffey, 2014). Like the IOM study, this constant comparative analysis showed inconsistencies in meeting any best practice recommendations set forth by reputable organizations.

## **Survey**

The current study asked teachers how effective they feel the Missouri child care licensing regulations support quality care in their classrooms. Teachers were presented with regulations taken directly from the Missouri child care licensing regulations manual for center-based care and were asked to rate them on a Likert scale of one to five, with one meaning not at all effective, two meaning slightly effective, three meaning moderately effective, four meaning very effective, and five meaning extremely effective. The first and last question of the survey was in reference to the teachers' knowledge of Missouri's child care licensing regulations. The teachers were asked at the beginning of the survey to rate their knowledge on a Likert scale of one to five with one meaning not at all familiar and five meaning extremely familiar. They were asked the same exact question at the end of the survey. This question was used to gauge how well the teachers knew the regulations before they completed the survey and then to gauge if they felt that they knew them better after completing the survey. The pre-survey question showed that 20% of the teachers felt that they were extremely familiar with the regulations, 40% felt that they were very familiar, 36% felt that they were moderately familiar, and 4% felt that they were slightly familiar. There were no teachers who felt that they were not familiar at all with the regulations. The post survey answers showed an increase in the teachers who felt they were extremely familiar with the regulations and a decrease in the teachers who felt that they were very familiar,

moderately familiar, and slightly familiar. 64.71% said that they were extremely familiar after completing the survey, 26.41% said they were very familiar, and 5.88% felt they were moderately familiar. There were no teachers who felt that they were slightly familiar, or not at all familiar after taking the survey. There were no regulations that the teachers collectively agreed on when it came to ratings.

**General Section.** In the general section of the survey, 39 of the 41 regulations presented were thought to be extremely effective by the majority of the teachers who responded. There were three regulations where at least 80% of the teachers felt they were extremely effective. The regulation receiving the highest percentage of teachers who agreed it was extremely effective was that “Children shall not be subjected to child abuse/neglect (Missouri Department of Health and Senior Services, Laws & Regulations, 2019).” 88.24% agreed it was extremely effective and 11.76% of the teachers felt like this regulation was very effective. There were no teachers who found the regulation to be moderately, slightly, or not at all effective.

The other two regulations with the highest percentage of teachers who felt they were extremely effective are “Children shall not be placed in a closet, a locked or unlit room, or any other place which is frightening (Missouri Department of Health and Senior Services, Laws & Regulations, 2019)” and “Physical punishment including, but not limited to, spanking, slapping, shaking, biting, or pulling hair shall be prohibited (Missouri Department of Health and Senior Services, Laws & Regulations, 2019).” Both regulations were rated as 82.35% extremely effective and 17.65% very effective. There were no teachers who found the regulation to be moderately, slightly, or not at all effective. The remaining 36 regulations that were found to be extremely effective by the majority of teachers can be found in Table 10.



There were two regulations in the general section of the survey that the majority of the teachers who responded felt were very effective. One regulation is that “Individuals eighteen (18) years of age or older shall be counted in meeting the required staff/child ratios (Missouri Department of Health and Senior Services, Laws & Regulations, 2019).” This regulation was found to be very effective by 50% of the teachers, extremely effective by 45% and moderately effective by the remaining 5%. The other regulation most teachers rated as “very effective” is “Brief, supervised separation from the group may be used based on a guideline of one minute of separation for each year of the child’s age (Missouri Department of Health and Senior Services, Laws & Regulations, 2019).” 43.75% of the teachers found this regulation to be very effective while only 25% found it to be extremely effective and 25% found it to be moderately effective. The remaining 6.25% of the teachers found this regulation to be not at all effective. For every regulation presented in the survey, the majority of the teachers rated them as extremely effective or very effective.

**Preschool Section.** There were four regulations presented in the preschool section that were specific to teachers who served children between the ages of three and five years old. All four of those regulations were thought to be extremely effective by at least 55% of the teachers who responded. The first regulation presented to the teachers was rated as extremely effective by 66.67% of the teachers, very effective by 11.11% of the teachers, moderately effective by 11.11% of the teachers and, slightly effective by the remaining 11.11% of the teachers. That regulation is “Groups composed solely of three and four year old children shall have no less than one adult to ten children; Groups composed solely of five year old and older shall have no less than one adult to every 16 children” (Missouri Department of Health and Senior Services, Laws & Regulations, 2019).

The second regulation presented was rated extremely effective by 77.78% of the teachers, very effective by 11.11% of the teachers and, moderately effective by the remaining 11.11% of the teachers. That regulation is

Daily activities for preschool and school-age children shall include: a. Developmentally appropriate play experiences and activities planned to meet the interests, needs, and desires of the children b. Individual attention and conversation with adults c. Indoor and outdoor play periods which provide a balance of quiet and active play, and individual and small group activities. Activities shall provide some free choice experiences d. A total of at least one (1) hour of outdoor play for children in attendance a full day unless prevented by weather or special medical reasons. (Based on wind chill factor or heat index, children shall not be exposed to either extreme element.) e. Toileting and handwashing times f. Regular snack and meal times g. A supervised nap or rest period for preschool children after the noon meal h. A quiet time for school-age children after the noon meal with a cot or bed available for those who wish to nap or rest i. A study time for school-age children who choose to do homework, with a separate, quiet work space (Missouri Department of Health and Senior Services, Laws & Regulations, 2019).

The third regulation presented was rated extremely effective by 77.78% of the teachers, and very effective by the remaining 22.22%. That regulation is “A caregiver shall remain in the room with preschool and school-age children while they are napping or sleeping and shall be able to see and hear them if they have difficulty during napping or when they awaken” (Missouri Department of Health and Senior Services, Laws & Regulations, 2019).

The final regulation presented to the teachers in the preschool section was rated as extremely effective by 55.56% of the teachers, very effective by 33.33% of the teachers and, moderately effective by the remaining 11.11% of the teachers. That regulation is “Preschool children who do not sleep shall rest on cots or beds at least thirty (30) minutes but shall not be forced to remain on cots or beds for longer than 1 hour. They shall then be permitted to leave the napping area to engage in quiet play” (Missouri Department of Health and Senior Services, Laws & Regulations, 2019).

**Infant/Toddler Section.** In the infant/toddler section of the survey, 20 of the 21 regulations presented were thought to be extremely effective by the majority of the teachers who responded. Of the 20 that the majority of teachers rated as extremely effective, 16 of them were rated as such by 71.43% of the teachers. The remaining four regulations were thought to be extremely effective by 57.14% of the teachers. The only regulation that was not rated as extremely effective by the majority of teachers was thought to be very effective by 57.14% and Extremely effective by 42.86%. That regulation is

Disposable tissues or wipes shall be used to cleanse the child at each time of diapering. Any diapering creams, powders, or other products applied at the time of diapering shall be provided by the parent(s) and labeled with the child's name. The diapering table shall be cleaned thoroughly with a disinfectant after each use. The child shall not be left unattended at any time while on the diapering table (Missouri Department of Health and Senior Services, Laws & Regulations, 2019).

The 20 regulations that the majority of teachers felt were extremely effective can be found in Table 11.

**Comments from Teachers.** There were 33 regulations that had comments from the teachers about how that specific regulation could be changed to be more effective in supporting quality care. There were four regulations that received comments from 20% or more of the teachers, thus I present teacher quotes below as these were exemplary of the most common comments. The remaining 29 regulations received comments from at least 6% (at least one comment) of the teachers up to 18% (three comments) of the teachers.

The regulation with the highest percentage of teacher comments suggesting change was "Staff or volunteers shall not work when ill if the health or well-being of children is endangered" (Missouri Department of Health and Senior Services, Laws & Regulations, 2019). 29% (n=5) of the teachers felt this regulation needed to be changed. Three of the teachers who felt this regulation needed to be changed said it was moderately effective. The teachers commented that

they “Feel that because there are no subs that we must come to work no matter what, even if we are sick”, that “It is hard to stay home when ill and still keep ratios”, and that “I feel we must come to work. Most of us feel obliged to come to work when not feeling well. It is such a burden on the other staff when even one of us is missing. Also, it’s almost impossible to get right into a Dr. for an appointment, and you get so far behind even if you miss just one day. Hire more floating staff who are trained.” One teacher said that the regulation was very effective but commented that it should be “clear and measurable.” The final comment was from a teacher who rated the regulation as slightly effective and said that in order for it to be more effective it should be the “Same sick policy for employees as children and it needs to be enforced.”

There were two regulations on which 24% (n=4) of the teachers commented. Those regulations were also in regard to illness, this time in the children rather than the staff. The first regulation was

The parent(s) or his/her designee shall be contacted when signs of illness are observed. Unless determined otherwise by the parent(s) or provider, a child with no more than one (1) of the following symptoms may remain in care: (a) A child with a temperature of up to one hundred degrees Fahrenheit (100°F) by mouth or ninety-nine degrees Fahrenheit (99°F) under the arm; (b) After an illness has been evaluated by a physician, medication has been prescribed and any period of contagion has passed as determined by a licensed physician; (c) When it has been determined that a child has a common cold unless the director and the parent(s) agree that isolation precautions should be taken; (d) When a child has vomited once with no further vomiting episodes, other symptoms, or both; (e) When a child has experienced loose stools only one (1) time with no further problems or symptoms (Missouri Department of Health and Senior Services, Laws & Regulations, 2019).

Two of the four teachers who commented on this regulation felt that the regulation was not at all effective. They commented that “Sick children should not (be) kept at school or daycare” and that “This is not effective at all. The child here is allowed to stay in the room sick until the parent arrives, or if the parent cannot be reached. They also have to have multiple vomits and diarrhea episodes before parent being called.” One of the teachers rated the regulation as moderately

effective and said “When children projectile vomit repeatedly, but all in one episode it should be considered multiple episodes. There is a big difference between vomiting because they gagged on phlegm or food or something and true vomiting which means they are sick.” The remaining teacher who commented on the regulation rated it as extremely effective yet they commented that it should include that the child be “24 hour fever free and 24 hour symptom free.”

The next regulation on which 24% (n=4) of the teachers commented was “The ill child shall be kept isolated from the other children until the parent(s) arrives and a caregiver shall be in close proximity to the child until the parent(s) arrives. Close proximity means that a caregiver is close enough to hear any sounds a child might make that would indicate a need for assistance (Missouri Department of Health and Senior Services, Laws & Regulations, 2019).” Two of the four teachers who commented on this regulation rated it as not at all effective and said that “There is no place to isolate children and no extra staff to care for them” and that the “Child is allowed to stay in classroom until someone can be contacted and arrives to pick them up.” One of the teachers felt the regulation was slightly effective but said it was “not feasible”. The last teacher who commented felt the regulation was moderately effective and said “Good idea, but very hard to put into practice. Most centers don't have an appropriate place to isolate the child without leaving the classroom out of ratio.”

The fourth regulation on which 20% of teachers commented suggestions for change was “The center director, group day care home provider, all other caregivers, and those volunteers who are counted in staff/child ratios shall obtain at least 12 clock hours of child-care related training during each calendar year. Clock hour training shall be approved by the department” (Missouri Department of Health and Senior Services, Laws & Regulations, 2019). 22% (n=4) of the teachers felt like this regulation could be changed to be more effective. Two teachers rated

the regulation as moderately effective. One commented that “Training hours should be increased to at least 15 hours for staff and 20 hours for directors. 50% of trainings should be required to be in classroom” and the other said “I don’t like how only one entity can approve the trainings. And then what if the people don't enter the trainings to your calendar?” One teacher rated the regulation as extremely effective but commented that there was “more needed.” The last teacher rated the regulation as very effective but added that “I realize they do their best to schedule needed training for all. However, when training happens and multiple staff MUST ATTEND, it makes us shorthanded at the center level. The ratio is usually taken care of, but it's not effective to have all the bus drivers, TA, Safety monitors etc. go to training all at the same time.”

The last regulation that teachers commented on as one that could be changed to be more effective was “Caregivers shall not be engaged in major housekeeping, cleaning, or maintenance activities during the hours of child care, but may do routine cleanup to maintain order and sanitation in the facility.” 20% (n=4) of the teachers felt this regulation could be changed to better support quality care. Two of the teachers rated the regulation as not effective at all. They commented that “Caregivers should not be expected to clean and maintain the rooms or facility. Additional staff should be hired for these job duties as these job duties take the limited time that caregivers have to effectively do their job of preparing, teaching, and record keeping for each child in their class room” and “They shouldn't be engaged at all! Our main focus should always be solely on the children with routine clean up in our own classrooms. We don't always have the time to sanitize the toys and get them ready for the next day.” One teacher rated the regulation as moderately effective. Her comment on how to make the regulation more effective was “Funds, state could require facilities to have a certain person designated for cleaning.” The last comment

was from a teacher who rated the regulation as extremely effective. Their comment was simply “Eyes always on the children.”

There was one additional comment related to what responsibilities staff are expected to perform daily in child care programs. The teacher stated “There is a lack of interest to those who would be capable and willing to work in this field due to the low pay. Early Childhood teachers should be compensated for their hard work more fairly. They should be paid the same salary and benefits as the elementary teachers are receiving.”

The remaining 28 regulations that received comments ranged from having one comment to having three comments. The percentage of teachers who commented on the remaining regulations can be found in Table 12 and the actual teacher comments on those regulations can be found in Table 13.

**Summary of Survey Results.** In conclusion, all 66 regulations presented to the teachers were either rated as extremely effective or very effective by the majority of the teachers who responded. However, 50% of the regulations presented to the teachers received comments on how they could be improved to better support quality in the classroom.

## **DISCUSSION**

The current study examined how closely the Missouri child care licensing regulations aligned with the Division of Health and Human Services 13 Indicators of Quality Child Care (DHHS, 2002). Additionally, this study examined how effective teachers working in infant/toddler and preschool classrooms felt the Missouri child care regulations were in supporting quality child care and how teachers perceive the regulations may be changed to be more effective. This research suggests that Missouri regulations only somewhat align with quality indicators and, though teachers rated regulations as effective, teachers feel there are areas that could be changed to better support quality care in the classroom.

### **Missouri Regulations Compared to DHHS Indicators**

Comparing the Missouri regulations to the DHHS indicators of quality care showed that Missouri did not fully meet any of the 13 DHHS indicators. The indicator with the highest percentage of alignment was the DHHS fire drills indicator, however Missouri's regulation did not fully meet the indicator. Missouri regulations do not regulate that staff use a daily roster when evacuating the facility to ensure that all children were present and accounted for. According to a report by the U.S. Fire Administration (2019) "children ages 0 to 4 had the highest fire death rates compared to children of all ages and, as a result, had a higher relative risk of dying in a fire compared to older children." The risk of not having an enforceable regulation in regard to keeping track of the children in a child care facility can lead to a child being lost in the event of a fire.



Missouri regulations do have requirements for disaster plans such as what to do in the event of a fire that includes information about where the staff are supposed to take the children and how to contact families if they need to pick up their child. There are also emergency plan and contact requirements for lock down drills, tornado drills, and any type of disaster or emergency likely to affect the area. The DHHS indicator requires that there also be regulations for emergencies such as serious injuries requiring medical care of children or staff including death of a child or caregiver which Missouri regulations do not address. The consequences for not having a clear set of rules for caregivers to follow in the event of an emergency can lead to children and/or staff being lost or hurt in the commotion. Staff are responsible for the care of the children in the event of an emergency, should be able to minimize the effect it has on the children.

The DHHS indicator of supervision and discipline was also not fully present in Missouri regulations. Specifically, the regulations do not address physically restraining children, however additional information is located on the Missouri Health and Senior Services website in regard to restraining children. The handout on using physical restraint (American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education, 2014) was found on the Missouri Department of Health and Senior Services website in the child care licensing and regulation, news and publications section and it offers additional information to the caregivers on when to use physical restraint in a child care facility. The document points the caregiver back to the Missouri regulations and discusses that they do not support a child care provider physically restraining a child. The Missouri regulations do not specifically state that physical restraint should not be used nor do they state that a child care provider can find additional information on topics such as these on their website. The

physical restraint handout (2014) specifically states that the standards listed are considered best practice and nowhere on the document does it state that the information is required by Missouri child care licensing. This leaves the child care provider the opportunity to not follow best practices in regard to physically restraining a child, which includes having a staff person who is not trained in how to properly restrain a child be the one to perform the task. The rationale for having a policy in place when it comes to restraining children is that a child could be hurt if the restraint is not done properly (American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education, 2014).

There were three DHHS indicators where Missouri regulations missed the mark due to a single statement in their regulations. In regard to immunizations, Missouri regulations for center-based care are not applicable to programs that are licensed for 10 or less children. The Missouri Section for Child Care Regulation (2014) gives a rationale for why vaccinations are important by saying

Simply put, vaccines save lives. You have a responsibility to protect the children in your care from dangerous illnesses, such as measles, tetanus and hepatitis. Being a caregiver is a huge responsibility and it is important that you know the immunization law and rules that affect your facility. Vaccines are essential tools in preventing serious widespread disease by significantly reducing childhood illnesses. By immunizing our children, we are protecting them and future generations from serious illness. Unimmunized children are at risk of contracting and spreading vaccine preventable diseases. During disease outbreaks, unimmunized children may be excluded from child care for their protection and to lessen the spread of disease to others.

Yet, they do not require children to be immunized in a program that has 10 or less children. It is difficult to understand the rationalization of this exemption as vaccines save lives whether the children are in groups of more, or less, than 10. In regard to staff/child ratio or group size, Missouri regulations do have staff/child ratios and group sizes in their regulations, however they

have a lower staff to child ratio (more children, less staff) and they allow for a higher group size than the best practice recommendations within the DHHS staff/child ratio indicator. This not only affects staff performance but child outcomes as well. Viac and Fraser (2020) suggest that better staff/child ratios can lower the stress level of staff and increase job satisfaction when there are more adults to collaborate with in the classroom. Lastly, in regard to medication administration, Missouri regulations allow for parents to provide non-prescription medication for their child without a doctor's recommendation whereas the DHHS (2002) medication indicator states that if a parent is providing an over-the-counter medication, it should be accompanied by a written recommendation from the health care provider who feels it is necessary and which states specifically which child it is for, why has it been recommended, how long it is to be given, how to administer it, and how to store it. There is an increasingly growing number of children who are given over-the-counter medications so they can remain in child care (National Center on Early Childhood Quality Assurance, 2016). Having regulations that require doctor's notes for this type of medication can reduce the number of children who are sent to child care sick thereby reducing the spread of illness to the other children and the staff.

Missouri regulations also miss the mark when it comes to the needs of the staff employed in child care programs. Missouri's lack of support for staff is apparent in is the DHHS child abuse and neglect indicator (2002) which states that caregivers should be afforded breaks throughout the day yet Missouri regulations do not have requirements for staff breaks. Furthermore, the Missouri regulations for child abuse and neglect refer to the responsibilities that staff have in regard to child abuse and neglect such as ensuring background checks are completed, the requirements for reporting child abuse and neglect, and that children shall not be subjected to abuse or neglect. Caregivers are required to complete child abuse and neglect

training yearly as part of their required 12 clock hours, but there is nothing in the regulations that state what should be in the training other than what their responsibility is as a mandated reporter and there is no regulation that addresses the length of the training other than all approved trainings must be at least one hour. Child care providers can be the first person to recognize abuse or neglect and need to be confident in their decision to report it to the proper authorities. Knowing the signs and symptoms of abuse and being able to define the four types of abuse and neglect is necessary for caregivers. Without that knowledge, they may miss important signs that could leave a child in a situation that is not safe.

In the same way, the education requirements for center directors in Missouri are minimal. The requirements for directors are based on how many children the facility is licensed for, which is the same way the DHHS indicator is written. Missouri's education requirements for directors is broken down into four tiers based on how many children the facility is licensed for. The tiers are for facilities licensed for up to 20, facilities licensed for 21-60, 61-99, and 100 or more. In Missouri, for a center that is licensed for 100 or more children, the requirements are that the center director have at least 120 college semester hours which must include 24 hours of child-related courses. The regulations go on to say that six of the 24 college semester hours may include courses in business or management. If the center director does not have the required 120 hours, it could be substituted with four years' experience and 24 college semester hours in child-related courses also allowing six of the 24 college semester hours to include courses in business or management. For each of the lower tiers, Missouri's educational requirements also decrease.

The DHHS indicator only has two tiers for education requirements, facilities licensed for less than 60 children or more than 60 children and in both tiers, the minimum education requirement for directors is an undergraduate degree in early childhood education, child

development, social work, nursing, or other child related field, or a combination of college coursework and experience under qualified supervision (DHHS, 2002). The DHHS indicator goes on to require that directors have a minimum of two years' experience teaching children of the age group in care. Missouri does require the hours equivalent to an undergraduate degree but does not require that the degree be completed. The Missouri regulations also mention that the education may include child related courses, but final approval of what counts is left up to the department. In the NAEYC position statement (2009), having child development knowledge is important because the knowledge informs how learning environments are set-up, what curriculum is used, the planning of learning experiences, and the way staff interact with children.

Missouri's regulations refer to the staff as caregivers, rather than teachers, and there are no education requirements for a caregiver to be able to work in a child care setting. The Missouri regulations state that the personnel be of good character and intent, that they cooperate with the licensing department, that they be at least 18 years old to count in ratio, and that they are capable of carrying out their assigned responsibilities. Manning, Garvis, Fleming, & Wong (2017) provide evidence that there is a significant positive correlation between teachers' qualifications and quality learning environments for children in ECEC settings, including infants and toddlers. The DHHS indicator for staff qualifications (2002) recognizes this correlation and suggests that every center have at a minimum one lead teacher who has a Bachelor degree in the field of early childhood education, early childhood development, or closely related field as well as related experience in the field. Additionally, the DHHS indicator states that any person who is charge of a group of children should be licensed or certified teachers.

In addition to qualifications, Missouri's regulations also fall short of the DHHS indicator in regard to staff training. The clock hour requirement for caregivers in Missouri is 12 clock

hours per calendar year and they must meet at least one of the following eight content areas child and youth growth and development, learning environment and curriculum, observation and assessment, families and communities, health and safety, interactions with children and youth, program planning and development, and professional development and leadership (Childcare Aware of Kansas, OPEN Initiative, Missouri After School Network, & Kansas Enrichment Network, 2011). The DHHS Indicator for staff training are much more specific about clock hours. They require at least 30 clock hours per year for directors and teachers and they specify the focus of the training hours. The DHHS indicator takes into consideration the individual staff person's competency needs and requires that their annual clock hours are based on what they need to be successful. An update to Missouri's requirement could be extremely beneficial to staff for several reasons. Additional, specific training was requested by teachers who completed the survey, indicating a need for this type of change. Moreover, this change may increase the knowledge and skills in areas that teachers struggle with and, in turn, the children will benefit as the caregiver applies their new knowledge and skills to the classroom.

The three remaining DHHS indicators are outdoor play, toxic substances, and handwashing/diapering. Like the other DHHS indicators, outdoor play is very specific in regard to what programs need to do with their playgrounds in order to keep the children safe. There are 29 standards within this indicator and Missouri regulations only meet three of those. To demonstrate the issue of specificity in the DHHS standards versus the broad statements in the Missouri regulations, The DHHS standard regarding a fenced playground is specific to how high the fence should be (at least 4 feet), how many exit there should be and how those exits are secured so children do not escape the fenced area, and the size of any openings in the fence to prevent children from being trapped, whereas the Missouri regulation is vague only requiring

that the fence be at least 42 inches high, that it is constructed so children cannot become stuck, and that it is conveniently located. The difference on the two ways regulations about a fence are presented are that the provider will know exactly how to construct their fence when following the DHHS regulation and will have to make some educated guesses when following the Missouri regulation. The regulation does go into a bit more detail about the placement of the fence in proximity to the child care property, but it lacks details for height, the number of exits, and the measurement of gaps to prevent children from being trapped. The importance of specificity in regulation is that it reduces the chance of misinterpretation and when children are involved, it could mean preventing injury. The remaining 27 standards within the outdoor play indicator are as specific as the one regarding the fence and the Missouri regulations are less so.

The same specificity issue appears in the Missouri regulations regarding toxic substances. One example of the difference can be seen in the way an incident that requires a call to poison control is handled. Missouri regulations only requires that the poison control number be posted where easily assessable to staff but gives no direction to the staff on what information they should have readily available when making the call. This particular indicator also uncovered an area of contradiction in the Missouri regulations. When referencing poisonous plants, the Missouri regulations say “the play area shall be safe for children’s activities, well-maintained, free of hazards such as poisonous plants, broken glass, rocks or other debris and shall have good drainage” but in the sanitation guidelines for child care programs it states “if children have access to outdoor poisonous or dangerous plants an adult shall supervise the children at all times, unless the plant is poison ivy or poison oak, then they must be eliminated.” If a program is required to follow the sanitation guidelines, and do, are they then penalized by Missouri

regulation for child care? There is nothing in regulation that clearly states which regulation is to be followed and when, which leads to more confusion.

The final 13<sup>th</sup> indicator is handwashing/diapering. The biggest issue in the handwashing/diapering alignment is that the DHHS indicator had specific guidelines for washing hands that go into detail about the length of time children should wash hands and about how staff should be teaching children about handwashing. Missouri regulations did have handwashing requirements but they only describe when a caregiver and child should wash their hands and that soap and water should be used. This is an important distinction to make because proper handwashing in child care facilities is an effective way to reduce the spread of illness and can reduce the number of days in which children are absent from school (Azor-Martinez et al., 2018). It is not enough to simply require that hand washing happens in child care, but to require that it be taught appropriately so that it is effective in what it is intended to do, which is keep children healthy.

Missouri regulations are basic health and safety regulations necessary for child care programs to follow. The regulations are broad and therefore open to interpretation by child care staff and programs. Having a clearer set of rules for providers to follow can eliminate confusion and can set the bar higher for the children who spend time in child care facilities. These findings align with the Child Care Aware of America Study (2013) in which Missouri received an overall score of 60% and was ranked 33<sup>rd</sup> out of 50 states; the current study found a score of 28%. It is also important to note that while the Child Care Aware of America Study (2013) used the DHHS 13 indicators as part of their research, they did not take into account all of the indicators whereas this study is the first research study to do so.



## Survey and Teacher Comments

The survey presented to teachers intended to capture how effective teachers who work in an early childhood setting felt the Missouri regulations were in supporting quality care. The first step was to determine how familiar they were with the regulations and then to determine if that changed after completing the survey. The results from this before and after question showed an increase in the teachers who felt they were extremely familiar with the regulations and a decrease in the teachers who felt that they were very familiar, moderately familiar, and slightly familiar. This could indicate that at the beginning of the survey, teachers felt that they were at least slightly familiar with the regulations they are required to follow when performing their responsibilities as a teacher and, after completing the survey, learned more about what the regulations require from staff in an early childhood setting. The increase in the percentage of teachers who felt they were extremely familiar with the regulations could also mean that they were more familiar with them than they had originally thought before they began the survey.

The findings from the survey suggest that, although the majority of the teachers found all 66 regulations presented in the survey to be extremely or very effective in supporting quality care, the teachers still felt like there were areas in the regulations where changes should be made to better support quality. This indicates that the teachers desire to be effective in their interactions with the children for whom they care. They call out for more training than what the Missouri regulations require. Their comments were specific in the areas of face-to-face versus online training and the topics of training that should be included. SIDS and Shaken Baby training were mentioned twice as training that should be required annually as they both rank high in early childhood deaths. Another topic that teachers felt needed more focus was on children with special needs. One teacher felt that there was “never enough” training in regard to children with

special needs. There were comments regarding caregivers being capable of carrying out assigned responsibilities if they receive the correct training. They go on to talk about how the trainings need to be more “hands on” as it is more effective than online training. In fact, they felt as though half of the required clock hour training should be required to be in person training and the other half completed online. This comment alone implies that the current way clock hours are provided is not effective for the teachers.

There were other comments from teachers that also indicated a lack of training in specific areas. Although teachers found the regulation that children not be permitted to harm others extremely effective, they also felt like they were limited in how they were permitted to handle harmful behaviors. Challenging behaviors in early childhood education settings are often a struggle, and research has shown that in classrooms where children exhibit challenging behaviors, the teachers experience more stress (Friedman-Krauss, Raver, Neuspiel, & Kinsel, 2014). Friedman-Krauss and colleagues (2014) go on to discuss that teachers who have higher executive function skills are better equipped to handle challenging behaviors and therefore have less stress than those who do not. This is an interesting scenario as one of the teacher’s comments in regard to handling children with challenging behaviors was to use Conscious Discipline. Conscious Discipline is a social-emotional curriculum that uses a brain-state model to empower adults to recognize their own brain states and the brain state of the child in order to use executive function skills like self-regulation and problem solving (Conscious Discipline, 2020). Considering changes to the topics of training required for teachers is important to because the amount of training that a teacher receives is not the only indicator to the type of care they can provide to the children, the topics of training are equally important; teachers are saying they want more training in specific areas so they can properly care for the children in their class.

Although training is an extremely important part of child care programs, it is a struggle to ensure that all staff receive the training that is required and maintain the minimum staff/child ratio requirements. Staff often feel torn between attending training and being hands on at the center with the children. When staff are required to attend training while services are still being provided to children, the staffs ability to properly care for children in their class is diminished. Programs routinely staff their classrooms based on how many children are present in the facility and cannot provide additional staff other than what is required to maintain staff/child ratios. Requiring additional staff who consistently work in the classroom, not just a substitute who barely knows the children, but someone who is familiar with the routine and with whom the children know and are comfortable could increase effectively training hours and decrease staff stress. The alternative could be to simply require that when training occurs, centers are closed; however, this approach has an impact on the parents and children as the parents will either have to miss work or take their child to another provider who may or may not be licensed.

Staff/child ratios were also an issue when teachers shared their feelings about isolating ill children while they waited for a parent to come and pick them up. Staff cannot afford to separate an ill child into another location in the center when the classroom is already understaffed. Overloading teachers does not support a high quality child care program. The lack of supportive staff in the classroom leads to teachers feeling overwhelmed and stressed. When staff are working in challenging conditions such as these it is found to affect their overall well-being in the classroom which can lead to burn-out and ultimately, staff turn-over (Viac & Fraser, 2020). Additionally, Viac & Fraser (2020) discuss the ability of staff to be able to engage in positive interactions with the children and how doing so directly impacts staffs' feelings of adequacy. When staff feel like they can adequately provide for the children in their care, they are more

likely to feel less stress which can lead to lower staff turnover rates (Viac & Fraser, 2020). And lower staff turnover rates have been shown to decrease children's stress levels (Cassidy et al., 2011). It is also interesting to note that Missouri's regulations on staff/child ratios did not align with the best practice recommendations in the DHHS 13 Indicators of Quality Child Care research brief.

An equally important factor to consider is that ill children are being kept in the classroom because of the lack of space and/or staff to assist in caring for them while they wait for their parent/guardian to arrive. While it is possible that the symptoms the child is having are not contagious or that they may have already been exposing the other children before their symptoms showed, one needs to consider that the teacher, if alone in a classroom with eight toddlers, cannot provide the level of care needed to not only ensure the safety of the ill child, but also the safety of the seven healthy toddlers for whom they are responsible. Staff are routinely placed in situations that frustrate them, they lack the training they so desperately desire, they are made to care for sick children while also being responsible for the other children in the classroom and are paid a minimum wage to do so.

In some cases, staff also act as the janitors in the classroom and are responsible for cleaning and sanitizing the rooms after children leave for the day. This issue goes back to working conditions and the additional responsibilities that are assigned to teachers whose only focus should be the children for whom they care. Teachers motivation and commitment to their responsibilities are linked to the environment in which they work (Viac & Fraser, 2020). Cho and Couse (2008) outline the ongoing teacher shortage, high turnover rates, and an increasing demand for qualified early childhood teachers; therefore, retaining the teachers who are qualified, want to be present with the children, who want to be prepared to teach and to record

observations should be the goal of all childhood programs. These are meaningful tasks that teachers want to perform and yet they are often found being responsible for things that could be handled by a person hired specifically for the purpose of cleaning the classrooms.

Taking into consideration all that the teachers have suggested, one can conclude that funding is a major issue in early childhood. It costs money to have a higher staff/child ratio and smaller group sizes, to hire someone whose only responsibility is to clean and maintain the facility, to have an extra staff person on hand when a child is sick and needs to be isolated from the others, and to be able to keep the center open for parents while also providing the necessary hands on training that teachers desire. It is true that programs, if desired and if they have the resources to do so, can create policies and procedures that go above and beyond what the regulations require. Accreditation entities do exist for programs who want to enhance their programs but the cost of going above and beyond what is required falls on the program, which in turn increases tuition costs to families; however, all of the areas where the teachers thought changes could be made are addressed in the higher standards required by accrediting agencies such as the National Association for the Education of Young Children (NAEYC). NAEYC is one of the largest professional membership organizations that works promote high quality early childhood programs for children birth through age eight (NAEYC, 2020a). Their accreditation process is designed to help early childhood programs raise their standards in 10 specific areas. Those areas are relationships, curriculum, teaching, assessment of child progress, health, staff competencies, preparation and support, families, community relationships, physical environment, and leadership and management (NAEYC, 2020a). Quality Rating and Improvement Systems (QRIS) also encourage programs to achieve higher standards of care. Interestingly, in a fact sheet published by NAEYC (2010), there were 22 states whose QRIS programs were linked with

NAEYC Accreditation standards. This linkage ensures that more programs are meeting these national standards of quality care. However, without additional funding from the state to assist programs in meeting higher standards, most programs will either pass those costs on to families or opt out of participating in QRIS programs.

Both NAEYC accreditation and QRIS programs look to increase the quality of experiences that young children have when they spend time in child care facilities. Perhaps if the state required higher quality regulations, such as those outlined in the NAEYC accreditation requirements, or from the DHHS 13 Indicators of quality care, or if Missouri were to implement a QRIS to support higher quality standards, they would also be required to increase funding to programs to assist them in meeting those regulations.

With Missouri being the only state without a current QRIS in place combined with the findings from this study, it is time that Missouri looked at increasing the quality of care provided to the youngest children or risk falling behind the rest of the states as they meet and exceed quality indicators in their regulations.

## **Limitations**

Although this study sought to determine how effective teachers felt the Missouri regulations were in supporting quality care, it only used a purposive sampling of teachers in a Head Start program; therefore, the results cannot be generalized for all teachers who work in a child care program in Missouri. The question about familiarity of regulations before and after the survey cannot confirm whether teachers knew about the regulations before the survey, or if they became more familiar with them as they completed the survey. The small sample size of teachers is another limitation with only 28 teachers responding to the survey and the number who actually

finished each question in the general section fell to 15 by the end. The Preschool section only had nine teachers who responded, and the infant/toddler section only had seven teachers who responded.

The timing of data collection may have influenced teacher response rate and study results. The teachers who were offered the opportunity to participate were on winter break the week immediately following the launch of the survey which could have been part of the reason for the small response rate. Additionally, survey was long, which may have led to survey fatigue. There were 66 questions, not counting the demographic questions, and each question had the opportunity for comments. Because teachers were likely completing the survey during work time, it is possible that they did not complete it because of the time it took to do so. Also, the regulations in the survey were taken directly from the Missouri child care regulations handbook and were written in legalese, which could be hard to interpret at times. Another limitation could be that teachers' perceptions of the effectiveness of the regulations were based on their prior knowledge of more stringent requirements or that they were based on their individual child care licensing representatives' interpretation of the regulations. The constant comparative analysis of the DHHS standards with the Missouri regulations was completed by a single researcher and, although the comparison of each indicator was completed several times to ensure reliability, and results were continuously discussed throughout the coding process with another researcher, there is still room for error in the final results. The study itself is descriptive and cannot be used to determine causation.

## **Implications**

The findings from the current study have implications for Missouri's child care regulations. Results demonstrate that Missouri regulations only meet the minimum requirements for the health and safety of the children in child care programs and do not meet the recommendations from the DHHS indicators of quality care. Teachers know that the regulations are minimal and they want more training hours, more specific training topics, more support in the classrooms, and more pay. According to Caring for Our Children (2019), all of the standards within the DHHS indicators presented in this study are attainable and, while funding is always a concern when implementing higher standards and needs to be considered, increasing regulations should be at the forefront of conversations regarding any future changes to the child care regulations in Missouri. Although it is not feasible to completely overhaul the regulations at once, there are several areas where changes can be made quickly. The following suggested changes could affect the quality of the programs and lead to better child outcomes by increasing staff productivity and retention while simultaneously addressing several of the DHHS 13 indicators of quality care.

Staff/child ratios would be a good place to start by increasing the amount of staff and lowering the number of children in a group (Staff/Child Ratio Indicator). By addressing this indicator first, staff may feel more satisfied in their work, less stressed when challenging behaviors occur, and would have more time to plan, teach, and record observations in their classrooms (Supervision/Discipline Indicator). Adding additional staff would eliminate teachers having to clean and sanitize toys at the end of their days and it would create situations where staff are able to care for ill children without leaving the healthy ones with limited supervision (Supervision/Discipline Indicator, Staff/Child Ratio Indicator). Staff would also be able to take



several breaks through the day (Child Abuse/Neglect Indicator) and would be able to attend the necessary training that is required, and desired (Staff Training Indicator and Handwashing/Diapering Indicator, Child Abuse/Neglect Indicator). Missouri could increase the number of hours required for annual training for caregivers and directors, be more specific in their regulation about the amount of hands-on training versus online training, and require that programs use annual evaluations of staff, which should include a self-assessment completed by the staff person, to determine what specific training each individual person needs to be successful (Staff Training Indicator). By simply increasing the number of clock hours required, this could potentially impact all of the indicators in that training could cover each of the 13 topics.

Additionally, Missouri could make changes in the qualification's requirements for staff and directors by stating that the directors need to have a bachelor's degree in a field related to early childhood with experiences teaching young children. A new NAEYC task force recently put together a unifying framework for the early childhood profession, called Power to the Profession (NAEYC, 2020b). This framework has the potential to change the early childhood education field. It is a call to action for public policy to address the issues of clearly defined standards, qualifications, roles, supports, and compensation of the people who are doing the work on a daily basis (Walker, 2020). The Power to the Profession movement has the potential to provide the changes needed to move Missouri's regulations on education to higher standards. This movement could inadvertently limit the early childhood educator field to only those who can afford to go through the credentialing process. Missouri will need to be aware of this potential pitfall and will need to create policies that will limit that possibility.

## **Future Directions**

The findings from this study have created a blueprint for Missouri to use when considering changes to their child care regulations. Future research in this area could focus on how consistent licensing regulations are enforced by the Missouri Section for Child Care Regulation. Due to the lack of specificity in the regulations and how often they can be interpreted differently, teachers' perceptions could reflect the way their licensing representative monitor them. Another avenue for future research could be to examine how well the child care directors know the child care licensing regulations and how effective they feel they are in supporting quality child care. Directors are the ones who are in charge of programming and their thoughts on regulations could inform future policy in Missouri. Based off some of the comments in the survey, further research could explore how effective online training when it comes to practical application of knowledge in classrooms.

There should be more research on teachers' perceptions on the rules and regulations that govern their work. Because the current study did not use teachers outside of a Head Start program, future research could focus on how teachers in private childcare facilities feel about the licensing regulations and whether they support quality child care. Additionally, based on the teachers' comments regarding having sick children in the classroom, more research could be completed on the effects of having a sick child in the classroom while waiting to be picked up.

## **Conclusion**

The purpose of this research study was to examine the Missouri child care licensing regulations and their alignment with the 13 Indicators of Quality Child Care presented by the U.S. Division of Health and Human Services (DHHS, 2002) while also examining the

effectiveness of the Missouri child care licensing regulations support of quality care from the perspective of teachers in early childhood classrooms. The study consisted of a constant comparative rubric to compare the Missouri regulations to the DHHS indicators and a survey that was emailed to teachers. The information from the rubric illustrates that Missouri regulations are misaligned with the DHHS indicators of quality child care, earning a score of 28% alignment. The information from the survey illustrates that while the majority of teachers feel the Missouri regulations are extremely or very effective, that there are areas in which they can be changed for the better. Through the descriptive comments made by the teachers there were three overarching areas of concern. Staff/child ratios was the biggest concern as many of the other areas inevitably impacted the ratio of the classroom. Training, including topics and the required number of hours was another concern for teachers and finally, the ability to perform their teaching responsibilities when they are also tasked with having to clean and sanitize their rooms at the end of their day. Because Missouri is currently without a Quality Rating Improvement System (QRIS) in place, this research can open doors to discussions about possible QRIS standards. The findings in this study can be used to inform future policy on regulations for child care programs. It is time that Missouri examined best practices to increase the quality of care provided to the youngest children or risk falling behind the rest of the states as they meet and exceed quality indicators in their regulations.

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## TABLES

Table 1. Supervision/discipline standards not present in Missouri regulations

DHHS Standard Number	DHHS Standard
PR 028	“Facilities shall maintain supervision of children at all times as specified in Supervision Policy (AD 009).”
PR 036	“Children shall not be physically restrained except as necessary to ensure their own safety or that of others, and then only for 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 their health care provider and with specific written instructions from their health care provider for the use of the medicine.”

Source: DHHS, (2002)

Table 2. Child abuse/neglect standards not present in Missouri regulations

DHHS Standard Number	DHHS Standard
HP 095	“Caregivers and health professionals shall establish linkages with physicians, child psychiatrists, nurses, nurse practitioners, physicians' assistants, and child protective services who are willing to provide them with consultation about suspicious injuries or other circumstances that may indicate abuse or neglect. The names of these consultants shall be available for inspection”
HP 096	“Caregivers must be aware of the common behaviors shown by abused children and, if many such children are in the center, make special provisions for them by the addition of staff”
HP 098	“Employees and volunteers in centers shall receive an instruction sheet about child abuse reporting that contains a summary of the state child abuse reporting statute and a statement that they will not be discharged solely because they have made a child abuse report”
HP 100	“Caregivers with a year of experience in child care, and all small family home caregivers, shall know the symptoms and indicators of abuse that abused children may show. They shall know the common factors, both chronic and situational, that lead to abuse, and some ways of helping persons who are prone to abuse to avoid committing abuse. These symptoms and indicators shall be listed in the written policies”
HP 101	“Center directors shall know methods for reducing the risks of child abuse. They shall know how to recognize common symptoms and signs of child abuse”
HP 102	“Caregivers shall have ways of taking breaks and finding relief at times of high stress (e.g., they shall be allowed 15 minutes of break time every four hours, in addition to a lunch break of at least 30 minutes

Source: DHHS, (2002)

Table 2. Continued

DHHS Standard Number	DHHS Standard
HP 103	“The physical layout of facilities shall be arranged so that all areas can be viewed by at least one other adult in addition to the caregiver at all times to reduce the likelihood of isolation or privacy for individual caregivers with children, especially in areas where children may be undressed or have their genitals exposed.”
HP 104	“Caregivers shall be knowledgeable about the symptoms and signs caused by sexually transmitted diseases (STDs) in children. They must refer such children for care by calling the health care provider as well as the parent in order to be certain that the child is taken for care. They must determine from the health care provider when the child may return to the site and what precautions, if any, are needed to protect other children. Caregiver training on these items shall be documented”

Source: DHHS, (2002)

Table 3. Staff qualifications standards not present in Missouri regulations

DHHS Standard Number	DHHS Standard
ST 006	“The director of a center enrolling fewer than 60 children shall be at least 21 years old and shall have an undergraduate degree in early childhood education, child development, social work, nursing, or other child related field, or a combination of college coursework and experience under qualified supervision. Education shall include a course in business administration or equivalent on the job training in an administrative position; a minimum of four courses in child development and early childhood education; and two years' experience as a teacher of children of the age group(s) in care”
ST008	“Centers enrolling 30 or more children should employ a non-teaching director. Centers with fewer than 30 children may employ a director who teaches as well”
ST 009 (a-h)	“In addition to the credentials listed, a director of a center or a small family child care home system enrolling 30 or more children shall provide documentation of one course or 26 to 30 clock hours of training in health and safety issues for out of home facilities, in addition to other educational qualifications, upon employment. This training requirement shall be reduced to a minimum of 17 clock hours for directors of facilities caring for fewer than 30 children. This training shall include at least the following content (a) Mechanisms of communicable disease spread; (b) Procedures for preventing the spread of communicable disease, including handwashing, sanitation, diaper changing, health department notification of reportable disease, equipment, toy selection and proper washing, disinfecting to reduce disease and injury risk, and health related aspects of pets in the facility; (c) Immunization requirements for children and staff; (d) Common childhood illnesses and their management, including child care exclusion policies; (e) Organization of the facility to reduce illness and injury risks; (f) Training child care staff and children in infection and injury control; (g) Emergency procedures; (h) Promotion of health in the child care setting”

Source: DHHS, (2002)

Table 3. Continued

DHHS Standard Number	DHHS Standard
ST 007	“The director of a center enrolling 60 or more children shall be at least 21 years old and shall have an undergraduate degree in early childhood education, child development, social work, nursing, or other child related field, or a combination of college coursework and experience under qualified supervision. Education shall include one course in administration or at least six months' experience in administration, and three years' experience as a teacher of children of the age group(s) in care”
ST 010	“In addition to the general requirements in Qualifications of Directors of Centers, the director of a facility for children under five years of age shall have not less than two to three years of experience, depending on the size of the center, as a teacher of infants, toddlers, and preschoolers. Directors of facilities for children ages birth to 35 months shall have their two to three years of experience with infants and toddlers. Directors of facilities for children ages three to five years shall have their two to three years of experience with preschoolers”
ST 011	“In addition to the general requirements in Qualifications of Directors of Centers, the director of a school-age child care facility shall hold an undergraduate degree in early childhood education, elementary education, child development, recreation, or other child related field, or a combination of college coursework and experience under qualified supervision, and not less than two years' experience working with school-age children”

Source: DHHS, (2002)

Table 4. Staff training standards not present in Missouri regulations

DHHS Standard Number	DHHS Standard
ST 040 (a-d)	“All new full-and part-time staff shall be oriented to, and demonstrate knowledge of, the following items a through o. The director of any center or large family-child-care home shall provide this training to newly hired caregivers. This training shall include evaluation and a repeat demonstration of the training lesson. The orientation shall address, at a minimum; (a) The goals and philosophy of the facility; (b) Any special adaptation(s) of the facility required for a child with special needs; (c) Policies of the facility about relating to parents such as meal patterns and food-handling policies of the facility, occupational health hazards for caregivers, and emergency health and safety procedures; (d) General health policies and procedures, including but not limited to the following: handwashing techniques, including indications for handwashing, diapering technique and toileting, if care is provided to children in diapers and/or needing help with toileting, including appropriate diaper disposal and diaper-changing techniques, correct food preparation, serving, and storage techniques if employee prepares food formula preparation, if formula is handled and, teaching health promotion concepts to children and parents as part of the daily care provided to children”
ST 043	“Staff members shall not be expected to take responsibility for any aspect of care for which they have not been oriented and trained”
ST 046 (a-n)	“Pediatric first aid training, including rescue breathing and first aid for choking, shall be consistent with pediatric first aid training developed by the American Red Cross, the American Heart Association, or the National Safety Council for First Aid Training Institute, or the equivalent of one of the three. The offered first aid instruction shall include, but not be limited to, the emergency management of (a) Bleeding; (b) Burns; (c) Poisoning; (d) Choking; (e) Injuries, including insect, animal, and human bites; (f) Shock; (g) Convulsions or nonconvulsive seizures; (h) Musculoskeletal injury (e.g., sprains, fractures); (i) Dental emergencies; (j) Head injuries; (k) Allergic reactions; (l) Eye injuries; (m) Loss of consciousness; (n) Electric shock”

Source: DHHS, (2002)

Table 4. Continued

DHHS Standard Number	DHHS Standard
ST 039	“Caregivers shall be educationally qualified in advance for the role they are entering and shall receive orientation training during the week immediately following employment. Caregivers shall also receive continuing education each year. In centers, directors shall ensure that 12 hours of staff meetings are held, in addition to the continuing education specified in Continuing Education”
ST 050	“Directors and all caregivers shall have at least 30 clock hours per year of continuing education in the first year of employment, 16 clock hours of which shall be in child development programming and 14 of which shall be in child health, safety, and staff health; and 24 clock hours of continuing education based on individual competency needs each year thereafter, 16 of which shall be in child development programming and eight of which shall be in child health, safety, and staff health.”

Source: DHHS, (2002)

Table 5. Medication standards not present in Missouri regulations

DHHS Standard Number	DHHS Standard
HP 082	“The administration of medicines at the facility shall be limited to: Those prescribed medications ordered by a health care provider for a specific child. Those nonprescription medications recommended by a health care provider for a specific child, with written permission of the parent or legal guardian referencing a written or telephone instruction received by the facility from the health care provider”
HP 084	“Any over-the-counter medication brought into the facility for use by a specific child shall be labeled with the following information: the date; the child's first and last names; specific, legible instructions for administration and storage (i.e., manufacturer's instructions); and the name of the health care provider who made the recommendation”
HP 085	“All medications, refrigerated or unrefrigerated, shall have child protective caps, shall be kept in an orderly fashion, shall be stored away from food at the proper temperature, and shall be inaccessible to children. Medication shall not be used beyond the date of expiration”
HP 086	“There shall be a written policy for the use of any commonly used, nonprescription medication as specified in Medication Policy”
HP 087	“Any caregiver who administers medication shall be trained to check for the name of the child, to read the label/prescription directions in relation to the measured dose, frequency, and other circumstances relative to administration (e.g., relation to meals); and to document properly that the medication was administered”

Source: DHHS, (2002)



Table 6. Emergency plan/contact standards not present in Missouri regulations

DHHS Standard Number	DHHS Standard
APP 28 (b-d)	“The facility shall have a written plan for reporting and managing any incident or unusual occurrence that is threatening to the health, safety, or welfare of the children or staff. The facility shall also include procedures for staff training on this emergency plan. The following incidents, at a minimum, shall be addressed in the emergency plan (b) sexual or physical abuse or neglect of a child; (c) injuries requiring medical or dental care; (d) serious illness requiring hospitalization, death of a child enrolled in the facility, or death of a caregiver, including deaths that occur outside of child care hours”
APP 28 (e-f)	“The following procedures, at a minimum, shall be addressed in the emergency plan (e) provision for a caregiver to accompany a child to the emergency care source and remain with the child until the parent or legal guardian assumes responsibility for the child; (f) Provision for a backup caregiver or substitute for large and small family child care homes to make this feasible.”
APP 28 (g-i)	“Child:staff ratios must be maintained at the facility during the emergency (g)the source of emergency medical care, hospital emergency room, clinic, or other constantly staffed facility known to caregivers and acceptable to parents; (h) ensure that first aid kits are resupplied following each first aid incident, and that required contents are maintained in a serviceable condition, by a periodic review of the contents; (i) the names and addresses of a least three licensed providers of dental services who have agreed to accept emergency dental referrals of children and to give advice regarding a dental emergency”

Source: DHHS, (2002)

Table 7. Outdoor play standards not present in Missouri regulations

DHHS Standard Number	DHHS Standard
FA 234	“Sunlit areas and shaded areas shall be provided by means of open space and tree plantings or other cover in outdoor spaces”
FA 235	“The outdoor play area shall be enclosed with a fence or natural barriers. The barrier shall be at least four feet in height and the bottom edge shall be no more than three and a half inches off the ground. There shall be at least two exits from such areas, with at least one remote from the buildings. Gates shall be equipped with self-closing and positive self-latching closure mechanisms. The latch or securing device shall be high enough or of such a type that it cannot be opened by small children. The openings in the fence shall be no greater than three and a half inches. The fence shall be constructed to discourage climbing”
FA 236	“The soil in play areas shall not contain hazardous levels of any toxic chemical or substances. The facility shall have soil samples and analyses performed by the local health department, extension service, or environmental control testing laboratory, as required, where there is good reason to believe a problem may exist”
FA 237	“The soil in play areas shall be analyzed for lead content initially. It shall be analyzed at least once every two years where the exteriors of adjacent buildings and structures are painted with lead containing paint. Lead in soil shall not exceed 500 ppm. Testing and analyses shall be in accord with procedures specified by the regulating health authority”
FA 238	“Sandboxes shall be constructed to permit drainage, shall be covered tightly and securely when not in use, and shall be kept free from cat or other animal excrement”
FA 239	“Sand used in sandboxes shall not contain toxic or harmful materials”
FA 240	“Outdoor storage shall be available for equipment not secured to the ground, unless indoor storage space is available”

Source: DHHS, (2002)

Table 7. Continued

DHHS Standard Number	DHHS Standard
FA 242	“Outdoor play equipment shall be of safe design and in good repair. Climbing equipment and swings shall be set in concrete footings located below ground surface (at least six inches). Swings shall have soft and, or flexible seats. Access to play equipment shall be limited to age groups for which the equipment is developmentally appropriate”
FA 243	“All pieces of playground equipment shall be designed to match the body dimensions of children
FA 244	“All pieces of playground equipment shall be installed so that an average adult will not be able to cause a fixed structure to wobble or tip”
FA 245	“All pieces of playground equipment shall be surrounded by a resilient surface (e.g., fine, loose sand; wood chips; wood mulch) of an acceptable depth (nine inches), or by rubber mats manufactured for such use, consistent with the guidelines of the Consumer Product Safety Commission and the standard of the American Society for Testing and Materials, extending beyond the external limits of the piece of equipment for at least four feet beyond the fall zone of the equipment. These resilient surfaces must conform to the standard stating that the impact from falling from the height of the structure will be less than or equal to peak deceleration 200G(63). Organic materials that support colonization of molds and bacteria shall not be used”
FA 247	“All pieces of playground equipment shall be free of sharp edges, protruding parts, weaknesses, and flaws in material construction. Sharp edges in wood, metal, or concrete shall be rounded to a minimum of 1/2 inch wide on all edges. Wood materials shall be sanded smooth and shall be inspected regularly for splintering.”
FA 249	“All bolts, hooks, eyes, shackles, rungs, and other connecting and linking devices of all pieces of playground equipment shall be designed and secured to prevent loosening or unfastening except by authorized individuals with special tools”

Source: DHHS, (2002)

Table 7. Continued

DHHS Standard Number	DHHS Standard
FA 250	“Crawl spaces of all pieces of playground equipment, such as pipes or tunnels, shall be securely anchored to the ground to prevent movement, and shall have a minimum diameter that permits easy access to the space by adults in an emergency or for maintenance”
FA 251	“The maximum height of any piece of playground equipment shall be no greater than five and a half feet if children up to the age of six are given access to it, and no higher than three feet if the maximum age of children is three years”
FA 252	“All paved surfaces shall be well drained to avoid water accumulation and ice formation”
FA 253	“All walking surfaces, such as walkways, ramps, and decks, shall have a nonslip finish”
FA 254	“All walking surfaces and other play surfaces shall be free of holes and sudden irregularities in the surface
FA 255	“Space used for wheeled vehicles shall have a flat, smooth, and non-slippery surface. There shall be a physical barrier separating this space from traffic, streets, parking, delivery areas, driveways, stairs, hallways used as fire exits, balconies, and pools and other areas containing water.”
FA 256	“All outdoor activity areas shall be maintained in a clean and safe condition by removing debris, dilapidated structures, broken or worn play equipment, building supplies, glass, sharp rocks, twigs, toxic plants, and other injurious material. The play areas shall be free from anthills, unprotected ditches, wells, holes, grease traps, cisterns, cesspools, and unprotected utility equipment. Holes or abandoned wells within the site shall be properly filled or sealed. The area shall be well drained with no standing water”
FA 257	“Outdoor play equipment shall not be coated or treated with, nor shall it contain, toxic materials in hazardous amounts that are accessible to children”

Source: DHHS, (2002)

Table 7. Continued

DHHS Standard Number	DHHS Standard
FA 258	“The center director and the large and small family home caregiver shall conduct inspections of the playground area and the playground as specified below”
FA 259	“The general playground surfaces shall be checked every day for broken glass, trash, and other foreign materials (e.g., animal excrement)”
FA 260	“The playground area shall be checked on a daily basis for areas of poor drainage and accumulation of water and ice”
FA 261	“Any particulate resilient material beneath playground equipment shall be checked at least monthly for packing due to rain or ice and, if found compressed, shall be turned over or raked up to increase resilience capacity. All particulate resilient material, particularly sand, shall be inspected daily for glass and other debris, animal excrement, and other foreign material. Loose fill surfaces shall be hosed down for cleaning and raked or sifted to remove hazardous debris as often as needed to keep the surface free of dangerous, unsanitary materials”
FA 262 (a-r)	“The playground equipment shall be checked on a monthly basis for the following (a) Visible cracks, bending or warping, rusting, or breakage of any equipment; (b) Deformation of open hooks, shackles, rings, links, and so forth; (c) Worn swings hangers and chains; (d) Missing, damaged, or loose swing seats; (e) Broken supports or anchors; (f) Cement support footings that are exposed, cracked, or loose in the ground; (g) Accessible sharp edges or points; (h) Exposed ends of tubing that require covering with plugs or caps; (i) Protruding bolt ends that have lost caps or covers; (j) Loose bolts, nuts, and so forth that require tightening; (k) Splintered, cracked, or otherwise deteriorating wood; (l) Lack of lubrication on moving parts; (m) Worn bearings or other mechanical parts; (n) Broken or missing rails, steps, rungs, or seats; (o) Worn or scattered surfacing material; (p) Hard surfaces, especially under swings, slides, and so forth (e.g., places where resilient material has been shifted away from any surface underneath play equipment); (q) Chipped or peeling paint; (r) Pinch or crush points, exposed mechanisms, juncture, and moving components”

Source: DHHS, (2002)

Table 8. Toxic substances standards not present in Missouri regulations

DHHS Standard Number	DHHS Standard
FA121	“The poison control center and or physician shall be called for advice about safe use of any toxic products (e.g., pesticides, plants, rat poison) or in any ingestion emergency, and their advice shall be documented in the facilities files. The poison information specialist and or physician shall be told the child's age and sex, the substance swallowed and the estimated amount, and the condition of the child”
FA 122	“Employers shall provide child care workers with hazard information, as required by the Occupational Safety and Health Administration (OSHA), about the presence of toxic substances such as asbestos or formaldehyde. Such information shall include the identification of the ingredients of art materials and disinfectants”
FA 123	“When the manufacturer's Material Data Safety Sheet shows the presence of any toxic effects, these materials shall be replaced with nontoxic substitutes. If no substitute is available, the product shall be eliminated”
FA 124	“Radon concentrations shall be less than four picocuries per liter of air”
FA 126	“Pipe and boiler insulation shall be sampled and examined in an accredited laboratory for the presence of asbestos in a friable or potentially dangerous condition”
FA 128	“Chemicals used in lawn care treatments shall be limited to those listed as non-restricted use. All chemicals used inside or outside shall be stored in their original containers in a safe and secure manner, accessible only to authorized staff. They shall be used only according to manufacturer’s instructions, and in a manner that will not contaminate play surfaces or articles”
FA 129	“All arts and crafts materials used in the facility shall be nontoxic. There shall be no eating or drinking by children or staff during use of such materials. Use of old or donated materials with potentially harmful ingredients shall be prohibited”

Source: DHHS, (2002)

Table 8. Continued

DHHS Standard Number	DHHS Standard
FA 130	“Poisonous or potentially harmful plants on the premises shall be inaccessible to children. All plants accessible to children shall be identified and checked by name with the local poison control center to determine safe use”
FA 131	“The use of incense, moth crystals or moth balls, and chemical air fresheners that contain ingredients on the Environmental Protection Agency's toxic chemicals lists and those not approved as safe by the state or local regulatory agency shall be prohibited. Contact the EPA Regional offices listed in the federal agency section of the telephone directory for assistance or contact any nationally certified regional poison control center”
FA 132	“Carpets made of nylon, orlon, wool and/or silk, and other materials that emit highly toxic fumes when they burn shall not be used”
FA 133	“Areas that have been recently carpeted or paneled using an adhesive that may contain toxic materials shall be well ventilated and shall not be used by a facility for at least seven days after such installation, or until there is no perceptible odor. Ambient testing in compliance with testing requirements of the Environmental Protection Agency shall be conducted if recommended by the local health department or building inspector before occupancy to ascertain that no unsafe levels of toxic substances (e.g., formaldehyde) resulting from the materials or their installation exist”
FA 134	“Insulation or other materials that contain elements that may emit toxic substances (e.g., formaldehyde) over recommended levels in the child care environment shall not be used in facilities. If existing structures contain such materials, the facility shall be monitored regularly to ensure a safe environment as specified by the regulatory agency”

Source: DHHS, (2002)

Table 9. Handwashing/diapering standards not present in Missouri regulations

DHHS Standard Number	DHHS Standard
FA 144 (a-d)	“Toilets and sinks, easily accessible for use and supervision, shall be provided in the following ratios: toilets, urinals, and hand sinks shall be apportioned at a ratio of 1:10 for toddlers and preschool-age children and 1:15 for school-age children. Maximum toilet height shall be 11 inches and maximum hand sink height shall be 22 inches. Urinals shall not exceed 30 percent of the total required toilet fixtures. When the number of children in the ratio is exceeded by one, an additional fixture shall be required. These numbers shall be subject to the following minimums (a) A minimum of one sink and one flush toilet for 10 or fewer toddlers and pre-school age children using toilets; (b) A minimum of one sink and one flush toilet for 15 or fewer school age children using toilets; (c) A minimum of two sinks and two flush toilets for 16 to 30 children using toilets (d) A minimum of one sink and one flush toilet for each additional 15 children”
HP 031	“The facility shall ensure that staff and children are instructed in, and monitored on, the use of running water, soap, and single-use or disposable towels in handwashing as specified in this chapter”
FA 159	“Conveniently located, washable, plastic lined, tightly covered receptacles, operated by a foot pedal, and shall be provided for soiled burping cloths and linen”

Source: DHHS, (2002)



Table 10. General regulations scored extremely effective by the majority of teachers

	Extremely Effective	Very Effective	Moderately Effective	Slightly Effective	Not at All Effective
Praise and encouragement of good behavior shall be used instead of focusing only upon unacceptable behavior.	76.47%	23.53%	0.00%	0.00%	0.00%
Punishment or threat of punishment shall not be associated with food, rest, or toilet training.	76.47%	23.53%	0.00%	0.00%	0.00%
Caregivers, directors, other personnel, or volunteers shall not be under the influence of alcohol or illegal drugs or be in a state of impaired ability due to use of medication while on the premises or in any vehicles used by the program.	75.00%	20.00%	5.00%	0.00%	0.00%
Caregivers shall provide frequent, direct contact so children are not left unobserved on the premises.	72.22%	27.78%	0.00%	0.00%	0.00%
No discipline technique which is humiliating, threatening, or frightening to children shall be used. Children shall not be shamed, ridiculed, or spoken to harshly, abusively, or with profanity.	70.49%	29.41%	0.00%	0.00%	0.00%
A daily schedule shall be established in written form which shall include activities for all ages of children in care.	70.49%	29.41%	0.00%	0.00%	0.00%
Caregivers shall not leave any child without competent adult supervision.	66.67%	33.33%	0.00%	0.00%	0.00%

Source: Missouri Department of Health and Senior Services, Laws & Regulations, (2019)

Table 10. Continued

	Extremely Effective	Very Effective	Moderately Effective	Slightly Effective	Not at All Effective
Caregivers shall not be counted in ratio when obtaining clock hour training.	66.67%	22.22%	11.11%	0.00%	0.00%
Caregivers shall be capable of carrying out assigned responsibilities and shall be willing and able to accept training and supervision.	65.00%	30.00%	0.00%	5.00%	0.00%
Caregivers shall provide special attention on an individual basis for new children having problems adjusting, distressed children, etc. Children shall be encouraged, but not forced to participate in group activities.	64.71%	35.29%	0.00%	0.00%	0.00%
Prescription Medication shall be in the original container and labeled with the child's name, instructions for administration, including the times and amounts for dosages and the physician's name. This may include sample medication provided by a physician.	64.71%	35.29%	0.00%	0.00%	0.00%
Mealtime atmosphere shall be enjoyable and relaxed. No child shall be forced to eat but shall be encouraged to set his/her own pace according to personal preferences	64.71%	35.29%	0.00%	0.00%	0.00%
The provider shall establish simple, understandable rules for children's behavior and shall explain them to the children	64.71%	23.53%	11.76%	0.00%	0.00%
Children shall not be permitted to intimidate or harm others, harm themselves, or destroy property	64.71%	17.65%	5.88%	5.88%	5.88%

Source: Missouri Department of Health and Senior Services, Laws & Regulations, (2019)

Table 10. Continued

	Extremely Effective	Very Effective	Moderately Effective	Slightly Effective	Not at All Effective
A caregiver personally shall admit each child upon arrival and personally shall dismiss each child upon departure. Children shall be dismissed only to the parent(s), guardian, legal custodian, or to individuals approved by the parent(s), guardian, or legal custodian.	61.11%	33.33%	5.56%	0.00%	0.00%
The center director, group day care home provider, all other caregivers, and those volunteers who are counted in staff/child ratios shall obtain at least twelve (12) clock hours of child-care related training during each calendar year. Clock hour training shall be approved by the department.	61.11%	27.78%	11.11%	0.00%	0.00%
The clock hour training shall meet at least one (1) of the eight (8) Content Areas listed (a) Child and Youth Growth and Development; (b) Learning Environment and Curriculum; (c) Observation and Assessment; (d) Families and Communities; (e) Health and Safety; (f) Interactions with Children and Youth; (g) Program Planning and Development and; (h) Professional Development and Leadership.	61.11%	27.78%	5.56%	5.56%	0.00%
Caregivers shall be capable of handling emergencies promptly and intelligently.	60.00%	30.00%	10.00%	0.00%	0.00%

Source: Missouri Department of Health and Senior Services, Laws & Regulations, (2019)

Table 10. Continued

	Extremely Effective	Very Effective	Moderately Effective	Slightly Effective	Not at All Effective
The date and time(s) of administration, the name of the individual giving the medication and the quantity of any medication given shall be recorded promptly after administration. This information shall be filed in the child's record after the medication is no longer necessary.	58.82%	41.18%	0.00%	0.00%	0.00%
In case of accident or injury to a child, the provider shall notify the parent(s) immediately. If the child requires emergency medical care, the provider shall follow the parent's(s') written instructions. Information regarding the date and circumstance of any accident or injury shall be noted in the child's record.	58.82%	17.65%	23.53%	0.00%	0.00%
Only constructive, age-appropriate methods of discipline shall be used to help children develop self-control and assume responsibility for their own actions.	58.82%	35.29%	5.88%	0.00%	0.00%
Any person present at the facility during the hours in which child care is provided shall not present a threat to the health, safety, or welfare of the children. If an employee reports licensing deficiency in the facility, the child care provider shall not take any action against the employee because of the report that would adversely affect his/her employment, or terms or conditions of employment	55.56%	27.78%	16.67%	0.00%	0.00%

Source: Missouri Department of Health and Senior Services, Laws & Regulations, (2019)

Table 10. Continued

	Extremely Effective	Very Effective	Moderately Effective	Slightly Effective	Not at All Effective
Caregivers shall have knowledge of the needs of children and shall be sensitive to the capabilities, interests, and problems of children in care.	55.00%	40.00%	5.00%	0.00%	0.00%
The center director, group child care home provider, all other caregivers, and those volunteers who are counted in staff/child ratios shall complete safe sleep training thirty (30) days of employment or volunteering at the facility.	52.95%	35.29%	5.88%	0.00%	5.88%
Expectations for a child's behavior shall be appropriate for the developmental level of that child.	52.94%	41.18%	5.88%	0.00%	0.00%
All nonprescription medication shall be in the original container and labeled by the parent(s) with the child's name, and instructions for administration, including the times and amounts for dosages.	52.94%	41.18%	0.00%	5.88%	0.00%
All medication shall be given to a child only with the dated, written permission of the parent(s) stating the length of time medication may be given. All medication shall be stored out of reach of children or in a locked container. Medication shall be returned to storage immediately after use. Medication needing refrigeration shall be kept in the refrigerator in a container separate from food. Medication shall be returned to the parent(s) or disposed of immediately when no longer needed.	52.94%	47.06%	0.00%	0.00%	0.00%

Source: Missouri Department of Health and Senior Services, Laws & Regulations, (2019)

Table 10. Continued

	Extremely Effective	Very Effective	Moderately Effective	Slightly Effective	Not at All Effective
Each child shall be observed for contagious diseases and for other signs of illness on arrival and throughout the day	52.94%	35.29%	5.88%	5.88%	0.00%
The parent(s) or his/her designee shall be contacted when signs of illness are observed. Unless determined otherwise by the parent(s) or provider, a child with no more than one (1) of the following symptoms may remain in care (a) A child with a temperature of up to one hundred degrees Fahrenheit (100°F) by mouth or ninety-nine degrees Fahrenheit (99°F) under the arm; (b) After an illness has been evaluated by a physician, medication has been prescribed and any period of contagion has passed as determined by a licensed physician; (c) When it has been determined that a child has a common cold unless the director and the parent(s) agree that isolation precautions should be taken; (d) When a child has vomited once with no further vomiting episodes, other symptoms, or both; (e) When a child has experienced loose stools only one (1) time with no further problems or symptoms.	52.94%	11.76%	23.53%	0.00%	11.76%

Source: Missouri Department of Health and Senior Services, Laws & Regulations, (2019)

Table 10. Continued

	Extremely Effective	Very Effective	Moderately Effective	Slightly Effective	Not at All Effective
Caregivers shall not be engaged in major housekeeping, cleaning, or maintenance activities during the hours of child care, but may do routine cleanup to maintain order and sanitation in the facility.	50.00%	30.00%	10.00%	0.00%	10.00%
If children exhibit any of the following symptoms, they must be sent home and parental contact and the decision made shall be recorded and filed in the child's record. (a) Diarrhea—more than one (1) abnormally loose stool. If a child has one (1) loose stool, s/he shall be observed for additional loose stools or other symptoms; (b) Severe coughing—if the child gets red or blue in the face or makes high-pitched croupy or whooping sounds after coughing; (c) Difficult or rapid breathing (especially important in infants under six (6) months); (d) Yellowish skin or eyes; (e) Pinkeye—tears, redness of eyelid lining, irritation, followed by swelling or discharge of pus; (f) Unusual spots or rashes; (g) Sore throat or trouble swallowing; (h) An infected skin patch(es)—crusty, bright yellow, dry or gummy areas of the skin; (i) Unusually dark, tea-colored urine; (j) Grey or white stool; (k) Fever over one hundred degrees Fahrenheit (100°F) by mouth or ninety-nine degrees Fahrenheit (99°F) under the arm; (l) Headache and stiff neck; (m) Vomiting more than once or; (n) Severe itching of the body or scalp or scratching of the scalp. These may be symptoms of lice or scabies.	47.06%	23.53%	23.53%	0.00%	5.88%

Source: Missouri Department of Health and Senior Services, Laws & Regulations, (2019)

Table 10. Continued

	Extremely Effective	Very Effective	Moderately Effective	Slightly Effective	Not at All Effective
Staff or volunteers shall not work when ill if the health or well-being of children is endangered.	47.06%	23.53%	23.53%	5.88%	0.00%
Day care personnel shall be of good character and intent and shall be qualified to provide care conducive to the welfare of children.	45.00%	35.00%	20.00%	0.00%	0.00%
All persons working in a day care facility in any capacity during child care hours, including volunteers counted in staff/child ratios, shall be in good physical and emotional health with no physical or mental conditions which would interfere with child care responsibilities.	44.44%	44.44%	11.11%	0.00%	0.00%
The ill child shall be kept isolated from the other children until the parent(s) arrives and a caregiver shall be in close proximity to the child until the parent(s) arrives.	35.29%	29.41%	11.76%	11.76%	11.76%

Source: Missouri Department of Health and Senior Services, Laws & Regulations, (2019)



Table 11. Infant/toddler regulations scored extremely effective by the majority of teachers

	Extremely Effective	Very Effective	Moderately Effective	Slightly Effective	Not at All Effective
A supervised nap period that meets the child's individual needs shall meet the following requirements (a) A child under 12 months of age shall be placed on his/her back to sleep; (b) An infant's head and face shall remain uncovered during sleep; (c) Infants unable to roll from their stomachs to their backs and from their backs to their stomachs shall be placed on their backs when found face down. When infants can easily turn from their stomachs to their backs and from their backs to their stomachs, they shall be initially placed on their backs, but shall be allowed to adopt whatever positions they prefer for sleep; (d) An infant shall not be overdressed when sleeping to avoid overheating. Infants should be dressed appropriately for the environment, with no more than one layer more than an adult would wear to be comfortable in that environment; (e) When, in the opinion of the infant's licensed health care provider, an infant requires alternative sleep positions or special sleeping arrangements that differ from those set forth in this rule, the provider shall have on file at the facility written instructions, signed by the infant's licensed health care provider, detailing the alternative sleep positions or special sleeping arrangements for such infant. The caregiver(s) shall put the infant to sleep in accordance with such written instructions; (f) Pacifiers, if used, shall not be hung around the infant's neck. Pacifier mechanisms or pacifiers that attach to infant clothing shall not be used with sleeping infants; (g) After awakening, an infant may remain in the crib as long as s/he is content, but never for periods longer than thirty (30) minutes.	71.43%	28.57%	0.00%	0.00%	0.00%

Source: Missouri Department of Health and Senior Services, Laws & Regulations, (2019)

Table 11. Continued

	Extremely Effective	Very Effective	Moderately Effective	Slightly Effective	Not at All Effective
Toddlers shall be taken out of bed for other activities when they awaken.	71.43%	28.57%	0.00%	0.00%	0.00%
Infants and toddlers shall have constant care and supervision. Home monitors or commercial devices marketed to reduce the risk of Sudden Infant Death Syndrome (SIDS) shall not be used in place of supervision while children are napping or sleeping.	71.43%	28.57%	0.00%	0.00%	0.00%
Children under three (3) shall be supervised and assisted while in the bathroom.	71.43%	28.57%	0.00%	0.00%	0.00%
Diapers and wet clothing shall be changed promptly and shall be placed in an airtight disposal container located in the diaper change area. If cloth diapers are provided by the parent(s), individual airtight plastic bags shall be used to store each soiled diaper for return each day to the parent(s).	71.43%	28.57%	0.00%	0.00%	0.00%
Children shall not be punished, berated, or shamed in any way for soiling their clothes. The parent(s) shall provide extra clothing for his/her child in case the child accidentally soils him/herself.	71.43%	28.57%	0.00%	0.00%	0.00%
Caregivers changing diapers shall wash their hands with soap and running water each time after changing a child's diaper.	71.43%	28.57%	0.00%	0.00%	0.00%
The diapering area and handwashing area shall be separate from any food service area and any food-related materials.	71.43%	28.57%	0.00%	0.00%	0.00%

Source: Missouri Department of Health and Senior Services, Laws & Regulations, (2019)

Table 11. Continued

	Extremely Effective	Very Effective	Moderately Effective	Slightly Effective	Not at All Effective
Developmental and exploratory play experiences and free choices of play appropriate to the interests, needs, and desires of infants and toddlers	71.43%	28.57%	0.00%	0.00%	0.00%
Opportunity for outdoor play when weather permits.	71.43%	28.57%	0.00%	0.00%	0.00%
Regular snack and meal times according to each infant's individual feeding schedule as stated by the parent(s)	71.43%	28.57%	0.00%	0.00%	0.00%
Supervised "tummy time" for children under one (1) year of age to promote healthy development	71.43%	28.57%	0.00%	0.00%	0.00%
Encouragement in the development of motor skills by providing opportunities for supervised "tummy time," reaching, grasping, pulling up, creeping, crawling, and walking	71.43%	28.57%	0.00%	0.00%	0.00%
Until infants can hold a bottle comfortably, they shall be held by a caregiver during bottle feeding. Bottles shall not be propped.	71.43%	28.57%	0.00%	0.00%	0.00%
When an infant/toddler shows evidence of wanting to feed him/herself, the child shall be encouraged and permitted to do so.	71.43%	28.57%	0.00%	0.00%	0.00%

Source: Missouri Department of Health and Senior Services, Laws & Regulations, (2019)

Table 11. Continued

	Extremely Effective	Very Effective	Moderately Effective	Slightly Effective	Not at All Effective
Opportunities for sensory stimulation which includes visual stimulation through pictures, books, toys, nonverbal communication, games, and the like; auditory stimulation through verbal communication, music, toys, games, and the like; and tactile stimulation through surfaces, fabrics, toys, games, and the like including individual attention and play with adults, including holding, cuddling, talking, and singing	71.43%	28.57%	0.00%	0.00%	0.00%
Groups composed of mixed ages through two years shall have no less than one adult to four children, with no more than eight children in a group. Groups composed solely of two year olds shall have no less than one adult to eight children, with no more than 16 children in a group	71.43%	14.29%	14.29%	0.00%	0.00%
Children shall be cared for by the same caregiver on a regular basis.	57.14%	42.86%	0.00%	0.00%	0.00%
Caregivers shall be alert to various needs of the child such as thirst, hunger, diaper change, fear of or aggression by other children, and the need for attention.	57.14%	42.86%	0.00%	0.00%	0.00%
Firm, positive statements or redirection of behavior shall be used with infants and toddlers.	57.14%	42.86%	0.00%	0.00%	0.00%
No effort shall be made to toilet train a child until the parent(s) and provider agree on when to begin. The routine for toilet training shall be discussed with the parent(s) so the same method will be used at the facility and the child's home	57.14%	28.57%	14.29%	0.00%	0.00%

Source: Missouri Department of Health and Senior Services, Laws & Regulations, (2019)

Table 12. Percentage of teachers' comments on regulations

	Percentage	# of comments	# of teachers
The clock hour training shall meet at least one (1) of the eight (8) Content Areas listed (a) Child and Youth Growth and Development; (b) Learning Environment and Curriculum; (c) Observation and Assessment; (d) Families and Communities; (e) Health and Safety; (f) Interactions with Children and Youth; (g) Program Planning and Development; (h) Professional Development and Leadership.	6%	1	18
Caregivers shall not be counted in ratio when obtaining clock hour training.	6%	1	18
All persons working in a day care facility in any capacity during child care hours, including volunteers counted in staff/child ratios, shall be in good physical and emotional health with no physical or mental conditions which would interfere with child care responsibilities.	6%	1	18
The provider shall establish simple, understandable rules for children's behavior and shall explain them to the children	6%	1	17
Only constructive, age-appropriate methods of discipline shall be used to help children develop self-control and assume responsibility for their own actions.	6%	1	17
Punishment or threat of punishment shall not be associated with food, rest, or toilet training.	6%	1	17
Each child shall be observed for contagious diseases and for other signs of illness on arrival and throughout the day	6%	1	17
Caregivers shall provide frequent, direct contact so children are not left unobserved on the premises.	6%	1	18
Unusual behavior shall be monitored closely and parent(s) shall be contacted if the behavior continues or if other symptoms develop. These behaviors include but shall not be limited to (a) Is cranky or less active than usual; (b) Cries more than usual; (c) Feels general discomfort or seems unwell; (d) Has loss of appetite.	6%	1	17

Source: Missouri Department of Health and Senior Services, Laws & Regulations, (2019)

Table 12. Continued

	Percentage	# of comments	# of teachers
All nonprescription medication shall be in the original container and labeled by the parent(s) with the child's name, and instructions for administration, including the times and amounts for dosages.	6%	1	17
Prescription Medication shall be in the original container and labeled with the child's name, instructions for administration, including the times and amounts for dosages and the physician's name. This may include sample medication provided by a physician.	6%	1	17
The center director, group child care home provider, all other caregivers, and those volunteers who are counted in staff/child ratios shall complete safe sleep training thirty (30) days of employment or volunteering at the facility.	6%	1	17
Any person present at the facility during the hours in which child care is provided shall not present a threat to the health, safety, or welfare of the children. If an employee reports licensing deficiency in the facility, the child care provider shall not take any action against the employee because of the report that would adversely affect his/her employment, or terms or conditions of employment	6%	1	18
Caregivers shall be capable of carrying out assigned responsibilities and shall be willing and able to accept training and supervision.	10%	2	20
Caregivers, directors, other personnel, or volunteers shall not be under the influence of alcohol or illegal drugs or be in a state of impaired ability due to use of medication while on the premises or in any vehicles used by the program.	10%	2	20
Caregivers shall not leave any child without competent adult supervision.	11%	2	18

Source: Missouri Department of Health and Senior Services, Laws & Regulations, (2019)

Table 12. Continued

	Percentage	# of comments	# of teachers
Groups composed solely of three and four year old children shall have no less than one adult to ten children; Groups composed solely of five year old and older shall have no less than one adult to every 16 children	11%	1	9
Daily activities for preschool and school-age children shall include: a. Developmentally appropriate play experiences and activities planned to meet the interests, needs, and desires of the children b. Individual attention and conversation with adults c. Indoor and outdoor play periods which provide a balance of quiet and active play, and individual and small group activities. Activities shall provide some free choice experiences d. A total of at least one (1) hour of outdoor play for children in attendance a full day unless prevented by weather or special medical reasons. (Based on wind chill factor or heat index, children shall not be exposed to either extreme element.) e. Toileting and handwashing times f. Regular snack and meal times g. A supervised nap or rest period for preschool children after the noon meal h. A quiet time for school-age children after the noon meal with a cot or bed available for those who wish to nap or rest i. A study time for school-age children who choose to do homework, with a separate, quiet work space	11%	1	9
Expectations for a child's behavior shall be appropriate for the developmental level of that child.	12%	2	17

Source: Missouri Department of Health and Senior Services, Laws & Regulations, (2019)

Table 12. Continued

	Percentage	# of comments	# of teachers
If children exhibit any of the following symptoms, they must be sent home and parental contact and the decision made shall be recorded and filed in the child's record. (a) Diarrhea more than one (1) abnormally loose stool. If a child has one (1) loose stool, s/he shall be observed for additional loose stools or other symptoms; (b) Severe coughing—if the child gets red or blue in the face or makes high-pitched croupy or whooping sounds after coughing; (c) Difficult or rapid breathing (especially important in infants under six (6) months); (d) Yellowish skin or eyes (e) Pinkeye—tears, redness of eyelid lining, irritation, followed by swelling or discharge of pus; (f) Unusual spots or rashes; (g) Sore throat or trouble swallowing; (h) An infected skin patch(es)—crusty, bright yellow, dry or gummy areas of the skin; (i) Unusually dark, tea-colored urine; (j) Grey or white stool; (k) Fever over one hundred degrees Fahrenheit (100°F) by mouth or ninety-nine degrees Fahrenheit (99°F) under the arm; (l) Headache and stiff neck; (m) Vomiting more than once; (n) Severe itching of the body or scalp or scratching of the scalp. These may be symptoms of lice or scabies.	12%	2	17
Groups composed of mixed ages through two (2)- years shall have no less than one (1) adult to four (4) children, with no more than eight (8) children in a group. Age Two (2) Years. of two (2)-year olds shall have no less than one (1) adult to eight (8) children, with no more than sixteen (16) children in a group	14%	1	7
Firm, positive statements or redirection of behavior shall be used with infants and toddlers.	14%	1	7
Infants and toddlers shall have constant care and supervision. Home monitors or commercial devices marketed to reduce the risk of Sudden Infant Death Syndrome (SIDS) shall not be used in place of supervision while children are napping or sleeping.	14%	1	7

Source: Missouri Department of Health and Senior Services, Laws & Regulations, (2019)



Table 12. Continued

	Percentage	# of comments	# of teachers
Individuals eighteen (18) years of age or older shall be counted in meeting the required staff/child ratios.	15%	3	20
Caregivers shall have knowledge of the needs of children and shall be sensitive to the capabilities, interests, and problems of children in care.	15%	3	20
Day care personnel shall be of good character and intent and shall be qualified to provide care conducive to the welfare of children.	15%	3	20
Caregivers shall be capable of handling emergencies promptly and intelligently.	15%	3	20
A caregiver personally shall admit each child upon arrival and personally shall dismiss each child upon departure. Children shall be dismissed only to the parent(s), guardian, legal custodian, or to individuals approved by the parent(s), guardian, or legal custodian.	17%	3	20
Children shall not be permitted to intimidate or harm others, harm themselves, or destroy property.	18%	3	17

Source: Missouri Department of Health and Senior Services, Laws & Regulations, (2019)

Table 13. Teachers' comments on Missouri child care regulations

Missouri Child Care Licensing Regulation	Teachers' Comments
The clock hour training shall meet at least one (1) of the eight (8) Content Areas listed (a) Child and Youth Growth and Development; (b) Learning Environment and Curriculum; (c) Observation and Assessment; (d) Families and Communities; (e) Health and Safety; (f) Interactions with Children and Youth; (g) Program Planning and Development; (h) Professional Development and Leadership.	The Director should be required to have 20 hours of business management and for their first five years should be required to take 5 hours annually in business management. Any facility that has a vehicle should be required to take transportation safety annually. SIDS/Shaken Baby should be paired together and required annually. They both rank high in early childhood deaths.
Caregivers shall not be counted in ratio when obtaining clock hour training.	When short staffed we will have untrained staff working in the classroom.
All persons working in a day care facility in any capacity during child care hours, including volunteers counted in staff/child ratios, shall be in good physical and emotional health with no physical or mental conditions which would interfere with child care responsibilities.	It is subjective and hard to gauge at times.
The provider shall establish simple, understandable rules for children's behavior and shall explain them to the children	Again subjective.
Only constructive, age-appropriate methods of discipline shall be used to help children develop self-control and assume responsibility for their own actions.	Help the child understand and work out the problem
Punishment or threat of punishment shall not be associated with food, rest, or toilet training.	Provide clear examples
Each child shall be observed for contagious diseases and for other signs of illness on arrival and throughout the day	Many times, a superior will allow a child to stay in the room while sick with other children. Prompt removal from the class room in a safe and comfortable environment should be provided.

Source: Missouri Department of Health and Senior Services, Laws & Regulations, (2019)

Table 13. Continued

Missouri Child Care Licensing Regulation	Teachers' Comments
Unusual behavior shall be monitored closely and parent(s) shall be contacted if the behavior continues or if other symptoms develop. These behaviors include but shall not be limited to (a) Is cranky or less active than usual; (b) Cries more than usual; (c) Feels general discomfort or seems unwell; (d) Has loss of appetite.	Superiors attempt to keep child at school due to attendance regulations.
All nonprescription medication shall be in the original container and labeled by the parent(s) with the child's name, and instructions for administration, including the times and amounts for dosages.	need doctor's authorization as if a prescription
Prescription Medication shall be in the original container and labeled with the child's name, instructions for administration, including the times and amounts for dosages and the physician's name. This may include sample medication provided by a physician.	need to know if any or all side effects
The center director, group child care home provider, all other caregivers, and those volunteers who are counted in staff/child ratios shall complete safe sleep training thirty (30) days of employment or volunteering at the facility.	SIDS needs to be added to the training.
Any person present at the facility during the hours in which child care is provided shall not present a threat to the health, safety, or welfare of the children. If an employee reports licensing deficiency in the facility, the child care provider shall not take any action against the employee because of the report that would adversely affect his/her employment, or terms or conditions of employment	Not everyone is on the same page as far as different supervisors.

Source: Missouri Department of Health and Senior Services, Laws & Regulations, (2019)

Table 13. Continued

Missouri Child Care Licensing Regulation	Teachers' Comments
Groups composed of mixed ages through two (2)- years shall have no less than one (1) adult to four (4) children, with no more than eight (8) children in a group. Age Two (2) Years. of two (2)-year olds shall have no less than one (1) adult to eight (8) children, with no more than sixteen (16) children in a group	8 two year olds is too many for one person, especially if you have any with behavioral concerns. Likewise, 4 is very difficult with infants and toddlers especially if two of them happen to be infants. I think 3 and six would be a more effective number and would give the teachers more opportunity to work with the children effectively.
Infants and toddlers shall have constant care and supervision. Home monitors or commercial devices marketed to reduce the risk of Sudden Infant Death Syndrome (SIDS) shall not be used in place of supervision while children are napping or sleeping.	Shaken Baby training needs to be added with SIDS.
Firm, positive statements or redirection of behavior shall be used with infants and toddlers.	Use Conscious Discipline
Caregivers shall not leave any child without competent adult supervision.	Competent staff person on the clock
Expectations for a child's behavior shall be appropriate for the developmental level of that child.	More active supervision implemented.
	Map out effective development.
	Conscious Discipline

Source: Missouri Department of Health and Senior Services, Laws & Regulations, (2019)

Table 13. Continued

Missouri Child Care Licensing Regulation	Teachers' Comments
<p>Caregivers, directors, other personnel, or volunteers shall not be under the influence of alcohol or illegal drugs or be in a state of impaired ability due to use of medication while on the premises or in any vehicles used by the program.</p>	<p>Clear and measurable</p> <p>Employees are not checked often enough.</p>
<p>If children exhibit any of the following symptoms, they must be sent home and parental contact and the decision made shall be recorded and filed in the child's record. (a) Diarrhea—more than one (1) abnormally loose stool. If a child has one (1) loose stool, s/he shall be observed for additional loose stools or other symptoms; (b) Severe coughing—if the child gets red or blue in the face or makes high-pitched croupy or whooping sounds after coughing; (c) Difficult or rapid breathing (especially important in infants under six (6) months); (d) Yellowish skin or eyes (e) Pinkeye—tears, redness of eyelid lining, irritation, followed by swelling or discharge of pus; (f) Unusual spots or rashes; (g) Sore throat or trouble swallowing; (h) An infected skin patch(es)—crusty, bright yellow, dry or gummy areas of the skin; (i) Unusually dark, tea-colored urine; (j) Grey or white stool; (k) Fever over one hundred degrees Fahrenheit (100°F) by mouth or ninety-nine degrees Fahrenheit (99°F) under the arm; (l) Headache and stiff neck; (m) Vomiting more than once; (n) Severe itching of the body or scalp or scratching of the scalp. These may be symptoms of lice or scabies.</p>	<p>24 hours free</p> <p>Some parents aren't prompt at picking up their children when called.</p>

Source: Missouri Department of Health and Senior Services, Laws & Regulations, (2019)

Table 13. Continued

Missouri Child Care Licensing Regulation	Teachers' Comments
Individuals eighteen (18) years of age or older shall be counted in meeting the required staff/child ratios.	The age is not the issue, it's the emotional maturity and quality training. Someone can be book smart, but if they don't know how to apply it then they are not the right fit in this industry.
Caregivers shall have knowledge of the needs of children and shall be sensitive to the capabilities, interests, and problems of children in care.	Lower age to 16
	Too much regulation in this area could be detrimental to quality.
	Never enough training on special need children Missouri has improved on this goal by implementing some new trainings online with Licensing Rules and Best Practices, Make a Difference and Early Childhood Social and Emotional Health.
A caregiver personally shall admit each child upon arrival and personally shall dismiss each child upon departure. Children shall be dismissed only to the parent(s), guardian, legal custodian, or to individuals approved by the parent(s), guardian, or legal custodian.	All of these has room for someone to slip by because of how it is interpreted.
	On the list and with primary adults' approval
	I think we could have better follow up when a child is absent. FRS needs to make communication of changes to the drop off and pick up list a priority to those people at the facility responsible for dismissing the children.

Source: Missouri Department of Health and Senior Services, Laws & Regulations, (2019)

Table 13. Continued

Missouri Child Care Licensing Regulation	Teachers' Comments
Children shall not be permitted to intimidate or harm others, harm themselves, or destroy property.	<p>Make this rule clearer</p> <p>Behaviors seem to continue and be allowed on an ongoing basis.</p> <p>I think this should change. Because We are so limited in being able to remove a child from the room during a behavior (especially hitting, kicking, spitting on staff), often times we are having to allow them to vent those frustrations and destroy the property in our room and hurt us.</p>
In case of accident or injury to a child, the provider shall notify the parent(s) immediately. If the child requires emergency medical care, the provider shall follow the parent's(s') written instructions. Information regarding the date and circumstance of any accident or injury shall be noted in the child's record.	<p>If the child requires emergency medical care, the provider should be able to use his/her own judgment about medical care and not have to look up the specifics of what a parent has written out. However, if this is a medical issue that has happened before the parent could have instructions on how to best handle the situation. Also, the way this is worded makes you think you need to get a hold of the parent before any emergency services is contacted. It should be clear that EMTs should be called in case of a major emergency before the parents and that should be at the discretion of the child care provider</p> <p>Most parents don't want to be bothered at work or at school for every minor scrape or bump. It should be that parents are asked at enrollment what their preference is for letting them know about injuries and responding appropriately. For example, if a parent just wants to be told at pick-up, we shouldn't need to bother them at work.</p> <p>Parents need to keep updated phone numbers on record.</p>

Source: Missouri Department of Health and Senior Services, Laws & Regulations, (2019)

Table 13. Continued

Missouri Child Care Licensing Regulation	Teachers' Comments
<p>Caregivers shall be capable of handling emergencies promptly and intelligently.</p>	<p>Now that employee orientation is required this also has improved. The orientation should include where all the fire extinguisher, phones, emergency contact folders, etc. are located in the facility.</p> <p>Training at facilities sometimes happens long after school has started.</p> <p>A more serious and better plan needs to be put in place in the case of an intruder.</p>
<p>Day care personnel shall be of good character and intent and shall be qualified to provide care conducive to the welfare of children.</p>	<p>Licensing Rules are not strong enough in the requirements of education. A copy of the GED or High School Diploma should be required. Also, the continuing education to included Shaken Baby as a class requirement yearly with SIDS training not every three years. Shaken Baby is a big deal because the caregiver is number 1 person at risk of committing shaken baby if not educated.</p> <p>I don't know good character is hard to quantify.</p> <p>Lot of change over. Maybe a different screening process</p>

Source: Missouri Department of Health and Senior Services, Laws & Regulations, (2019)



## APPENDICES

### Appendix A: Constant Comparative Analysis Rubric

#### Emergency Plan/Contact Indicator

##### Emergency Plan/Contact Standards

APP 28: The facility shall have a written plan for reporting and managing any incident or unusual occurrence that is threatening to the health, safety, or welfare of the children or staff. The facility shall also include procedures for staff training on this emergency plan. The following incidents, at a minimum, shall be addressed in the emergency plan:

- a) + lost or missing child;
- b) - sexual or physical abuse or neglect of a child;
- c) - injuries requiring medical or dental care;
- d) - serious illness requiring hospitalization, death of a child enrolled in the facility, or death of a caregiver, including deaths that occur outside of child care hours.

The following procedures, at a minimum, shall be addressed in the emergency plan:

- e) - provision for a caregiver to accompany a child to the emergency care source and remain with the child until the parent or legal guardian assumes responsibility for the child.
- f) - Provision for a backup caregiver or substitute for large and small family child care homes to make this feasible.

Child:staff ratios must be maintained at the facility during the emergency;

- g) - the source of emergency medical care, hospital emergency room, clinic, or other constantly staffed facility known to caregivers and acceptable to parents;
- h) - ensure that first aid kits are resupplied following each first aid incident, and that required contents are maintained in a serviceable condition, by a periodic review of the contents;
- i) - the names and addresses of a least three licensed providers of dental services who have agreed to accept emergency dental referrals of children and to give advice regarding a dental emergency

4	3	2	1
Missouri Licensing Regulations includes all standards associated with this indicator	Missouri Licensing Regulations includes at least 80% of the standards associated with this indicator	Missouri Licensing Regulations includes at least 50% of the standards associated with this indicator	Missouri Licensing Regulations includes less than 50% of the standards associated with this indicator

Sources:

**19 CSR 30-62.042 Initial Licensing Information**

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

9. A written disaster and emergency plan;

**19 CSR 30-62.090 Disaster and Emergency Preparedness**

(1) Disaster and Emergency Plan

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

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

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

1. The age and physical and mental abilities of the children.
2. The types of services offered, including whether the facility provides care for non-ambulatory children or overnight care.
3. The types of disasters or emergencies likely to affect the area.
4. The requirements of the Division of Fire Safety and the Department of Health and Senior Services' The ABC's of Emergency Preparedness Ready in 3 Program (2006), which is incorporated by reference and is published by the Department of Health and Senior Services, Center for Emergency Response and Terrorism, PO Box 570, Jefferson City, MO 65102-0570, telephone number 573-526-4768, and is available at [www.health.mo.gov](http://www.health.mo.gov), and advice from the Red Cross or other health and emergency professionals. This rule does not include any later amendments or additions.
5. The need for ongoing communication and data sharing with other types of agencies providing services to children and with state and local disaster emergency management agencies.

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

1. The location of the child's attendance record and emergency information and emergency supplies.
2. Diagrams that identify exit routes from each area of the facility used for child care to a safe location out of the facility and to a safe location within the facility where children and staff members can stay until the threat of danger passes.
3. A list of emergency contacts as set out in subsection (2)(B) below.
4. The disaster drill and emergency procedures to be followed, which include but are not limited to the following:

- a. Use of alarms to warn other building occupants and summon staff
- b. Emergency telephone call to the fire department
- c. Response to alarms
- d. Isolation of a fire, including confinement by closing doors to the fire area
- e. Evacuation of the immediate area
- f. Two (2) off-site locations identified as meeting places in case of evacuation
- g. Relocation of building occupants as detailed in the emergency plan, including individuals with special needs, such as non-ambulatory children and children who sleep overnight, if applicable
- h. System of contact for parents of children and notification of parents of the plan to assist in re-unification

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

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

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

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

- 1. Contact information, including the following:
  - a. The name, address, and telephone number of the facility
  - b. A list of emergency numbers, including 911, if available, the fire department, police department, ambulance service, poison control center, and local radio station
  - c. When a facility operates at more than one (1) site, the name and telephone number of the facility’s principal place of business
  - d. When a facility occupies space it does not own, the name and telephone number of the owner of the building or the building manager
- 2. A diagram of evacuation routes from the room
- 3. Any special instructions for infants and non-ambulatory children

### **19 CSR 30-62.102 Personnel**

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

2. A review of the following:

I. The facility’s disaster emergency plan and the location of emergency information

Missouri licensing regulations that fall under this indicator but there is no standard to align the regulation with:

**19 CSR 30-62.087 Fire Safety**

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

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

**19 CSR 30-62.090 Disaster and Emergency Preparedness**

2. Evacuation from the facility in the event of a disaster or an emergency that could cause damage to the facility or pose a hazard to the staff and children;
3. Lock-down procedures in situations that may result in harm to persons inside the facility such as a shooting, hostage incident, intruder, trespassing, or disturbance or to be used at the discretion of the director, designee, or public safety personnel; and
4. Evacuation from a vehicle used to transport children.
5. Lock-down procedures shall include:
  - a. An announcement of the lock- down by the director or designee. The alert may be made using a pre-selected code word;
  - b. In a lock-down situation, staff shall keep children in their rooms or other designated location that are away from the danger;

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

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

(B) In addition to fire safety requirements found in 19 CSR 30-62.087, a review of the following disaster drill procedures with the staff and children shall be conducted:

1. Staff duties and responsibilities in the event of an emergency;
2. Disaster drill procedures such as fire drill, tornado drill, carbon monoxide exposure, power failure, bomb threat, chemical spill, intruder training, and CPR or other medical procedures;
3. The use of and response to fire alarms; and
4. The use of fire extinguishers.

**Notes:**

There is one standard that is comprised of 9 sub-standards for the DHHS Emergency Plan/Contact Indicator. Missouri regulations fully meet one of the sub-standards resulting in 11% alignment which is a score of one.

## **Fire Drills Indicator**

### **Fire Drills Standards**

+ AD 031: The facility shall have a written plan for reporting and evacuating in case of fire, flood, tornado, earthquake, hurricane, blizzard, power failure, or other disaster that could create structural damages to the facility or pose health hazards. The facility shall also include procedures for staff training on this emergency plan.

+ AD 032: Evacuation drills shall be practiced as follows in areas where natural disasters occur: for tornadoes, on a monthly basis in tornado season; for earthquakes, every 6 months; and for hurricanes, annually.

- AD 033: The center director shall use a daily class roster in checking the evacuation and return to a safe indoor space of all children in attendance during an evacuation drill. Small and large family home caregivers shall count to be sure that all children are safely evacuated and returned to a safe indoor space during an evacuation drill.

+ AD 034: A fire evacuation procedure shall be approved by a fire inspector and shall be practiced at least monthly from all exit locations at varied times of the day and during varied activities, including naptime.

+ AD 035: A fire evacuation procedure shall be maintained by the caregiver and practiced at least monthly from all exit locations at varied times of the day and during varied activities, including naptime.

4	3	2	1
Missouri Licensing Regulations includes all standards associated with this indicator	Missouri Licensing Regulations includes at least 80% of the standards associated with this indicator	Missouri Licensing Regulations includes at least 50% of the standards associated with this indicator	Missouri Licensing Regulations includes less than 50% of the standards associated with this indicator
<p>Sources:</p> <p><b><u>19 CSR 30-62.087 Fire Safety</u></b></p> <p>(E) The evacuation/emergency plan for fires and tornadoes shall be posted conspicuously and shall include the route for the drills and special instructions for infants and non- ambulatory children.</p> <p>(F) Child care staff shall conduct at least one (1) fire drill each month and a disaster drill at least every three (3) months. The disaster drills shall include tornado drills. The provider shall</p>			

maintain a written record at the facility of the date, type of drill, time required to evacuate the building, and number of children present during the drill.

1. Unscheduled drills may be held at the fire inspector's discretion.
2. A full evacuation of the facility may be postponed during severe weather.
3. An evacuation/emergency plan that is approved by the fire inspector shall be posted in each area of the facility used for child care. The plan shall include special instructions for infants and non-ambulatory children.
4. The fire alarm system in the building shall be activated during all fire drills.
5. Fire drills shall be conducted as follows:
  - a. Drills shall simulate an actual fire condition;
  - b. The children shall not obtain clothing or other items after the alarm has sounded;
  - c. The children shall proceed to a predetermined location outside the building that is sufficiently remote to avoid fire danger, interference with fire department operations, or confusion among different groups of children; and
  - d. Groups shall remain in place until a recall to the building is issued or the children are dismissed.

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

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

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

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

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

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

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

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

### **19 CSR 30-62.090 Disaster and Emergency Preparedness**

#### **1) Disaster and Emergency Plan**

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

1. Medical and non-medical emergencies and disaster situations that could pose a hazard to staff and children, such as a fire, tornado, flood, chemical spill, exposure to carbon monoxide, power failure, bomb threat, person coming to the facility whose health or behavior may be harmful to a child or staff member, or kidnapping or missing child;
1. Evacuation from the facility in the event of a disaster or an emergency that could cause damage to the facility or pose a hazard to the staff and children;
2. Lock-down procedures in situations that may result in harm to persons inside the facility such as a shooting, hostage incident, intruder, trespassing, or disturbance or to be used at the discretion of the director, designee, or public safety personnel; and
3. Evacuation from a vehicle used to transport children.

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

1. The age and physical and mental abilities of the children;
2. The types of services offered, including whether the facility provides care for non-ambulatory children or overnight care;
3. The types of disasters or emergencies likely to affect the area;
4. The requirements of the Division of Fire Safety and the Department of Health and Senior Services' The ABC's of Emergency Preparedness Ready in 3 Program (2006), which is incorporated by reference and is published by the Department of Health and Senior Services, Center for Emergency Response and Terrorism, PO Box 570, Jefferson City, MO 65102-0570, telephone number 573-526-4768, and is available at [www.health.mo.gov](http://www.health.mo.gov), and advice from the Red Cross or other health and emergency professionals. This rule does not include any later amendments or additions; and
5. The need for ongoing communication and data sharing with other types of agencies providing services to children and with state and local disaster emergency management agencies.

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

1. The location of the child's attendance record and emergency information and emergency supplies;
2. Diagrams that identify exit routes from each area of the facility used for child care to a safe location out of the facility and to a safe location within the facility where children and staff members can stay until the threat of danger passes
3. A list of emergency contacts as set out in subsection (2)(B) below
4. The disaster drill and emergency procedures to be followed, which include but are not limited to the following:



- A. Use of alarms to warn other building occupants and summon staff
- B. Emergency telephone call to the fire department
- C. Response to alarms;
- D. Isolation of a fire, including confinement by closing doors to the fire area;
- E. Evacuation of the immediate area;
- F. Two (2) off-site locations identified as meeting places in case of evacuation;
- G. Relocation of building occupants as detailed in the emergency plan, including individuals with special needs, such as non- ambulatory children and children who sleep overnight, if applicable; and
- H. System of contact for parents of children and notification of parents of the plan to assist in re-unification

5. Lock-down procedures shall include:

- A. An announcement of the lock- down by the director or designee. The alert may be made using a pre-selected code word; B. In a lock-down situation, staff shall keep children in their rooms or other designated location that are away from the danger;

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

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

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

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

1. Contact information, including the following:
  - a. The name, address, and telephone number of the facility;
  - b. A list of emergency numbers, including 911, if available, the fire department, police department, ambulance service, poison control center, and local radio station;
  - c. When a facility operates at more than one (1) site, the name and telephone number of the facility’s principal place of business; and
  - d. When a facility occupies space it does not own, the name and telephone number of the owner of the building or the building manager
2. A diagram of evacuation routes from the room
3. Any special instructions for infants and non-ambulatory children;

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

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

(B) In addition to fire safety requirements found in 19 CSR 30-62.087, a review of the following disaster drill procedures with the staff and children shall be conducted:

1. Staff duties and responsibilities in the event of an emergency;
2. Disaster drill procedures such as fire drill, tornado drill, carbon monoxide exposure, power failure, bomb threat, chemical spill, intruder training, and CPR or other medical procedures;
3. The use of and response to fire alarms; and
4. The use of fire extinguishers.

#### **19 CSR 30-62.102 Personnel**

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

2. A review of the following:

I. The facility's disaster emergency plan and the location of emergency information

#### **19 CSR 30-62.182 Child Care Program**

1. Fire, tornado, and other disaster drills shall meet the requirements of 19 CSR 30-62.087 Fire Safety.

#### **19 CSR 30-62.222 Records and Reports**

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

Missouri licensing regulations that fall under this indicator but there is no standard to align the regulation with:

#### **Notes:**

There are 5 standards within the DHHS Fire Drills indicator. MO Regulations fully meet 4 of the 5 resulting in an 80% which is a score of 3.

## Toxic Substances

### Toxic Substances Standards

+/- FA 120: Cleaning materials, detergents, aerosol cans, pesticides, health and beauty aids, poisons, and other toxic materials shall be stored in their original labeled containers and shall be used according to the manufacturer's instructions and for the intended purpose. They shall be used only in a manner that will not contaminate play surfaces, food, or food preparation areas, and that will not constitute a hazard to the children. **There are no MO regulations that align with this particular part of this standard.** When not in actual use, such materials shall be kept in a place inaccessible to children and separate from stored medications and food.

- FA121The poison control center and or physician shall be called for advice about safe use of any toxic products (e.g., pesticides, plants, rat poison) or in any ingestion emergency, and their advice shall be documented in the facilities files. The poison information specialist and or physician shall be told the child's age and sex, the substance swallowed and the estimated amount, and the condition of the child.

- FA122Employers shall provide child care workers with hazard information, as required by the Occupational Safety and Health Administration (OSHA), about the presence of toxic substances such as asbestos or formaldehyde. Such information shall include the identification of the ingredients of art materials and disinfectants.

- FA123When the manufacturer's Material Data Safety Sheet shows the presence of any toxic effects, these materials shall be replaced with nontoxic substitutes. If no substitute is available, the product shall be eliminated.

- FA124Radon concentrations shall be less than 4 picocuries per liter of air.

+FA125Any asbestos that is friable or in a dangerous condition found within a facility shall be removed by a contractor certified to remove asbestos, encapsulated, or enclosed in accordance with existing regulations of the Environmental Protection Agency, the federal agency responsible for asbestos abatement. **This standard is met by the MO sanitation regulations**

-FA126Pipe and boiler insulation shall be sampled and examined in an accredited laboratory for the presence of asbestos in a friable or potentially dangerous condition.

+FA127Nonfriable asbestos shall be identified to prevent disturbance and or exposure during remodeling or future activities. **This standard is met by the MO sanitation regulations**

-FA128Chemicals used in lawn care treatments shall be limited to those listed as non-restricted use. All chemicals used inside or outside shall be stored in their original containers in a safe and secure manner, accessible only to authorized staff. They shall be used only according to manufacturer's instructions, and in a manner that will not contaminate play surfaces or articles.

- FA129 All arts and crafts materials used in the facility shall be nontoxic. There shall be no eating or drinking by children or staff during use of such materials. Use of old or donated materials with potentially harmful ingredients shall be prohibited.
- FA130 Poisonous or potentially harmful plants on the premises shall be inaccessible to children. All plants accessible to children shall be identified and checked by name with the local poison control center to determine safe use.
- FA131 The use of incense, moth crystals or moth balls, and chemical air fresheners that contain ingredients on the Environmental Protection Agency's toxic chemicals lists and those not approved as safe by the state or local regulatory agency shall be prohibited. Contact the EPA Regional offices listed in the federal agency section of the telephone directory for assistance or contact any nationally certified regional poison control center.
- FA132 Carpets made of nylon, orlon, wool and/or silk, and other materials that emit highly toxic fumes when they burn shall not be used.
- FA133 Areas that have been recently carpeted or paneled using an adhesive that may contain toxic materials shall be well ventilated and shall not be used by a facility for at least 7 days after such installation, or until there is no perceptible odor. Ambient testing in compliance with testing requirements of the Environmental Protection Agency shall be conducted if recommended by the local health department or building inspector before occupancy to ascertain that no unsafe levels of toxic substances (e.g., formaldehyde) resulting from the materials or their installation exist.
- FA134 Insulation or other materials that contain elements that may emit toxic substances (e.g., formaldehyde) over recommended levels in the child care environment shall not be used in facilities. If existing structures contain such materials, the facility shall be monitored regularly to ensure a safe environment as specified by the regulatory agency.
- +FA135 Any surface painted before 1978 shall be tested for excessive lead levels.
  1. +In all centers, both exterior and interior surfaces covered by paint with lead levels of 0.06 percent and above and accessible to children shall be removed by a safe chemical or physical means or made inaccessible to children, regardless of the condition of the surface.
  2. + In large and small family child care homes, flaking or deteriorating lead based paint on interior or exterior surfaces, equipment, or toys accessible to preschool age children shall be removed or abated according to health department regulations.
  3. -Where lead paint is removed, the surface shall be refinished with lead-free paint or nontoxic material. Sanding, scraping, or burning of high-lead surfaces shall be prohibited.
- + FA136 No paint containing lead in excess of 0.06 percent shall be used when surfaces are repaired or when any new surfaces accessible to children are painted.

+ Fa137 Construction, remodeling, or alterations of structures during child care operations shall be done in such a manner as to prevent hazards or unsafe conditions (e.g., fumes, dust, safety hazards).

4	3	2	1
Missouri Licensing Regulations includes all standards associated with this indicator	Missouri Licensing Regulations includes at least 80% of the standards associated with this indicator	Missouri Licensing Regulations includes at least 50% of the standards associated with this indicator	Missouri Licensing Regulations includes less than 50% of the standards associated with this indicator
<p>Sources:</p> <p><b><u>19 CSR 30-62.082 (I) Physical Requirements of Group Day Care Homes and Day Care Centers</u></b></p> <p>(I) All flammable liquids, matches, cleaning supplies, poisonous materials, medicines, alcoholic beverages, hazardous personal care items or other hazardous items shall be inaccessible to children.</p> <p><b><u>19 CSR 30-62.082 (4) Physical Requirements of Group Day Care Homes and Day Care Centers</u></b></p> <p>4. The play area shall be safe for children’s activities, well-maintained, free of hazards such as poisonous plants, broken glass, rocks or other debris and shall have good drainage.</p> <p><b><u>19 CSR 30-62.082 (6) Physical Requirements of Group Day Care Homes and Day Care Centers</u></b></p> <p>6. Walls, ceilings and floors shall be finished with material which can be cleaned easily and shall be free of splinters, cracks and chipping paint. Floor covering shall be in good condition. Lead-free paint shall be used for all painted surfaces.</p> <p><b><u>19 CSR 30-62.092 (1)(A)(1) Furniture, Equipment, and Materials</u></b></p> <p>(1) Indoor Furniture and Equipment. (A) General Requirements.</p> <p>1. All furniture and equipment shall be constructed safely, in good condition and free of sharp, loose or pointed parts. Only lead- free paint shall be used.</p> <p><b><u>19 CSR 30-62.092 (3)(A): Furniture, Equipment, and Materials</u></b></p> <p>(3) Outdoor Equipment.</p>			

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

**\*\*\*The following regulations are not in the child care licensing manual, but in the sanitation guidelines for child care centers. These are included in this rubric because all facilities applying for and/or maintaining a child care license must pass a sanitation inspection\*\*\***

## **A. GENERAL**

### **Asbestos**

Over time, deteriorating asbestos puts small fibers into the air that can harm the lungs of children and may eventually cause lung cancer.

- Facilities with deteriorating asbestos (pipes wrapped with insulation that is loose, floor tiles that are cracked and chipped, etc.) must be removed by a person licensed to remove asbestos. This issue should be addressed as soon as it is detected with an acceptable plan of action within 30 days.
- Intact asbestos does not necessarily need to be removed, but will be monitored over the years for deterioration
- Before removal of any material that contains asbestos, and after the removal of deteriorating asbestos, the local inspector or BCC EPHS must be contacted
- Removal of asbestos by unlicensed individuals can cause asbestos to be released into the air and harm children

### **Pesticides**

It must be remembered that pesticides not only affect insects but they also affect humans. Small children are particularly vulnerable to pesticides. Extreme caution should be used when dealing with pesticides. Even if pesticide use is of a preventive nature and licensed professional should be used.

When pesticides are used:

- Manufacturer's labeled instructions must be followed
- Pesticides must be used only after child care hours
- A professional pest control company is recommended
- Equipment and toys must be washed and rinsed after use of pesticides
- Pesticides for lice must be used according to manufacturer's directions

### **6. No indication of Lead Hazards**

[19 CSR 30-60.100 (1) (F), 19 CSR 30-62.082 (2) (A) 6., 19 CSR 30-62.092 (1) (A), 19 CSR 30-62.092 (3) (A)]

- If a lead hazard evaluation suggests there may be a lead hazard in the facility a licensed risk assessor must conduct a lead risk assessment.
- Any facility located in a building built before 1978 must have a Basic Lead Hazard Evaluation conducted.
- Contact the BCC District EPHS III for assistance.
- If it is determined that lead is present in paint, dust, soil, toys, mini blinds, pottery, playground equipment, etc., the hazard must be eliminated
- Temporary measures to protect the child from the lead hazards must be followed as outlined.
- A written plan of correction must be submitted to the local inspector, or the BCC EPHS.
- The plan of correction must address eliminating the lead hazard.
- The facility will be evaluated at each annual inspection to determine if the facility is lead safe.
- If a lead hazard is found on an initial inspection, the provider will not be licensed or approved until the lead hazard is eliminated.

#### **7. No toxic or dangerous plants accessible to children**

[19 CSR 30-60.100 (1); 19 CSR 30-62.082 (6) (A) 4., 19 CSR 30-62.082 (1) (A) and (I)]

- Caregivers must be able to identify all plants in the child care space
- If the identity of a plant is not known, the children should not have access to the plant until the identity is known.
- If children have access to outdoor poisonous or dangerous plants an adult shall supervise the children at all times.
- EXCEPTION: If poison ivy or poison oak are present in the child care area they must be eliminated. If this situation is observed it is to be marked as a violation.

#### **8. Medicines and other toxic agents not accessible to children.**

Child contact items stored to prevent contamination by medicines, other toxic agents, cleaning agents and waste water drain lines.

[19 CSR 30-60.100 (1) (D), 19 CSR 30-62.082 (1) (A) and (I)]

- Toxic agents may not be stored over/with food items, food contact surfaces or children's items.
- Medicines (family's or children's) must be kept separate from toxic chemicals
- Medicines to be stored in the refrigerator must be stored in a nonabsorbent container with a lid or in sealed bags
- Medicines may be stored in kitchen cabinets over food contact surfaces if in a spill proof nonabsorbent container with a lid or sealed bag.
- Toxic products must be stored behind child proof doors or in an area inaccessible to children

**9. Food, toxic agents, cleaning agents, and medicines not in their original containers properly labeled**

[19 CSR 20-1.025 {3-602.11; 7-101.11; 7-102.11; 7-201.11}, 19 CSR 30061.090 (1)]

- All food containers, cleaning and toxic products, and medicines must be clearly labeled as to the contents if not easily recognizable.

Missouri licensing regulations that fall under this indicator but there is no standard to align the regulation with:

**19 CSR 30-62.087 (11)(A): Fire Safety**

(11) Interior Finish.

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

**MO Sanitation Guidelines**

**2. No environmental hazards observed**

[19 CSR 30-60.100 (1), (1) (D), (1) (F); 19 CSR 30-6.082 (1) (A) and (1) (I)]

This is a general requirement, and addresses environmental hazards such as asbestos, carbon monoxide, gasoline odors, and the misuse of pesticides.

CCA Treated lumber on Play equipment and decks

- Children shall wash their hands after contacting play equipment or decks constructed of this material.

**Carbon Monoxide**

A colorless, odorless gas that is produced by all appliances that use gas. If carbon monoxide is vented into the building it can replace the oxygen in the body, and virtually suffocate a person.

- All fuel burning appliances must be properly vented
- If the source of the hazard is known and the appliance is being used, the caregiver must immediately correct the situation or evacuate the premises (known as imminent danger)
- The BCC Child Care Specialists must be contacted for resolution of the situation
- The local fire district or the State Fire Marshal must be contacted for assistance



## **Gasoline Odor**

- If a gasoline odor is present in the water, the provider shall stop using it immediately and use bottled water until further notice
- The Bureau of Child Care EPHS III should be contacted for resolution of the situation
- Note: If gasoline concentrations are high enough in the water, the gasoline can dissipate into the air and become an air quality issue or a fire hazard.

## **E. FOOD PROTECTION**

### **8. Food and food related items and utensils, covered, stored and handled to prevent contamination by individuals, pests, toxic agents, cleaning agents, water drain lines, medicines, dust, splash and other foods. No bare-hand contact of ready to eat foods.**

[19 CSR 30-60.090 (9) (G); 19 CSR 20-1.025 {3-301; 3-302; 3-303; 3-304; 3-305; 3-306; 3-307}]

- Foods shall be stored in air tight containers
- Foods and food related items shall be stored above or protected from medicines, toxic products and cleaning products
- Food and food related items (e.g. utensils, pots and pans, single service items) shall not be stored under water lines, drain lines, sewage lines or under kitchen sinks
- Food containers must be stored off the floor
- Cooked foods or foods needing no further preparation shall not be stored under raw foods such as meats.
- Foods needing no further cooking shall not be handled with bare hands.
- Utensils shall be stored so that handles are presented to the user.

NOTE: Recently the FDA and the Missouri Department of Health and Senior Services made rule changes regarding the handling of ready to eat foods. The new requirement does not allow bare-hand contact of ready to eat foods. Tongs or other utensils, deli paper or food service gloves are options that can be used to meet this requirement.

The intent of this requirement is to prevent food being contaminated by a food service worker with poor hygiene. A snack served to ONE child, such as a cracker, will not be considered a violation if bare hand contact is made. If a snack is being served to a group of children (more than one) the no bare hand contact requirement is in effect.

### **Use of Gloves.**

When considering options to fulfill the no bare hand contact of ready to eat food, other options such as tongs or the use of deli paper should be encouraged. If gloves are used the inspector must ensure that they are used appropriately and used for a single purpose. Gloves must be discarded, and hands washed after each change of task or break in the food preparation process. The provider shall be reminded that glove use is not fool proof. Gloves may have microscopic holes in them that allow germs to penetrate them and spread disease.

Use of gloves does not replace hand washing. Hands must be washed before putting gloves on and immediately after taking them off. Changing gloves often is necessary in the prevention of disease. Caution must also be used in choosing the material gloves are made from. Latex gloves often cause rashes or allergic reactions in adults and children.

**Notes:**

There are 21 standards within the DHHS Toxic Substances indicator. MO regulations meet 7 of the standards resulting in a 33% which is a score of 1.

## Medication Indicator

### Medication Standards

- HP 082: The administration of medicines at the facility shall be limited to: (a) Those prescribed medications ordered by a health care provider for a specific child. (b) Those nonprescription medications recommended by a health care provider for a specific child, with written permission of the parent or legal guardian referencing a written or telephone instruction received by the facility from the health care provider.

+ HP 083: Any prescribed medication brought into the facility by the parent, legal guardian, or responsible relative of a child shall be dated, and shall be kept in the original container labeled by a pharmacist with the child's first and last names; the date the prescription was filled; the name of the health care provider who wrote the prescription; the medication's expiration date; and specific, legible instructions for administration, storage, and disposal (i.e., the manufacturer's instructions or prescription label).

- HP 084: Any over-the-counter medication brought into the facility for use by a specific child shall be labeled with the following information: the date; the child's first and last names; specific, legible instructions for administration and storage (i.e., manufacturer's instructions); and the name of the health care provider who made the recommendation.

- HP 085: All medications, refrigerated or unrefrigerated, shall have child protective caps, shall be kept in an orderly fashion, shall be stored away from food at the proper temperature, and shall be inaccessible to children. Medication shall not be used beyond the date of expiration.

- HP 086: There shall be a written policy for the use of any commonly used, nonprescription medication as specified in Medication Policy.

- HP 087: Any caregiver who administers medication shall be trained to check for the name of the child, to read the label/prescription directions in relation to the measured dose, frequency, and other circumstances relative to administration (e.g., relation to meals); and to document properly that the medication was administered.

4	3	2	1
Missouri Licensing Regulations includes all standards associated with this indicator	Missouri Licensing Regulations includes at least 80% of the standards associated with this indicator	Missouri Licensing Regulations includes at least 50% of the standards associated with this indicator	Missouri Licensing Regulations includes less than 50% of the standards

Sources:

**9 CSR 30-62.192(3)(A-I) Health Care**

**(3) Medication.**

(A) The provider is not required to administer medication but may choose to do so. (B) All medication shall be given to a child only with the dated, written permission of the parent(s) stating the length of time medication may be given.

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

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

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

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

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

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

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

Missouri licensing regulations that fall under this indicator but there is no standard to align the regulation with:

**Notes:**

There are 6 standards within the DHHS indicator of Medication. MO regulations fully meet one of the indicators thus receiving a 16% which is a score of 1.

## **Staff Training Indicator**

### **Staff Training Standards**

-ST 039: Caregivers shall be educationally qualified in advance for the role they are entering and shall receive orientation training during the week immediately following employment.

Caregivers shall also receive continuing education each year. In centers, directors shall ensure that 12 hours of staff meetings are held, in addition to the continuing education specified in Continuing Education.

ST 040: All new full-and part-time staff shall be oriented to, and demonstrate knowledge of, the following items a through o. The director of any center or large family-child-care home shall provide this training to newly hired caregivers. Small family home caregivers shall avail themselves of orientation training offered by the licensing agency, a resource and referral agency, or other such agency. This training shall include evaluation and a repeat demonstration of the training lesson. The orientation shall address, at a minimum:

- 1) - The goals and philosophy of the facility.
- 2) + The names and ages of the children for whom the caregiver will be responsible, and their specific developmental needs.
- 3) - Any special adaptation(s) of the facility required for a child with special needs.
- 4) + Any special health or nutrition need(s) of the children assigned to the caregiver.
- 5) + The planned program of activities at the facility.
- 6) + Routines and transitions.
- 7) + Acceptable methods of discipline.
- 8) Policies of the facility about relating to parents.
  - i) - Meal patterns and food-handling policies of the facility.
  - ii) - Occupational health hazards for caregivers.
  - iii) Emergency health and safety procedures.

9 General health policies and procedures, including but not limited to the following:

- (a) - Handwashing techniques, including indications for handwashing.
- (b) - Diapering technique and toileting, if care is provided to children in diapers and/or needing help with toileting, including appropriate diaper disposal and diaper-changing techniques.
- (c) - Correct food preparation, serving, and storage techniques if employee prepares food.
- (d) - Formula preparation, if formula is handled.
- iv) + Child abuse detection, prevention, and reporting.
- v) - Teaching health promotion concepts to children and parents as part of the daily care provided to children.
- vi) + Recognizing symptoms of illness.

+ ST 041: Orientation training in centers shall be documented. The director shall document the topics covered and the dates on which the orientation was provided.

- ST 042: During the first three months of employment, the center director or large family home caregiver shall document, for all full-time and part-time staff, additional orientation in and the employee's satisfactory knowledge of the following topics for the purpose of noting and responding to illness in the facility. Staff shall not be assigned to tasks involving these topic areas before receiving the orientation training.

- a) - Recognition of symptoms of illness and correct documentation procedures for recording illness symptoms.
- b) - Exclusion and readmission procedures.
- c) - Cleaning, sanitation, and disinfection procedures.
- d) - Procedures for administering medication to children and for documenting medication administered to children.
- e) - Procedures for notifying parents or legal guardians of communicable disease occurring in children or staff within the facility.
- f) - Procedures for performing the daily health assessment of children to determine whether they are ill and whether they need to be excluded from the facility.

- ST 043: Staff members shall not be expected to take responsibility for any aspect of care for which they have not been oriented and trained.

+ ST 044: The director of a center or a large family-child-care home shall ensure that all staff involved in the provision of direct care are certified in pediatric first aid that includes rescue breathing and first aid for choking. At least one certified staff person shall be in attendance at all times and in all places that children are in care.

ST 045: Small family home caregivers should be certified in pediatric first aid training that includes rescue breathing and first aid for choking. (Eliminating this indicator as n/a due to not researching FCC providers)

ST 046: Pediatric first aid training, including rescue breathing and first aid for choking, shall be consistent with pediatric first aid training developed by the American Red Cross, the American Heart Association, or the National Safety Council for First Aid Training Institute, or the equivalent of one of the three. The offered first aid instruction shall include, but not be limited to, the emergency management of:

- a) - Bleeding.
- b) - Burns.
- c) - Poisoning.
- d) - Choking.
- e) - Injuries, including insect, animal, and human bites.
- f) - Shock.

- g) - Convulsions or nonconvulsive seizures.
- h) - Musculoskeletal injury (e.g., sprains, fractures).
- i) - Dental emergencies.
- j) - Head injuries.
- k) - Allergic reactions.
- l) - Eye injuries.
- m) - Loss of consciousness.
- n) - Electric shock.

+ ST 047: Facilities that have a swimming pool or built-in wading pool shall require infant and child CPR training for caregivers. At least one of the caregivers, volunteers, and other adults who are counted in the child:staff ratio for wading and swimming (see standard ST4, p. 3) shall be trained in basic water safety and certified in infant and child CPR each year by a person certified as an instructor in water safety and in CPR. (For small family-child-care homes, the person trained in water safety and CPR shall be the caregiver.) Written verification of CPR and lifesaving certification, water safety instructions, and emergency procedures shall be kept on file.

+ ST 048: Facilities that serve children with special needs shall have at least one caregiver certified in infant and child CPR. Written verification of CPR certification shall be kept on file.

+ST 049: Records of current certification of pediatric first aid including rescue breathing and first aid for choking (and infant and child CPR, when indicated) shall be maintained in the files of the facility.

- ST 050: Directors and all caregivers shall have at least 30 clock hours per year of continuing education in the first year of employment, 16 clock hours of which shall be in child development programming and 14 of which shall be in child health, safety, and staff health; and 24 clock hours of continuing education based on individual competency needs each year thereafter, 16 of which shall be in child development programming and 8 of which shall be in child health, safety, and staff health.

4	3	2	1
Missouri Licensing Regulations includes all standards associated with this indicator	Missouri Licensing Regulations includes at least 80% of the standards associated with this indicator	Missouri Licensing Regulations includes at least 50% of the standards associated with this indicator	Missouri Licensing Regulations includes less than 50% of the standards associated with this indicator

Sources:

**19 CSR 30-62.082 (7)(E) Physical Requirements of Group Day Care Homes and Day Care Centers**

(7) Swimming and Wading Pools.

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

**19 CSR 30-62.102 (J)(1-2)(A-J)(K-S): Personnel**

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

1. A tour of the facility, indoors and outdoors; and
2. A review of the following:
  - a. Licensing rules
  - b. The facility's license and its limitations, if any
  - c. The facility's written child care practices, including procedures for medication administration, child illness, discipline, and guidance policies
  - d. The daily schedule
  - e. The assigned duties and responsibilities of staff
  - f. The names and ages of the children for whom the staff member will be responsible, including any special health, nutritional, or developmental needs
  - g. The location of children's records
  - h. The facility's safe sleep policy, if applicable
  - i. The facility's disaster emergency plan and the location of emergency information
  - j. The mandated responsibility to report any suspected child abuse or neglect

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

(S) The licensee shall have documentation on file at the facility of current certification in age-appropriate first aid and cardiopulmonary resuscitation (CPR) training for a sufficient number of child care staff to ensure that there is one (1) caregiver at the facility for every twenty (20) children in the licensed capacity. At least one (1) caregiver with current certification in age-appropriate first aid and CPR must be on site at all times when children are present. The training shall be certified by a nationally-recognized organization, such as the American Red Cross, American Heart Association, or an equivalent certification, include an in-person skills assessment, and be and approved by the department



### **19 CSR 30-62.102 (3)(A-O) Personnel**

#### **(3) Child Care Training**

(A) The center director, group day care, home provider, all other caregivers, and those volunteers who are counted in staff/child ratios shall obtain at least twelve (12) clock hours of child-care related training during each calendar year. Clock hour training shall be approved by the department.

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

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

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

(E) The clock hour training shall meet at least one (1) of the eight (8) Content Areas of the Core Competencies for Early Childhood and Youth Development Professionals (Kansas and Missouri) (2011) published by Child Care Aware® of Kansas/OPEN Initiative/Missouri After School Network/Kansas Enrichment Network. Copies may be obtained by contacting: OPEN Initiative at 573-884-3373 or [OPENInitiative@missouri.edu](mailto:OPENInitiative@missouri.edu) or [www.OPENInitiative.org](http://www.OPENInitiative.org). This rule does not incorporate any later amendments or additions. The eight (8) Content Areas are as follows:

- I. Child and Youth Growth and Development
- II. Learning Environment and Curriculum
- III. Observation and Assessment
- IV. Families and Communities
- V. Health and Safety
- VI. Interactions with Children and Youth
- VII. Program Planning and Development
- VIII. Professional Development and Leadership.

This rule does not incorporate any subsequent amendments or additions.

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

1. Caregivers shall obtain a Missouri Professional Development Identification (MOPD ID) number at [www.OPENInitiative.org](http://www.OPENInitiative.org).
2. All clock hour training records shall be recorded in the Missouri Professional Development Registry (MOPD Registry) at [www.OPENInitiative.org](http://www.OPENInitiative.org). A summary of

training from the MOPD System will serve as documentation of training hours completed.

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

1. College coursework accepted for clock hours shall be child-related
2. One (1) college credit is equal to fifteen (15) clock hours
3. College credit is only applicable to the calendar year in which the course is successfully completed
4. College courses qualifying for director approval, as stated in subparagraphs (2)(B)1.D. and E. of this rule are approved to meet annual clock hour requirements
5. College coursework does not include clock hour training or CEUs taken from a college. Clock hour training provided through colleges, such as a continuing education program or an extension office, shall follow the procedures for clock hour training approval
6. College coursework shall be documented by a transcript from an accredited college.

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

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

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

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

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

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

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

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

**19 CSR 30-62.102 (4)(A-C) Personnel**

(4) Safe Sleep Training. Every three (3) years the center director, group day care home provider, all other caregivers, and those volunteers who are counted in staff/child ratios in a group child care home or child care center licensed to provide care for infants less than one (1) year of age shall successfully complete department-approved training regarding the American Academy of Pediatrics (AAP) safe sleep recommendations contained in the American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome. Technical report – SIDS and other sleep-related infant deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment, by Moon RY, which is incorporated by reference in this rule as published in PEDIATRICS Volume 138, No. 5, November 1, 2016 and available at <http://pediatrics.aap- publications.org/content/pediatrics/early/2016/10/20/peds.2016-2938.full.pdf>. This rule does not incorporate any subsequent amendments or additions.

(A) The training shall be documented and maintained as described in paragraph (3)(F)2. of this rule.

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

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

Missouri licensing regulations that fall under this indicator but there is no standard to align the regulation with:

**Notes:**

There are 44 standards associated with the DHHS Staff training indicator. MO Regulations meet 14 of those standards resulting in a 31% which is a score of 1.

## **Staff (Director and Teachers) Qualifications Indicator**

### **Staff (Director and Teachers) Qualifications Standards**

#### General Qualifications of Directors:

- ST 006: The director of a center enrolling fewer than 60 children shall be at least 21 years old and shall have an undergraduate degree in early childhood education, child development, social work, nursing, or other child related field, or a combination of college coursework and experience under qualified supervision. Education shall include a course in business administration or equivalent on the job training in an administrative position; a minimum of four courses in child development and early childhood education; and 2 years' experience as a teacher of children of the age group(s) in care.
- ST 007: The director of a center enrolling 60 or more children shall be at least 21 years old and shall have an undergraduate degree in early childhood education, child development, social work, nursing, or other child related field, or a combination of college coursework and experience under qualified supervision. Education shall include one course in administration or at least 6 months' experience in administration, and 3 years' experience as a teacher of children of the age group(s) in care.
- ST008: Centers enrolling 30 or more children should employ a non-teaching director. Centers with fewer than 30 children may employ a director who teaches as well.
- ST 009: In addition to the credentials listed in Appendix A, a director of a center or a small family child care home system enrolling 30 or more children shall provide documentation of one course or 26 to 30 clock hours of training in health and safety issues for out of home facilities, in addition to other educational qualifications, upon employment. This training requirement shall be reduced to a minimum of 17 clock hours for directors of facilities caring for fewer than 30 children. This training shall include at least the following content:
  1. Mechanisms of communicable disease spread.
  2. Procedures for preventing the spread of communicable disease, including handwashing, sanitation, diaper changing, health department notification of reportable disease, equipment, toy selection and proper washing, disinfecting to reduce disease and injury risk, and health related aspects of pets in the facility.
  3. Immunization requirements for children and staff.
  4. Common childhood illnesses and their management, including child care exclusion policies.
  5. Organization of the facility to reduce illness and injury risks.
  6. Training child care staff and children in infection and injury control.
  7. Emergency procedures.
  8. Promotion of health in the child care setting.

- ST 010: In addition to the general requirements in Qualifications of Directors of Centers, the director of a facility for children under 5 years of age shall have not less than 2 to 3 years of experience, depending on the size of the center, as a teacher of infants, toddlers, and preschoolers. Directors of facilities for children ages 0 to 35 months shall have their 2 to 3 years of experience with infants and toddlers. Directors of facilities for children ages 3 to 5 years shall have their 2 to 3 years of experience with preschoolers.

- ST 011: In addition to the general requirements in Qualifications of Directors of Centers, the director of a school-age child care facility shall hold an undergraduate degree in early childhood education, elementary education, child development, recreation, or other child related field, or a combination of college coursework and experience under qualified supervision, and not less than 2 years' experience working with school-age children.

+ST 034: Directors and large family home caregivers shall check references and examine employment history before employing any staff, including substitutes, who will be alone with a child or a group of children in child care.

- ST 012: Caregivers shall have knowledge of child development and early childhood education; an undergraduate degree in early childhood education, child development, social work, nursing, or other child related field, or a combination of experience under qualified supervision and college coursework; 1 years' experience (or the equivalent as specified in Appendix A); and on the job training to provide a nurturing environment and to meet the child's out of home needs.

- ST 013: Centers shall employ licensed, certified teaching, caregiving staff for direct work with children in a progression of roles such as the following:

1. aides,
2. assistant teachers,
3. associate teachers,
4. teachers,
5. lead teachers, and;
6. education coordinators; Each role with increased responsibility shall have increased educational qualifications as outlined in Appendix A.

- ST 014: Every center, regardless of setting, shall have at least one licensed/certified lead teacher (or mentor teacher) who has a Bachelor of Arts, Bachelor of Science, Bachelor of Education, or Master of Education degree in early childhood education, child development, social work, nursing, or other child-related field, in addition to at least 1 year of experience working in child care serving this age group. All teachers in charge of a group shall be licensed/certified as lead teachers, teachers, or associate teachers, with education and experience related to the care and development of infants and toddlers, as well as supervised experience with this age group.

- ST 015: Caregivers shall want to work with infants and toddlers when asked and shall know what the job entails-fostering interaction, diapering, bathing, feeding, holding, comforting, and responding.

- ST 016: Every center, regardless of setting, shall have at least one licensed/certified lead teacher (or mentor teacher) who has a Bachelor of Arts, Bachelor of Science, Bachelor of Education, or Master of Education degree in early childhood education, child development, social work, nursing, or other child-related field, as well as at least 1 year of experience working in child care with this age group. All teachers in charge of a group shall be licensed/certified as lead teachers, teachers, or associate teachers, with education in child development and early childhood education specific to this age group, as well as supervised experience with preschool children.

- ST 017: Caregivers shall demonstrate an ability to apply their understanding of the developmental characteristics of 3- to 5-year-olds. Caregivers shall demonstrate knowledge and understanding of these children's independence and social competence, more complex inner lives, and increasing ability to adapt to their environment and cope with stress.

- ST 018: Every center, regardless of setting, shall have at least one licensed/certified group leader (or mentor teacher) who has a Bachelor of Arts, Bachelor of Science, Bachelor of Education, or Master of Arts degree in child development or early childhood education covering ages newborn to 8 or 3 to 8, elementary education, recreation, or a related field, as well as at least 1 year of experience working in child care. Teachers in charge of a group shall be licensed/certified as lead teacher, teacher, or associate teacher with education in child development and programming specific to this age group; they shall also have supervised experience with school-age children. Caregivers shall have training and supervised experiences in child development and education.

- ST 019: Caregivers shall demonstrate knowledge about the social and emotional needs and developmental tasks of 5- to 12-year-old children, and shall know how to implement a nonacademic, enriching program.

4	3	2	1
Missouri Licensing Regulations includes all standards associated with this indicator	Missouri Licensing Regulations includes at least 80% of the standards associated with this indicator	Missouri Licensing Regulations includes at least 50% of the standards associated with this indicator	Missouri Licensing Regulations includes less than 50% of the standards associated with this indicator
<p>Sources:</p> <p><b><u>19 CSR 30-62.102(2)(B)(1)(A-G): Personnel</u></b></p> <p>(B) Education Requirements and Experience</p>			

1. General requirements:

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

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

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

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

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

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

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

**19 CSR 30-62.102(3)(A-B): Personnel**

3. Center director

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

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

Licensed Capacity of the Center	Education and Experience Requirements for Center Director

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

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

Lead/Assistant teacher qualifications:

**19 CSR 30-62.102(1)(A-S) Personnel**

(1) General Staff Requirements:

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

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



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

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

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

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

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

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

1. A tour of the facility, indoors and out- doors
2. A review of the following:
  - a. Licensing rules;
  - b. The facility's license and its limitations, if any;
  - c. The facility's written child care practices, including procedures for medication administration, child illness, discipline, and guidance policies;
  - d. The daily schedule;
  - e. The assigned duties and responsibilities of staff;
  - f. The names and ages of the children for whom the staff member will be responsible, including any special health, nutritional, or developmental needs;
  - g. The location of children's records;
  - h. The facility's safe sleep policy, if applicable;
  - i. The facility's disaster emergency plan and the location of emergency information
  - j. The mandated responsibility to report any suspected child abuse or neglect to the Children's Division at the toll-free number 1-800-392-3738 or online at [https://apps.dss.mo.gov/OnlineCanReporting /default.aspx](https://apps.dss.mo.gov/OnlineCanReporting/default.aspx).

(S) The licensee shall have documentation on file at the facility of current certification in age-appropriate first aid and cardiopulmonary resuscitation (CPR) training for a sufficient number of child care staff to ensure that there is one (1) caregiver at the facility for every twenty (20) children in the licensed capacity. At least one (1) caregiver with current certification in age-appropriate first aid and CPR must be on site at all times when children are present. The

training shall be certified by a nationally-recognized organization, such as the American Red Cross, American Heart Association, or an equivalent certification, include an in-person skills assessment, and be and approved by the department.

Missouri licensing regulations that fall under this indicator but there is no standard to align the regulation with:

**19 CSR 30-62.102(2)(A)(1-5): Personnel**

(2) Center Director or Group Day Care Home Provider

(A) General Requirements.

1. The group day care home provider or the individual designated as the center director shall be responsible for planning, monitoring, and managing the facility's daily program.
2. Center directors and group day care home providers routinely shall be on duty during the hours of highest attendance a minimum of forty (40) hours per week. If the facility operates less than forty (40) hours per week, the center director or group day care home provider shall be on duty at least fifty percent (50%) of the operating hours.
3. The duties and responsibilities of the center director or group day care home provider shall be defined clearly in writing.
4. In the absence of the center director or group day care home provider, another responsible individual shall be designated to be in charge of the facility.
5. The center owner(s), or the board president or chairperson, shall notify the department immediately when there is a change of directors and shall submit child abuse/neglect screening information as required by 19 CSR 30-62.042 Initial Licensing Information.

**19 CSR 30-62.102(2): Personnel**

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

**19 CSR 30-62.102(1)(A-S) Personnel**

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

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

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

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

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

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

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

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

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

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

**Notes:**

There are 15 standards within the DHHS Indicators of Staff (Director and Teacher) qualifications. This indicator acts as 2. MO Regulations meet 1 of the standards resulting in a 6% which is a score of 1.

## **Outdoor Playground Indicator**

### **Outdoor Playground Standards**

- FA 234: Sunlit areas and shaded areas shall be provided by means of open space and tree plantings or other cover in outdoor spaces.
  
- FA 235: The outdoor play area shall be enclosed with a fence or natural barriers. The barrier shall be at least 4 feet in height and the bottom edge shall be no more than 3 1/2 inches off the ground. There shall be at least two exits from such areas, with at least one remote from the buildings. Gates shall be equipped with self-closing and positive self-latching closure mechanisms. The latch or securing device shall be high enough or of such a type that it cannot be opened by small children. The openings in the fence shall be no greater than 3 1/2 inches. The fence shall be constructed to discourage climbing.
  
- FA 236: The soil in play areas shall not contain hazardous levels of any toxic chemical or substances. The facility shall have soil samples and analyses performed by the local health department, extension service, or environmental control testing laboratory, as required, where there is good reason to believe a problem may exist.
  
- FA 237: The soil in play areas shall be analyzed for lead content initially. It shall be analyzed at least once every 2 years where the exteriors of adjacent buildings and structures are painted with lead containing paint. Lead in soil shall not exceed 500 ppm. Testing and analyses shall be in accord with procedures specified by the regulating health authority.
  
- FA 238: Sandboxes shall be constructed to permit drainage, shall be covered tightly and securely when not in use, and shall be kept free from cat or other animal excrement.
  
- FA 239: Sand used in sandboxes shall not contain toxic or harmful materials.
  
- FA 240: Outdoor storage shall be available for equipment not secured to the ground, unless indoor storage space is available.
  
- +FA 241: Anchored play equipment shall not be placed over, or immediately adjacent to, hard surfaces.
  
- FA 242: Outdoor play equipment shall be of safe design and in good repair. Climbing equipment and swings shall be set in concrete footings located below ground surface (at least 6 inches). Swings shall have soft and, or flexible seats. Access to play equipment shall be limited to age groups for which the equipment is developmentally appropriate.
  
- FA 243: All pieces of playground equipment shall be designed to match the body dimensions of children.

- FA 244: All pieces of playground equipment shall be installed so that an average adult will not be able to cause a fixed structure to wobble or tip.

- FA 245: All pieces of playground equipment shall be surrounded by a resilient surface (e.g., fine, loose sand; wood chips; wood mulch) of an acceptable depth (9 inches), or by rubber mats manufactured for such use, consistent with the guidelines of the Consumer Product Safety Commission and the standard of the American Society for Testing and Materials, extending beyond the external limits of the piece of equipment for at least 4 feet beyond the fall zone of the equipment. These resilient surfaces must conform to the standard stating that the impact from falling from the height of the structure will be less than or equal to peak deceleration 200G(63). Organic materials that support colonization of molds and bacteria shall not be used.

+FA 246: All pieces of playground equipment shall be designed so that moving parts (swing components, teeter totter mechanism, spring ride springs, etc.) will be shielded or enclosed.

-FA 247: All pieces of playground equipment shall be free of sharp edges, protruding parts, weaknesses, and flaws in material construction. Sharp edges in wood, metal, or concrete shall be rounded to a minimum of 1/2 inch wide on all edges. Wood materials shall be sanded smooth and shall be inspected regularly for splintering.

+ FA 248: All pieces of playground equipment shall be designed to guard against entrapment or situations that may cause strangulation by being made too large for a child's head to get stuck or too small for a child's head to fit into. Openings in exercise rings shall be smaller than 4, inches or larger than 9 inches in diameter. There shall be no openings in a play structure with a dimension between 4 and 5/8 inches and 9 and 1/8 inches. In particular, side railings, stairs, and other locations where a child might slip or try to climb through shall be checked for appropriate dimensions. Protrusions such as pipes or wood ends that may catch a child's clothing are prohibited. Distances between vertical infill, where used, must be 4 and 5/8 inches or less to prevent entrapment of a child's head. No opening shall have a vertical angle of less than 55 degrees. To prevent finger entrapment, no opening larger than 3/8 inch and smaller than 1 inch shall be present.

- FA 249: All bolts, hooks, eyes, shackles, rungs, and other connecting and linking devices of all pieces of playground equipment shall be designed and secured to prevent loosening or unfastening except by authorized individuals with special tools.

- FA 250: Crawl spaces of all pieces of playground equipment, such as pipes or tunnels, shall be securely anchored to the ground to prevent movement, and shall have a minimum diameter that permits easy access to the space by adults in an emergency or for maintenance.

- FA 251: The maximum height of any piece of playground equipment shall be no greater than 5 and 1/2 feet if children up to the age of 6 are given access to it, and no higher than 3 feet if the maximum age of

- FA 252: All paved surfaces shall be well drained to avoid water accumulation and ice formation.
- FA 253: All walking surfaces, such as walkways, ramps, and decks, shall have a nonslip finish.
- FA 254: All walking surfaces and other play surfaces shall be free of holes and sudden irregularities in the surface.
- FA 255: Space used for wheeled vehicles shall have a flat, smooth, and non-slippery surface. There shall be a physical barrier separating this space from traffic, streets, parking, delivery areas, driveways, stairs, hallways used as fire exits, balconies, and pools and other areas containing water.
- FA 256: All outdoor activity areas shall be maintained in a clean and safe condition by removing debris, dilapidated structures, broken or worn play equipment, building supplies, glass, sharp rocks, twigs, toxic plants, and other injurious material. The play areas shall be free from anthills, unprotected ditches, wells, holes, grease traps, cisterns, cesspools, and unprotected utility equipment. Holes or abandoned wells within the site shall be properly filled or sealed. The area shall be well drained with no standing water.
- FA 257: Outdoor play equipment shall not be coated or treated with, nor shall it contain, toxic materials in hazardous amounts that are accessible to children.
- FA 258: The center director and the large and small family home caregiver shall conduct inspections of the playground area and the playground as specified below.
- FA 259: The general playground surfaces shall be checked every day for broken glass, trash, and other foreign materials (e.g., animal excrement).
- FA 260: The playground area shall be checked on a daily basis for areas of poor drainage and accumulation of water and ice.
- FA 261: Any particulate resilient material beneath playground equipment shall be checked at least monthly for packing due to rain or ice and, if found compressed, shall be turned over or raked up to increase resilience capacity. All particulate resilient material, particularly sand, shall be inspected daily for glass and other debris, animal excrement, and other foreign material. Loose fill surfaces shall be hosed down for cleaning and raked or sifted to remove hazardous debris as often as needed to keep the surface free of dangerous, unsanitary materials.
- FA 262: The playground equipment shall be checked on a monthly basis for the following:
  1. Visible cracks, bending or warping, rusting, or breakage of any equipment.
  2. Deformation of open hooks, shackles, rings, links, and so forth.

3. Worn swings hangers and chains.
4. Missing, damaged, or loose swing seats.
5. Broken supports or anchors.
6. Cement support footings that are exposed, cracked, or loose in the ground.
7. Accessible sharp edges or points.
8. Exposed ends of tubing that require covering with plugs or caps.
9. Protruding bolt ends that have lost caps or covers.
10. Loose bolts, nuts, and so forth that require tightening.
11. Splintered, cracked, or otherwise deteriorating wood.
12. Lack of lubrication on moving parts.
13. Worn bearings or other mechanical parts.
14. Broken or missing rails, steps, rungs, or seats.
15. Worn or scattered surfacing material.
16. Hard surfaces, especially under swings, slides, and so forth (e.g., places where resilient material has been shifted away from any surface underneath play equipment).
17. Chipped or peeling paint.
18. Pinch or crush points, exposed mechanisms, juncture, and moving components.

4	3	2	1
Missouri Licensing Regulations includes all standards associated with this indicator	Missouri Licensing Regulations includes at least 80% of the standards associated with this indicator	Missouri Licensing Regulations includes at least 50% of the standards associated with this indicator	Missouri Licensing Regulations includes less than 50% of the standards associated with this indicator

Sources:

**19 CSR 30-62.042 (D)(2) Initial Licensing Information**

(D) Prior to the granting of a license, the following shall be submitted by the applicant:  
 (2) A sketch or diagram of the outdoor play area and placement of equipment. The licensing representative and the applicant shall measure the area jointly;

**19 CSR 30-62.082 (6)(A)(1-8)(B)(1-2) Physical Requirements of Group Day Care Homes and Day Care Centers**

(6) Outdoor Space.

(A) General Requirements.

1. A fenced outdoor play area shall be available on or adjoining the day care property. The play area shall be located so it is convenient and the children can gain access to it without hazard. For facilities initially licensed after the effective date of these rules or for the

installation of new fences in existing facilities, the fence shall be at least forty- two inches (42") high. An outdoor play area used exclusively for school-age children shall not be required to have a fence. Fences shall be constructed to prevent children from crawling or falling through or becoming entrapped.

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

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

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

5. The fall-zone area under and around outdoor equipment where children might fall and be injured shall be covered with impact- absorbing materials which will effectively cushion the fall of a child. This material may include sand, pea gravel, tanbark, shredded tires, wood chips, rubber matting or other approved resilient material.

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

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

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

**(B) Infants and Toddlers.**

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

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

**19 CSR 30-62.082 (7)(A-F) Physical Requirements of Group Day Care Homes and Day Care Centers**

**(7) Swimming and Wading Pools.**



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

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

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

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

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

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

### **19 CSR 30-62.092 (3)(A-J) Furniture, Equipment, and Materials**

(3) Outdoor Equipment.

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

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

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

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

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

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

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

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

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

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

**19 CSR 30-62.182 (2)(B)(3-4)(c)(8) Child Care Program**

(2) Daily Activities for Children.

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

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

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

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

8. Opportunity for outdoor play when weather permits.

**19 CSR 30-62.152 (3)(A) Hourly Care Facilities**

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

(A) An outdoor play area is not required

Missouri licensing regulations that fall under this indicator but there is no standard to align the regulation with:

**Notes:**

There are 29 standards within the DHHS indicator of outdoor play. MO regulations meet 3 of those standards resulting in a 10% which is a score of 1.

## Handwashing/Diapering Indicator

### Handwashing/Diapering Standards

HP 029: Staff and children shall wash their hands at least at the following times, and whenever hands are contaminated with body fluids:

1. + Before food preparation, handling, or serving.
2. + After toileting or changing diapers.
3. + After assisting a child with toilet use.
4. + Before handling food.
5. + Before any food service activity (including setting the table).
6. +/- Before and after eating meals or snacks. **The MO Regulations only specify before meals and/or snacks**
7. - After handling pets or other animals.

- HP 030: Children and staff shall wash and scrub their hands for at least 10 seconds with soap and warm running water.

- HP 031: The facility shall ensure that staff and children are instructed in, and monitored on, the use of running water, soap, and single-use or disposable towels in handwashing as specified in this chapter.

- FA144: Toilets and sinks, easily accessible for use and supervision, shall be provided in the following ratios: toilets, urinals, and hand sinks shall be apportioned at a ratio of 1:10 for toddlers and preschool-age children and 1:15 for school-age children. Maximum toilet height shall be 11 inches and maximum hand sink height shall be 22 inches. Urinals shall not exceed 30 percent of the total required toilet fixtures. When the number of children in the ratio is exceeded by one, an additional fixture shall be required. These numbers shall be subject to the following minimums:

1. - A minimum of one sink and one flush toilet for 10 or fewer toddlers and pre-school age children using toilets.
2. - A minimum of one sink and one flush toilet for 15 or fewer school age children using toilets.
3. - A minimum of two sinks and two flush toilets for 16 to 30 children using toilets.
4. - A minimum of one sink and one flush toilet for each additional 15 children.

+ FA 154: The changing area shall never be located in food preparation areas and shall never be used for temporary placement or serving of food.

+/- FA 156: Changing tables shall have impervious, nonabsorbent surfaces. Tables shall be sturdy, shall be adult height, and shall be equipped with railings. Safety straps on changing tables shall not be used. **This part of the standard is not located in the MO Regulations**

- FA 158: If cloth diapers are used, a toilet shall be easily accessible so that waste contents may be disposed of by dumping before placing the diapers in the waste receptacle.

- FA 159: Conveniently located, washable, plastic lined, tightly covered receptacles, operated by a foot pedal, and shall be provided for soiled burping cloths and linen.

4	3	2	1
Missouri Licensing Regulations includes all standards associated with this indicator	Missouri Licensing Regulations includes at least 80% of the standards associated with this indicator	Missouri Licensing Regulations includes at least 50% of the standards associated with this indicator	Missouri Licensing Regulations includes less than 50% of the standards associated with this indicator

Sources:

**19 CSR 30-62.082 (3)(A)1-8): Physical Requirements of Group Day Care Homes and Day Care Centers**

(3) Bathrooms.

(A) General Requirements.

1. One (1) flush toilet and one (1) adjacent handwashing facility with running water shall be available for every twenty (20) children. 2. Urinals may be substituted for up to one-half (1/2) the required number of toilets, with a minimum of one (1) toilet per bath- room.

**19 CSR 30-62.082 (3)(B)(1)(B): Physical Requirements of Group Day Care Homes and Day Care Centers**

(B) School Age.

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

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

**19 CSR 30-62.082 (3)(C)(1-2): Physical Requirements of Group Day Care Homes and Day Care Centers**

(C) Infants, Toddlers and Nontoilet Trained Children.

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

**19 CSR 30-62.082 (4)(A-D): Physical Requirements of Group Day Care Homes and Day Care Centers**

(4) Diapering Area.

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

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

**19 CSR 30-62.182 (E)(1-10) Child Care Program**

(E) Diapering and Toilet Training.

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

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

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

4. Diapers and wet clothing shall be changed promptly.

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

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

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

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

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

10. Children shall not be punished, berated, or shamed in any way for soiling their clothes. The parent(s) shall provide extra clothing for his/her child in case the child accidentally soils him/herself.

**19 CSR 30-62.182 (2)(B)(5) Child Care Program**

(2) Daily Activities for Children.

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

5. Toileting and handwashing times;

**19 CSR 30-62.182 (6)(A-B): Child Care Program**

(6) Handwashing.

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

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

**Missouri licensing regulations that fall under this indicator but there is no standard to align the regulation with:**

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

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

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

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

6. Children shall be monitored while in the bathroom.

7. Bathrooms shall be clean and odor free

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

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

(B) School Age. A. Separate girls' and boys' bathrooms shall be provided; or

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

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

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

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

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

**Notes:**

There are 18 standards within the DHHS handwashing and diapering indicator. MO Regulations fully meets 6 of those regulations resulting in a 33% which is a score of 1.

## Immunizations Indicator

### Immunizations Standards

+/- Child care facilities should require that all parents/guardians of children enrolled in child care provide written documentation of receipt of immunizations appropriate for each child's age. Infants, children, and adolescents should be immunized as specified in the "Recommended Immunization Schedules for Persons Aged 0 Through 18 Years – United States" developed by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP). **The Missouri regulations have a clause in them for facilities who are licensed for less than 10 kids. The standard does not apply to a facility who is licensed for less than 10 children.** Children whose immunizations are not up-to-date or have not been administered according to the recommended schedule should receive the required immunizations, unless contraindicated or for legal exemptions

4	3	2	1
Missouri Licensing Regulations includes all standards associated with this indicator	Missouri Licensing Regulations includes at least 80% of the standards associated with this indicator	Missouri Licensing Regulations includes at least 50% of the standards associated with this indicator	Missouri Licensing Regulations includes less than 50% of the standards associated with this indicator
<p>Sources:</p> <p><b><u>19 CSR 30-62.132 (8)(E)(5): Admission Policies and Procedures</u></b></p> <p>(8) The provider shall develop and implement a procedure for admitting children which shall include: (E) Completion by the parent(s) of the following written information which shall be on file before the child is accepted for care:</p> <p>5. Information indicating that the child has completed age-appropriate immunizations, is in the process of completing immunizations, or is exempt from immunization requirements as defined by 19 CSR 30- 62.192 Health Care;</p> <p><b><u>19 CSR 30-62.132 (8)(F): Admission Policies and Procedures</u></b></p> <p>(8) The provider shall develop and implement a procedure for admitting children which shall include:</p>			



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

**19 CSR 30-62.192 (4) (A-D): Health Care**

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

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

1. Satisfactory evidence is produced that the child has begun the process of immunization (see form at 19 CSR 40-61.185). The child may continue to attend as long as the immunization process is being accomplished according to the ACIP/Missouri Department of Health recommended schedule; or
2. The parent(s) or guardian has signed and placed on file with the day care administrator a statement of exemption which may be either of the following:
  - a. A medical exemption (see form at 19 CSR 40-61.185), by which the child shall be exempted from immunization requirements upon certification by a licensed physician that the immunization would seriously endanger the child's health or life; or
  - b. A parent or guardian exemption, by which a child shall be exempted from immunization requirements if one (1) parent or guardian files a written objection to immunization with the day care administrator. Exemptions shall be accepted by the day care administrator when the necessary information as determined by the department is filed with the day care administrator by the parent or guardian. Exemption forms shall be provided by the department (see 19 CSR 40-61.185).

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

(D) The administrator of each day care facility shall prepare a record of immunization of each child enrolled in or attending the facility. An annual summary report shall be made by January

15 showing the immunization status of each child enrolled, using forms provided by the department (see 19 CSR 40- 61.185). The immunization records shall be available for review by department personnel upon request.

Missouri licensing regulations that fall under this indicator but there is no standard to align the regulation with:

**Notes:**

There is one standard within the DHHS Indicator for Immunizations. Missouri regulations only partially meets the indicator in that the regulations do not apply to facilities who are licensed for 10 or less children. This results in a 0% for this indicator which is a score of 1.

## Child Abuse and Neglect Indicator

### Child Abuse and Neglect Standards

+ HP 094: The facility shall report to the department of social services, child protective services, or police any instance where there is reasonable cause to believe that child abuse, neglect, or exploitation may have occurred.

- HP 095: Caregivers and health professionals shall establish linkages with physicians, child psychiatrists, nurses, nurse practitioners, physicians' assistants, and child protective services who are willing to provide them with consultation about suspicious injuries or other circumstances that may indicate abuse or neglect. The names of these consultants shall be available for inspection.

- HP 096: Caregivers must be aware of the common behaviors shown by abused children and, if many such children are in the center, make special provisions for them by the addition of staff.

+ HP 097: Caregivers who report abuse in the settings where they work shall be immune from discharge, retaliation, or other disciplinary action for that reason alone, unless it is proven that the report was malicious.

- HP 098: Employees and volunteers in centers shall receive an instruction sheet about child abuse reporting that contains a summary of the state child abuse reporting statute and a statement that they will not be discharged solely because they have made a child abuse report.

+/- HP 099: All caregivers in all settings and at all levels of employment shall know the definitions of the four forms of child abuse and shall be able to give examples. **There is no regulation in Missouri that specifically talks about this part of the standard.** They shall know the child abuse reporting requirements as they apply to themselves, and how to make a report.

- HP 100: Caregivers with a year of experience in child care, and all small family home caregivers, shall know the symptoms and indicators of abuse that abused children may show. They shall know the common factors, both chronic and situational, that lead to abuse, and some ways of helping persons who are prone to abuse to avoid committing abuse. These symptoms and indicators shall be listed in the written policies.

- HP 101: Center directors shall know methods for reducing the risks of child abuse. They shall know how to recognize common symptoms and signs of child abuse.

- HP 102: Caregivers shall have ways of taking breaks and finding relief at times of high stress (e.g., they shall be allowed 15 minutes of break time every four hours, in addition to a lunch break of at least 30 minutes).

- HP 103: The physical layout of facilities shall be arranged so that all areas can be viewed by at least one other adult in addition to the caregiver at all times to reduce the likelihood of isolation or privacy for individual caregivers with children, especially in areas where children may be undressed or have their genitals exposed.

- HP 104: Caregivers shall be knowledgeable about the symptoms and signs caused by sexually transmitted diseases (STDs) in children. They must refer such children for care by calling the health care provider as well as the parent in order to be certain that the child is taken for care. They must determine from the health care provider when the child may return to the site and what precautions, if any, are needed to protect other children. Caregiver training on these items shall be documented.

+ ST 034: Directors and large family home caregivers shall check references and examine employment history before employing any staff, including substitutes, who will be alone with a child or a group of children in child care.

4	3	2	1
Missouri Licensing Regulations includes all standards associated with this indicator	Missouri Licensing Regulations includes at least 80% of the standards associated with this indicator	Missouri Licensing Regulations includes at least 50% of the standards associated with this indicator	Missouri Licensing Regulations includes less than 50% of the standards associated with this indicator
<p>Sources:</p> <p><b><u>19 CSR 30-62.042 (2) (J-L): Initial Licensing Information</u></b></p> <p>(2) Licensing Process.</p> <p>(J) The facility owner(s), board president, or chairperson, all members of an LLC, and the center director or group day care home provider, shall have qualifying background screening results on file as required by 19 CSR 30-63.020 General Requirements, prior to initial issuance of the license.</p> <p>(K) Child care staff members, as defined in section 210.1080.1(1), RSMo shall have qualifying background screening results on file as required by 19 CSR 30-63.020 General Requirements, prior to initial issuance of the license.</p> <p>(L) Background screening information received by the provider shall be retained in the individual's file in a confidential manner and available for review.</p> <p><b>19 CSR 30-62.052 (3-4): License Renewal</b></p>			

(3) The facility owner(s), board president, or chairperson, and the center director or group day care home provider, shall have qualifying background screening results on file as required by 19 CSR 30-63.020 General Requirements, prior to renewal of the license.

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

**19 CSR 30-62.042 (2)(R)(6): Initial Licensing Information**

(2) Licensing Process.

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

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

**19 CSR 30-62.102 (1)(J)(2)(J-P): Personnel**

(1) General Staff Requirements

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

2. A review of the following

(J) The mandated responsibility to report any suspected child abuse or neglect to the Children's Division at the toll-free number 1-800-392-3738 or online at <https://apps.dss.mo.gov/OnlineCanReporting/default.aspx>.

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

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

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

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

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

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

**19 CSR 30-62.102 (2)(A)(5): Personnel**

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

(A) General Requirements.

(5) The center owner(s), or the board president or chairperson, shall notify the department immediately when there is a change of directors and shall submit child abuse/neglect screening information as required by 19 CSR 30-62.042 Initial Licensing Information.

**19 CSR 30-62.182 (1)(A)(8): Child Care Program**

(1) Care of the Child.

(A) General Requirements.

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

**RSMo. 210.110.** As used in sections 210.109 to 210.165, and sections 210.180 to 210.183, the following terms mean: (1) "Abuse", any physical injury, sexual abuse, or emotional abuse inflicted on a child other than by accidental means by those responsible for the child's care, custody, and control, except that discipline including spanking, administered in a reasonable manner, shall not be construed to be abuse;

\*\* The following regulations are referenced in the MO Child Care Licensing Regulations Manual but are Missouri State Statutes and not actually listed in the MO Child Care Regulations:

210.115. Reports of abuse, neglect, and under age eighteen deaths — persons required to report — supervisors and administrators not to impede reporting — deaths required to be

reported to the division or child fatality review panel, when — report made to another state, when. —

1. When any physician, medical examiner, coroner, dentist, chiropractor, optometrist, podiatrist, resident, intern, nurse, hospital or clinic personnel that are engaged in the examination, care, treatment or research of persons, and any other health practitioner, psychologist, mental health professional, social worker, day care center worker or other child-care worker, juvenile officer, probation or parole officer, jail or detention center personnel, teacher, principal or other school official, minister as provided by section 352.400, peace officer or law enforcement official, or other person with responsibility for the care of children has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect, that person shall immediately report to the division in accordance with the provisions of sections 210.109 to 210.183. No internal investigation shall be initiated until such a report has been made. As used in this section, the term "abuse" is not limited to abuse inflicted by a person responsible for the child's care, custody and control as specified in section 210.110, but shall also include abuse inflicted by any other person.

2. If two or more members of a medical institution who are required to report jointly have knowledge of a known or suspected instance of child abuse or neglect, a single report may be made by a designated member of that medical team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter immediately make the report. Nothing in this section, however, is meant to preclude any person from reporting abuse or neglect.

3. The reporting requirements under this section are individual, and no supervisor or administrator may impede or inhibit any reporting under this section. No person making a report under this section shall be subject to any sanction, including any adverse employment action, for making such report. Every employer shall ensure that any employee required to report pursuant to subsection 1 of this section has immediate and unrestricted access to communications technology necessary to make an immediate report and is temporarily relieved of other work duties for such time as is required to make any report required under subsection 1 of this section.

4. Notwithstanding any other provision of sections 210.109 to 210.183, any child who does not receive specified medical treatment by reason of the legitimate practice of the religious belief of the child's parents, guardian, or others legally responsible for the child, for that reason alone, shall not be found to be an abused or neglected child, and such parents, guardian or other persons legally responsible for the child shall not be entered into the central registry. However, the division may accept reports concerning such a child and may subsequently investigate or conduct a family assessment as a result of that report. Such an exception shall not limit the administrative or judicial authority of the state to ensure that medical services are provided to the child when the child's health requires it.

5. In addition to those persons and officials required to report actual or suspected abuse or neglect, any other person may report in accordance with sections 210.109 to 210.183 if such

person has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect.

6. Any person or official required to report pursuant to this section, including employees of the division, who has probable cause to suspect that a child who is or may be under the age of eighteen, who is eligible to receive a certificate of live birth, has died shall report that fact to the appropriate medical examiner or coroner. If, upon review of the circumstances and medical information, the medical examiner or coroner determines that the child died of natural causes while under medical care for an established natural disease, the coroner, medical examiner or physician shall notify the division of the child's death and that the child's attending physician shall be signing the death certificate. In all other cases, the medical examiner or coroner shall accept the report for investigation, shall immediately notify the division of the child's death as required in section 58.452 and shall report the findings to the child fatality review panel established pursuant to section 210.192.

7. Any person or individual required to report may also report the suspicion of abuse or neglect to any law enforcement agency or juvenile office. Such report shall not, however, take the place of reporting to the division.

8. If an individual required to report suspected instances of abuse or neglect pursuant to this section has reason to believe that the victim of such abuse or neglect is a resident of another state or was injured as a result of an act which occurred in another state, the person required to report such abuse or neglect may, in lieu of reporting to the Missouri children's division, make such a report to the child protection agency of the other state with the authority to receive such reports pursuant to the laws of such other state. If such agency accepts the report, no report is required to be made, but may be made, to the children's division.

#### **19 CSR 30-62.222 (9): Records and Reports**

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

Missouri licensing regulations that fall under this indicator but there is no standard to align the regulation with:

#### **Notes:**

There are 12 standards within the DHHS child abuse and neglect indicator. MO Regulations fully meet 3 of the DHHS standards. This resulted in a 25% which is a score of 1.



## Child/Staff Ratios Indicator

### Child:Staff Standards

ST 002: Child:staff ratios for centers and large family child care homes shall be maintained as follows during all hours of operation:

Age	Child-staff ratio	Maximum group size
- Birth-12 months	3:1	6
-13-24 months	3:1	6
-25-30 months	4:1	8
-31-35 months	5:1	10
-3 year olds	7:1	14
-4 year olds	8:1	16
-5 year olds	8:1	16

- When there are mixed age groups in the same room, the child:staff ratio and group size shall be consistent with the age of the majority of the children when no infants or toddlers are in the mixed age group. When infants or toddlers are in the mixed age group, the child:staff ratio and group size for infants and toddlers shall be maintained.

4	3	2	1
Missouri Licensing Regulations includes all standards associated with this indicator	Missouri Licensing Regulations includes at least 80% of the standards associated with this indicator	Missouri Licensing Regulations includes at least 50% of the standards associated with this indicator	Missouri Licensing Regulations includes less than 50% of the standards associated with this indicator
<p>Sources:</p> <p><b><u>MO Regulation: 19 CSR 30-62.112(1) (A-E): Staff/Child Ratios</u></b></p> <p>(1) The following staff/child ratios shall be maintained on the premises at all times:</p> <p>(A) Birth Through Two (2) Years. Groups composed of mixed ages through two (2)- years shall have no less than one (1) adult to four (4) children, with no more than eight (8) children in a group;</p>			

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

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

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

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

Missouri licensing regulations that fall under this indicator but there is no standard to align the regulation with:

**19 CSR 30-62.082 (6) (A)(3): Physical Requirements of Group Day Care Homes and Day Care Centers**

(6) Outdoor Space.

(A) General Requirements.

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

**19 CSR 30-62.082 (6) (B)(2): Physical Requirements of Group Day Care**

(6) Outdoor Space.

(B) Infants and Toddlers.

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

**19 CSR 30-62.102 (1)(C): Personnel**

(1) General Staff Requirements.

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

**19 CSR 30-62.102 (3)(A): Personnel**

(3) Child Care Training.

(A) The center director, group day care home provider, all other caregivers, and those volunteers who are counted in staff/child ratios shall obtain at least twelve (12) clock hours of child-care related training during each calendar year. Clock hour training shall be approved by the department.

**19 CSR 30-62.102 (3)(O): Personnel**

(3) Child Care Training.

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

**19 CSR 30-62.102 (4)(B-C): Personnel**

(4) Safe Sleep Training. Every three (3) years the center director, group day care home provider, all other caregivers, and those volunteers who are counted in staff/child ratios in a group child care home or child care center licensed to provide care for infants less than one (1) year of age shall successfully complete department-approved training regarding the American Academy of Pediatrics (AAP) safe sleep recommendations contained in the *American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome. Technical report – SIDS and other sleep-related infant deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment*, by Moon RY, which is incorporated by reference in this rule as published in *PEDIATRICS* Volume 138, No. 5, November 1, 2016 and available at <http://pediatrics.aap-publications.org/content/pediatrics/early/2016/10/20/peds.2016-2938.full.pdf>. This rule does not incorporate any subsequent amendments or additions.

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

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

**MO Regulation: 19 CSR 30-62.112(2-4): Staff/Child Ratios**

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

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

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

**19 CSR 30-62.122 (1) (A): Medical Examination Reports**

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

**19 CSR 30-62.162 (4): Overlap Care of Children**

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

**19 CSR 30-62.172 (2): Emergency School Closings**

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

**Notes:**

There is 1 standard that is comprised of 8 sub-standards within the DHHS Indicator of Child/Staff ratio. Missouri Regulations did not meet any of the sub-standards resulting in a 0% which is a score of 1.

## Supervision/Discipline Indicator

### Supervision/Discipline Standards

+/- AD 009: Each facility's supervision policy shall specify (a) That no child shall be left alone or unsupervised while under the care of the child care staff. Caregivers shall supervise children at all times, even when the children are sleeping. (b) caregiver must be able to both see and hear infants while they are sleeping). Caregivers shall not be on one floor while children are on another floor. School-age children shall be permitted to participate in activities and visit friends off premises as approved by their parents and by the caregiver(s) - **There is nothing in the MO regulations regarding this particular part of this standard.** That developmentally appropriate child:staff ratios shall be met during all hours of operating, including field trips. The policy shall include specific procedures governing supervision of the indoor and outdoor play spaces that describe the child:staff ratio, precautions to be followed for specific areas and equipment, and staff assignments for high-risk areas. - **There are sections of the MO regulations that are specific to bathrooms and the diaper changing table. There are no regulations specific to high-risk areas.** The supervision policies of centers and large family-child-care homes shall be written policies.

- PR 028: Facilities shall maintain supervision of children at all times as specified in Supervision Policy (AD 009).

+ PR 031: Discipline shall include positive guidance, redirection, and the setting of clear-cut limits that foster the child's ability to become self-disciplined. Disciplinary measures shall be clear and understandable to the child, shall be consistent, and shall be explained to the child before and at the time of any disciplinary action.

+ PR 032: Caregivers shall guide the child to develop self-control and orderly conduct in his/her relationships with peers and adults. Caregivers shall show children positive alternatives rather than just telling children "no." Good behavior shall be rewarded. Caregivers shall work with children without recourse to physical punishment or abusive language.

+ PR 033: The facility shall use the teaching method described in the above immediately when it is important to show that aggressive physical behavior toward staff or children is unacceptable. Caregivers shall intervene immediately when children become physically aggressive.

+ PR 034: Disciplinary practices established by the facility shall be designed to encourage the child to be fair, to respect property, and to assume personal responsibility and responsibility for others.

PR 035: The following behavior shall be prohibited in all child care settings and by all caregivers:

1. + Corporal punishment, including hitting, spanking, beating, shaking, pinching, 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.

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.

- PR 036: Children shall not be physically restrained except as necessary to ensure their own safety or that of others, and then only for 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 their health care provider and with specific written instructions from their health care provider for the use of the medicine.

+ PR 037: "Time out" that enables the child to regain control of himself or herself and that keeps the child in visual contact with a caregiver shall be used selectively, taking into account the child's developmental stage and the usefulness of "time out" for the particular child.

4	3	2	1
Missouri Licensing Regulations includes all standards associated with this indicator	Missouri Licensing Regulations includes at least 80% of the standards associated with this indicator	Missouri Licensing Regulations includes at least 50% of the standards associated with this indicator	Missouri Licensing Regulations includes less than 50% of the standards associated with this indicator

Sources:

**19 CSR 30-62.402 (2)(D)(7): Initial Licensing Information**

(2) Licensing Process

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

(7) Written narrative description of child care practices and concepts including discipline and guidance policies

**19 CSR 30-62.082 (3)(A)(6): Physical Requirements of Group Day Care Homes and Day Care Centers**

(3) Bathrooms

(A) General Requirements

(6) Children shall be monitored while in the bathroom

**19 CSR 30-62.082 (4)(A): Physical Requirements of Group Day Care Homes and Day Care Centers**

(4) Diapering Area (A) Diapering table shall be located within or adjacent to the group space so the caregiver using the diapering table can maintain supervision of his/her group of children at all times

**19 CSR 30-62.082 (5)E): Physical Requirements of Group Day Care Homes and Day Care Centers**

(5) Kitchens

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

**19 CSR 30-62.082 (6)(A)(3): Physical Requirements of Group Day Care Homes and Day Care Centers**

(6) Outdoor Space

(A) General Requirements

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

**19 CSR 30-62.082 (6)(B)(2): Physical Requirements of Group Day Care Homes and Day Care Centers**

(6) Outdoor Space

(B) Infants and Toddlers

(2) Staff/Child ratios for infants/toddlers and two (2)-year olds shall be maintained at all times

**19 CSR 30-62.082 (7)(D): Physical Requirements of Group Day Care Homes and Day Care Centers**

(7) Swimming and Wading Pools

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

**19 CSR 30-62.102 (1)(J)(2)(C): Personnel**

(1) General Staff Requirements.

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

(2) A review of the following

(C) The facility's written child care practices, including procedures for medication administration, child illness, discipline, and guidance policies

#### **19 CSR 30-62.112 (1 - 4) Staff/Child Ratios**

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

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

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

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

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

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

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

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

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

#### **19 CSR 30-62.132 (4)(A-D): Admission Policies and Procedures**

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



- a. Positioning of staff
- b. Lighting in the nap room
- c. Physical checks of the child to ensure he or she is not overheated or in distress
- d. Prohibitions against the use of any equipment such as a sound machine that may interfere with the caregiver's ability to see or hear a child who may be distressed

**19 CSR 30-62.142 (2)(F): Nighttime Care**

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

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

**19 CSR 30-62.162 (4): Overlap Care of Children**

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

**19 CSR 30-62.172 (2): Emergency School Closings**

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

**19 CSR 30-62.182 (1)(A)(1): Child Care Program**

(1) Care of the Child.<sup>[1-1]</sup><sub>[SEP]</sub>

(A) General Requirements.

(1) Caregivers shall not leave any child without competent adult supervision.

**19 CSR 30-62.182 (1)(A)(3-5): Child Care Program**

(1) Care of the Child.<sup>[1-1]</sup><sub>[SEP]</sub>

(A) General Requirements.

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

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

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

**19 CSR 30-62.182 (1)(A)(7): Child Care Program**

(1) Care of the Child.

(A) General Requirements.

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

**19 CSR 30-62.182 (1)(C)(1-11): Child Care Program**

(1) Care of the Child.

(C) Discipline

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

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

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

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

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

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

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

(8) No discipline technique which is humiliating, threatening, or frightening to children shall be used. Children shall not be shamed, ridiculed, or spoken to harshly, abusively, or with profanity.

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

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

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

**19 CSR 30-62.182 (1)(D)(1): Child Care Program**

(1) Care of the Child

(D) Care of Infants and Toddlers.

(1) Infants and toddlers shall have constant care and supervision. Home monitors or commercial devices marketed to reduce the risk of Sudden Infant Death Syndrome (SIDS) shall not be used in place of supervision while children are napping or sleeping.

**19 CSR 30-62.182 (1)(D)(3): Child Care Program**

(1) Care of the Child.

(D) Care of Infants and Toddlers.

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

**19 CSR 30-62.182 (1)(D)(10): Child Care Program**

(1) Care of the Child.

(D) Care of Infants and Toddlers.

(10) Children shall not be punished, berated, or shamed in any way for soiling their clothes. The parent(s) shall provide extra clothing for his/her child in case the child accidentally soils him/herself.

**19 CSR 30-62.182 (2)(B)(7): Child Care Program**

(2) Daily Activities for Children.

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

(7) A supervised nap or rest period for preschool children after the noon meal

**19 CSR 30-62.182 (2)(C)(3 and 4 A-H): Child Care Program**

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

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

- A. A child under twelve (12) months of age shall be placed on his/her back to sleep;
- B. An infant's head and face shall remain uncovered during sleep;
- C. Infants unable to roll from their stomachs to their backs and from their backs to their stomachs shall be placed on their backs when found face down. When infants can easily turn from their stomachs to their backs and from their backs to their stomachs, they shall be initially placed on their backs, but shall be allowed to adopt whatever positions they prefer for sleep;
- D. An infant shall not be overdressed when sleeping to avoid overheating. Infants should be dressed appropriately for the environment, with no more than one (1) layer more than an adult would wear to be comfortable in that environment;
- E. When, in the opinion of the infant's licensed health care provider, an infant requires alternative sleep positions or special sleeping arrangements that differ from those set forth in this rule, the provider shall have on file at the facility written instructions, signed by the infant's licensed health care provider, detailing the alternative sleep positions or special sleeping arrangements for such infant. The caregiver(s) shall put the infant to sleep in accordance with such written instructions;
- F. Pacifiers, if used, shall not be hung around the infant's neck. Pacifier mechanisms or pacifiers that attach to infant clothing shall not be used with sleeping infants;
- G. After awakening, an infant may remain in the crib as long as s/he is content, but never for periods longer than thirty (30) minutes; and
- H. Toddlers shall be taken out of bed for other activities when they awaken;

**19 CSR 30-62.212 (1)(A): Transportation and Field Trips**

(1) General Requirements.

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

**19 CSR 30-62.212 (3)(C): Transportation and Field Trips**

(3) Safety and Supervision.

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

**19 CSR 30-62.212 (3)(G): Transportation and Field Trips**

(3) Safety and Supervision.

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

Missouri licensing regulations that fall under this indicator but there is no standard to align the regulation with:

**Notes:**

There are 13 DHHS Standards under the Supervision and Discipline Indicator. Missouri Regulations fully meet 10 of those standards. 1 of the standards were partially met and 2 of the standards was not met. This resulted in a percentage of 77%, or a score of a 2.

## Appendix B: Cross-Sectional Survey

Quality child care in Missouri: The intersections of policy and teachers' perception of quality child care survey

### Demographic information:

1. How long have you worked in the early childhood field? Enter your answer in years and months (if you decline to answer, write 9999): \_\_\_\_\_
2. How long have you worked in your current program? Enter your answer in years and months (if you decline to answer, write 9999): \_\_\_\_\_
3. What is your highest level of education?

High school diploma or GED  
Some college coursework (less than 30 credit hours)  
Some college coursework (more than 30 credit hours)  
Child Development Associates Credential (CDA) for Preschool  
Child Development Associates Credential (CDA) for Infants and Toddlers  
2-year AA or AAS degree in Early Childhood  
2-year AA or AAS degree in related field (e.g. Psychology)  
2-year AA or AAS degree in another field  
4-year degree in Early Childhood  
4-year degree in related field (e.g. Psychology)  
4-year degree in another field  
Some graduate school  
Master's degree  
Doctoral degree  
Decline to state

4. How do you identify your racial or ethnic background? Select all that apply:

Native American or Alaska Native  
White/European American (non-Hispanic)  
Hispanic or Latino/a  
African American/Black  
Native Hawaiian or Pacific Islander  
Asian or Asian Indian  
Multiethnic, please indicate how you identify: \_\_\_\_\_  
Other, please indicate how you identify: \_\_\_\_\_  
Decline to state

5. What is your gender?

Decline to state

Decline to state

### **General requirements**

1. Day care personnel shall be of good character and intent and shall be qualified to provide care conducive to the welfare of children.

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

5. Caregivers shall be capable of handling emergencies promptly and intelligently.

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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



Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

8. Any person present at the facility during the hours in which child care is provided shall not present a threat to the health, safety, or welfare of the children. If an employee reports licensing deficiency in the facility, the child care provider shall not take any action against the employee because of the report that would adversely affect his/her employment, or terms or conditions of employment

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

9. The center director, group day care home provider, all other caregivers, and those volunteers who are counted in staff/child ratios shall obtain at least twelve (12) clock hours of child-care related training during each calendar year. Clock hour training shall be approved by the department.

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

10. The clock hour training shall meet at least one (1) of the eight (8) Content Areas listed:
- Child and Youth Growth and Development
  - Learning Environment and Curriculum
  - Observation and Assessment
  - Families and Communities
  - Health and Safety
  - Interactions with Children and Youth
  - Program Planning and Development
  - Professional Development and Leadership.

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

11. Caregivers shall not be counted in ratio when obtaining clock hour training.

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

13. All persons working in a day care facility in any capacity during child care hours, including volunteers counted in staff/child ratios, shall be in good physical and emotional health with no physical or mental conditions which would interfere with child care responsibilities.

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

15. Caregivers shall not leave any child without competent adult supervision.

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

16. A caregiver personally shall admit each child upon arrival and personally shall dismiss each child upon departure. Children shall be dismissed only to the parent(s), guardian, legal custodian, or to individuals approved by the parent(s), guardian, or legal custodian.

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

19. Children shall not be subjected to child abuse/neglect

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

26. No discipline technique which is humiliating, threatening, or frightening to children shall be used. Children shall not be shamed, ridiculed, or spoken to harshly, abusively, or with profanity.

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

- a. Is cranky or less active than usual
- b. Cries more than usual

- c. Feels general discomfort or seems unwell
- d. Has loss of appetite.

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

33. The parent(s) or his/her designee shall be contacted when signs of illness are observed. Unless determined otherwise by the parent(s) or provider, a child with no more than one (1) of the following symptoms may remain in care:
- a. A child with a temperature of up to one hundred degrees Fahrenheit (100°F) by mouth or ninety-nine degrees Fahrenheit (99°F) under the arm
  - b. After an illness has been evaluated by a physician, medication has been prescribed and any period of contagion has passed as determined by a licensed physician
  - c. When it has been determined that a child has a common cold unless the director and the parent(s) agree that isolation precautions should be taken
  - d. When a child has vomited once with no further vomiting episodes, other symptoms, or both
  - e. When a child has experienced loose stools only one (1) time with no further problems or symptoms.

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

34. If children exhibit any of the following symptoms, they must be sent home and parental contact and the decision made shall be recorded and filed in the child's record.
- a. Diarrhea—more than one (1) abnormally loose stool. If a child has one (1) loose stool, s/he shall be observed for additional loose stools or other symptoms
  - b. Severe coughing—if the child gets red or blue in the face or makes high-pitched croupy or whooping sounds after coughing
  - c. Difficult or rapid breathing (especially important in infants under six (6) months);
  - d. Yellowish skin or eyes
  - e. Pinkeye—tears, redness of eyelid lining, irritation, followed by swelling or discharge of pus
  - f. Unusual spots or rashes
  - g. Sore throat or trouble swallowing
  - h. An infected skin patch(es)—crusty, bright yellow, dry or gummy areas of the skin
  - i. Unusually dark, tea-colored urine
  - j. Grey or white stool
  - k. Fever over one hundred degrees Fahrenheit (100°F) by mouth or ninety-nine degrees Fahrenheit (99°F) under the arm
  - l. Headache and stiff neck

- m. Vomiting more than once
- n. Severe itching of the body or scalp or scratching of the scalp. These may be symptoms of lice or scabies.

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

35. The ill child shall be kept isolated from the other children until the parent(s) arrives and a caregiver shall be in close proximity to the child until the parent(s) arrives. Close proximity means that a caregiver is close enough to hear any sounds a child might make that would indicate a need for assistance

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

36. All medication shall be given to a child only with the dated, written permission of the parent(s) stating the length of time medication may be given. All medication shall be stored out of reach of children or in a locked container. Medication shall be returned to storage immediately after use. Medication needing refrigeration shall be kept in the refrigerator in a container separate from food. Medication shall be returned to the parent(s) or disposed of immediately when no longer needed.

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

40. In case of accident or injury to a child, the provider shall notify the parent(s) immediately. If the child requires emergency medical care, the provider shall follow the parent's(s') written instructions. Information regarding the date and circumstance of any accident or injury shall be noted in the child's record.

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				



The following sections will only appear based on the participants answer to the age group they work with in the demographics section of the survey. If a participant declines to state the age group with which they work, this section of the survey will not be available to them.

**Regulations that apply only to teachers who work with children from 3-5 years or older**

1. Ages Three Through Four (3—4) Years. Groups composed solely of three (3)- and four (4)-year old shall have no less than one (1) adult to ten (10) children; Ages Five (5) and Up. Groups composed solely of five (5)-year old and older shall have no less than one (1) adult to every sixteen (16) children

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

2. Daily activities for preschool and school-age children shall include:
  - a. Developmentally appropriate play experiences and activities planned to meet the interests, needs, and desires of the children
  - b. Individual attention and conversation with adults
  - c. Indoor and outdoor play periods which provide a balance of quiet and active play, and individual and small group activities. Activities shall provide some free choice experiences
  - d. A total of at least one (1) hour of outdoor play for children in attendance a full day unless prevented by weather or special medical reasons. (Based on wind chill factor or heat index, children shall not be exposed to either extreme element.)
  - e. Toileting and handwashing times
  - f. Regular snack and meal times
  - g. A supervised nap or rest period for preschool children after the noon meal
  - h. A quiet time for school-age children after the noon meal with a cot or bed available for those who wish to nap or rest
  - i. A study time for school-age children who choose to do homework, with a separate, quiet work space.

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
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Comments on how the regulation could be changed to be more effective:

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

**Regulations that apply only to teachers who work with infants and toddlers**

1. Birth Through Two (2) Years. Groups composed of mixed ages through two (2)- years shall have no less than one (1) adult to four (4) children, with no more than eight (8) children in a group. Age Two (2) Years. Groups composed solely of two (2)-year olds shall have no less than one (1) adult to eight (8) children, with no more than sixteen (16) children in a group;

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

2. Infants and toddlers shall have constant care and supervision. Home monitors or commercial devices marketed to reduce the risk of Sudden Infant Death Syndrome (SIDS) shall not be used in place of supervision while children are napping or sleeping.

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

7. Disposable tissues or wipes shall be used to cleanse the child at each time of diapering. Any diapering creams, powders, or other products applied at the time of diapering shall be provided by the parent(s) and labeled with the child's name. The diapering table shall be cleaned thoroughly with a disinfectant after each use. The child shall not be left unattended at any time while on the diapering table.

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

8. Diapers and wet clothing shall be changed promptly and shall be placed in an airtight disposal container located in the diaper change area. If cloth diapers are provided by the parent(s), individual airtight plastic bags shall be used to store each soiled diaper for return each day to the parent(s).

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

11. No effort shall be made to toilet train a child until the parent(s) and provider agree on when to begin. The routine for toilet training shall be discussed with the parent(s) so the same method will be used at the facility and the child's home.

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

12. Children shall not be punished, berated, or shamed in any way for soiling their clothes. The parent(s) shall provide extra clothing for his/her child in case the child accidentally soils him/herself.

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

15. Supervised “tummy time” for children under one (1) year of age to promote healthy development

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

- a. A child under twelve (12) months of age shall be placed on his/her back to sleep;
- b. An infant’s head and face shall remain uncovered during sleep
- c. Infants unable to roll from their stomachs to their backs and from their backs to their stomachs shall be placed on their backs when found face down. When infants can easily turn from their stomachs to their backs and from their backs to their stomachs, they shall be initially placed on their backs, but shall be allowed to adopt whatever positions they prefer for sleep
- d. An infant shall not be overdressed when sleeping to avoid overheating. Infants should be dressed appropriately for the environment, with no more than one (1) layer more than an adult would wear to be comfortable in that environment
- e. When, in the opinion of the infant’s licensed health care provider, an infant requires alternative sleep positions or special sleeping arrangements that differ from those set forth in this rule, the provider shall have on file at the facility written instructions, signed by the infant’s licensed health care provider, detailing the alternative sleep positions or special sleeping arrangements for such infant. The caregiver(s) shall put the infant to sleep in accordance with such written instructions
- f. Pacifiers, if used, shall not be hung around the infant’s neck. Pacifier mechanisms or pacifiers that attach to infant clothing shall not be used with sleeping infants;
- G. After awakening, an infant may remain in the crib as long as s/he is content, but never for periods longer than thirty (30) minutes
- g. Toddlers shall be taken out of bed for other activities when they awaken

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

17. Opportunities for sensory stimulation which includes visual stimulation through pictures, books, toys, nonverbal communication, games, and the like; auditory stimulation through verbal communication, music, toys, games, and the like; and tactile stimulation through surfaces, fabrics, toys, games, and the like including individual attention and play with adults, including holding, cuddling, talking, and singing

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

19. Opportunity for outdoor play when weather permits.

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

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

Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Very Effective 4	Extremely Effective 5
Comments on how the regulation could be changed to be more effective:				

## **Appendix C: Consent to Participate in Research Study Form**

### **MISSOURI STATE UNIVERSITY**

#### **CONSENT TO ACT AS A HUMAN PARTICIPANT**

**Project Title:** Quality Child Care in Missouri: The Intersections of Policy and Teachers' Perceptions of Quality Child Care

**Principal Investigators:** Cathy Slade, Dr. Elizabeth K. King

#### **What are some general things you should know about research studies?**

You are being asked to take part in a research study. Your participation in the study is voluntary. You may choose not to join, or you may withdraw your consent to be in the study, for any reason, without penalty.

Research studies are designed to obtain new knowledge. This new information may help people in the future. There may not be any direct benefit to you for being in the research study. There also may be risks to being in research studies. If you choose not to be in the study or leave the study before it is done, it will not affect your relationship with the researcher or Missouri State University. Details about this study are discussed in this consent form. It is important that you understand this information so that you can make an informed choice about being in this research study. You may print a copy of this consent form. If you have any questions about this study at any time, you should ask the researchers named in this consent form. Their contact information is below.

#### **What is this study about?**

This project examines how teachers working in child care programs that serve infants, toddlers, and preschoolers perceive regulations to be supportive of quality care.

#### **Why are you asking me?**

You have been chosen to participate in this study because you are currently working in either a Head Start, Early Head Start, or Early Head Start Child care Partner with young children ages Birth-5.

#### **What will you ask me to do if I agree to be in your study?**

You will be asked to complete a demographic questionnaire, and a questionnaire about your thoughts on how regulations support quality child care. The completion of the questionnaires should take approximately 25-40 minutes.

#### **Is there any audio/video recording?**

There is no audio nor video recording.

#### **Are there any benefits to society as a result of me taking part in this research?**

Results from this study will inform the field of early childhood education about what teachers who work in classrooms with children birth-5 feel they need in order to provide quality care in their classrooms, in an effort to improve the learning and work environments for teachers and children. Additionally, this research can be used to inform professional development opportunities geared toward improving quality caregiving practices in the classroom.

**Are there any benefits to *me* for taking part in this research study?**

There is no direct benefit to participating in this study. However, prompting participants to think about what they need to provide quality care for the children in their classrooms may allow teachers to reflect on and improve their approach to quality in the classrooms.

**Potential Risks to Participants:**

The Institutional Review Board at Missouri State University has determined that participation in this study poses minimal risk to participants. If any of the questions make you feel uncomfortable, you may choose to skip that question or withdraw from the study. If you have questions, want more information or have suggestions, please contact Cathy Slade who may be reached at [catherine1018@live.missouristate.edu](mailto:catherine1018@live.missouristate.edu) or 417-385-8364. If you have any concerns about your rights, how you are being treated, concerns or complaints about this project or benefits or risks associated with being in this study please contact the Office of Research Administration at Missouri State at 417-836-5972.

**Will I get paid for being in the study? Will it cost me anything?**

There is no direct payment for participating in this study. There are no costs to you for participating in this study.

**How will you keep my information confidential?**

Data will be collected via Qualtrics and all participants will be given an ID number. De-identified data will be stored on a password protected computer in a locked office. Data will only be available to study personnel.

**What if I want to leave the study?**

If any of the questions make you feel uncomfortable, you may choose to skip that question or withdraw from the study. In addition, you have the right to refuse to participate or to withdraw at any time without penalty.

**What about new information/changes in the study?**

If significant new information relating to the study becomes available which may relate to your willingness to continue to participate, this information will be provided to you.

**Voluntary Consent by Participant:**

By clicking “yes” you are agreeing that you read and you fully understand the contents of this document and you are openly willing to consent to take part in this study. All of your questions concerning this study have been answered. By clicking “yes”, you are agreeing that you are 18 years of age or older and are agreeing to participate.



## Appendix D: Human Subjects IRB Approval



To:  
Elizabeth King  
Childhood Ed & Fam Studies

Date: Nov 25, 2019 10:18 AM PST

RE: Notice of IRB Exemption

Study #: IRB-FY2020-423

Study Title: Quality child care in Missouri: The intersections of policy and teachers' perceptions of quality child care

This submission has been reviewed by the Missouri State University Institutional Review Board (IRB) and was determined to be exempt from further review. However, any changes to any aspect of this study must be submitted, as a modification to the study, for IRB review as the changes may change this Exempt determination. Should any adverse event or unanticipated problem involving risks to subjects or others occur it must be reported immediately to the IRB.

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This study was reviewed in accordance with federal regulations governing human subjects research, including those found at 45 CFR 46 (Common Rule), 45 CFR 164 (HIPAA), 21 CFR 50 & 56 (FDA), and 40 CFR 26 (EPA), where applicable.

Researchers Associated  
with this Project: PI:  
Elizabeth King Co-PI:  
Primary Contact:  
Catherine Slade Other  
Investigators:

IRB #: IRB-FY2020-423

Title: Quality child care in Missouri: The intersections of policy and teachers' perceptions of quality child care

Creation Date: 11-22-2019

End Date:

Status: Approved

Principal Investigator: Elizabeth King

Review Board: MSU

Sponsor:

Study History

Submission Type Initial Review Type Exempt Decision Exempt

Key Study Contacts

Member Elizabeth King Role Principal Investigator

Contact: eking@missouristate.edu

Member Catherine Slade Role Primary Contact

Contact: catherine1018@live.missouristate.edu

Initial Submission

Investigative Team

1

Who is the Principal Investigator?

This individual will be required to certify the protocol for submission and will be responsible for the overall project and MUST be a faculty or staff member.

Name: Elizabeth King

Organization: Childhood Ed & Fam Studies

Address: 901, S. National Avenue , Springfield, MO 65897-0027

Phone:

Email: eking@missouristate.edu

2

Who is the Primary Study Contact?

This person, in addition to the Principal Investigator, will be included on all correspondence related to this project. This person may be the Principal Investigator or someone else (faculty, staff, or student).

Name: Catherine Slade

Organization: Childhood Ed & Fam Studies

Address: 901 S National Ave. , Springfield, MO 65897-0027

Phone:

Email: catherine1018@live.missouristate.edu

3.

Will there be any Co-Principal Investigators participating in this study?

Co-Principal Investigators will also be required to certify the protocol for submission and share overall responsibility with the Principal Investigator for the study. Co-Principal Investigators MUST be faculty or staff members.

Yes

☒ No

4

Will there be any other individuals participating with the investigation?

These individuals will be participating as part of the research team, but will not need to certify the protocol submissions, or be included in any correspondence regarding the study. Typically these individuals will be students or individuals from other institutions. Investigators may be faculty, staff, students, or unaffiliated individuals.

Yes

☒ No

## 1 General Information

What is the full title of the research protocol?

Quality child care in Missouri: The intersections of policy and teachers' perceptions of quality child care

## 2 Abstract/Summary

Please provide a brief description of the project.

The study proposed in this document seeks to determine the extent to which the child care licensing regulations in Missouri align with the 13 Indicators of Quality Child Care published by the U.S. Department of Health and Human Services (DHHS). The proposed study will also examine how teachers working in child care programs perceive the Missouri licensing regulations to be supportive of quality care. A constant comparative method (using a rubric) will be used to compare the DHHS 13 Indicators of Quality Child Care to Missouri state child care licensing regulations - as this part of the study is using a rubric and publicly available data, and does not include human subjects, this IRB will be focused on the teacher survey. A survey will examine teachers' perceptions of the alignment of Missouri licensing requirements to quality care. The results of the proposed study will assist policy makers in determining what, if any, child care regulations need to be changed or modified to better protect Missouri's youngest children.

## 3 Are you requesting Single IRB Review

Single IRB Review is applicable to a study that is being reviewed by another Institution's IRB, in which you wish to rely on the external IRB for review, approval, and oversight.

Yes

✓ No

4 Does the study require review and oversight of the IRB?

Regardless of how these questions are answered, the determination of IRB review and oversight is made by the IRB and this study will still need to be submitted for preliminary review.

4A

Is this study a systematic investigation, following a predetermined plan, for looking at a particular issue, testing a hypothesis or research question, or developing a new theory that includes any of the following:

Collection or analysis of quantitative or qualitative data

Collection of data using surveys, testing or evaluation procedures, interviews, or focus groups

Collection of data using experimental designs such as clinical trials

Observation of individual or group behavior

✓ Yes

No

4B

Will this study contribute to generalizable knowledge, in that the purpose or intent of the project is to test or to develop scientific theories or hypotheses, or to draw conclusions that are intended to be applicable and/or shared beyond the populations or situations being studied? This may include one or more of the following:

Presentation of the data at meetings, conferences, seminars, poster presentations, etc.

The knowledge contributes to an already established body of knowledge

Other investigators, scholars, and practitioners may benefit from this knowledge

Publications including journals, papers, dissertations, and theses

✓ Yes

No

4C

Will this study require obtaining information or biospecimens, through intervention or interaction with an individual that will be used, studied, or analyzed by the investigative team?

✓ Yes

No

5 Will you be requesting an Exempt Review for this study?

In order to qualify for review via exempt procedures, the research must not be greater than minimal risk and must fall into at least one of the exempt categories defined by

federal regulations.

Yes

✓ No

6 Is this study receiving internal or external funding?

Yes

✓ No

7 Does this study contain protected health information (PHI)?

PHI is any information in a medical record or designated record set that can be used to identify an individual and that was created, used, or disclosed in the course of providing a health care service, such as a diagnosis or treatment.

Yes

✓ No

8 Has all IRB Human Research training been taken through CITI under Missouri State University?

✓ Yes

No

#### Research Protocol

1 Describe the proposed project in a manner that allows the IRB to gain a sense of the project including:

The research questions and objectives, Key background literature (supportive and contradictory) with references, and The manner in which the proposed project will improve the understanding of the chosen topic.

The proposed study aims to determine the extent to which the child care licensing standards in Missouri align with the 13 indicators of quality child care recommended by the U.S. Department of Health and Human Services and how teachers working in child care programs feel the regulations support quality care in the classrooms. The well-being of children intersects with many different systems in society. According to Transforming the Workforce for Children Birth Through Age 8, there are five sectors that have a professional responsibility to children (Institute of Medicine & National Research Council, 2015). Those sectors are care and education, health, social services, parents, family, and community, and other influencers such as business leaders, legislators, researchers, and advocacy organizations (Institute of Medicine & National Research Council, 2015). Improving the quality of early child care in the United States should be at the forefront of any conversation had by professionals who are responsible for the healthy development of young children. Child Care Aware reported in 2013 that 11 million children under age five in the U.S. are in non-parental care while their parents are working (Child Care Aware of America, 2013). The Early Childhood Workforce Index from 2018 also reported that 70% of Missouri's children live in homes where both parents are working (Whitebook, McLean, Austin, & Edwards, 2018). The quality of the experiences young children receive in child care environments set the stage for future learning. It is important that the environments not only have the necessary materials to support brain development, but also have knowledgeable

staff who understand how to support and facilitate that learning. There is considerable evidence that children in high quality environments demonstrate better developmental outcomes than children in low quality care (Burchinal et al., 2000; McCartney, Dearing, Taylor, & Bub, 2007; NICHD Early Child Care Research Network, 2006; Raikes, Raikes, & Wilcox, 2005). Children's enrollment in high-quality child care settings in the child's first nine months has been associated with increased scores on school readiness assessments and higher cognitive development, speech, and social skills (Moodie-Dyer, 2011). However, even with all that is known through many years of research about the importance of high-quality learning environments for children birth to age five, most child care programs in the U.S. provide low- to mid-quality experiences (Peth-Pierce, & National Institute of Child Health and Human Development; NICHD, 1998). In a study published by National Institute of Child Health and Human Development (NICHD) Early Child Care Research Network in 2006 it was found that the percentage of child care centers that met the recommended regulable guidelines for ratio, group size, and training and education of staff was 65% or less for infants six months and younger, 69% or less for children between six and 18 months old, 77% or less for children between 18 months and two, and 80% or less for children who were three or older (NICHD, 2006). While those percentages may have increased over the past 13 years, it is still worthy to note that the NICHD (2006) study claims that regulable standards are important to children's school readiness outcomes; specifically, children who attended child care in centers where regulable standards were met had better language comprehension and fewer behavioral problems (NICHD, 2006).

To this end, this study will focus on the following research questions:

1. To what extent do the Missouri child care licensing regulations align with the standards within the DHSS 13 Indicators of Quality Child Care?
2. How effective do teachers feel the Missouri child care licensing regulations support quality care in their classrooms?
3. What, if any, of the Missouri child care licensing regulations would teachers change so that they would be more effective in supporting quality care?

In conclusion, The proposed study seeks to determine the extent to which the Missouri child care licensing regulations align to the standards within the DHSS 13 Indicators of Quality Child Care. Additionally, the study will examine teachers' perspectives on the efficacy of the Missouri child care

licensing regulations in supporting quality child care in infant/toddler and preschool classrooms and explore teachers' recommendations for potential regulation changes.

2 Check all research activities that apply:

- Audio, video, digital, or image recordings
- Biohazards (e.g., rDNA, infectious agents, select agents, toxins)
- Biological sampling (other than blood)
- Blood drawing
- Class Protocol (or Program or Umbrella Protocol)
- Data, not publicly available
- ✓ Data, publicly available

Deception  
Devices  
Diet, exercise, or sleep modifications  
Drugs or biologics  
Focus groups  
✓ Internet or email data collection  
Materials that may be considered sensitive, offensive, threatening, or degrading  
Non-invasive medical procedures  
Observation of participants  
Oral history  
Placebo  
Record review  
Specimen research  
Surgical procedures  
Surveys, questionnaires, or interviews (one-on-one)  
✓ Surveys, questionnaires, or interviews (group)  
Other

Describe the procedures and methods planned for carrying out the study. Make sure to include the following:

Site selection, The procedures used to gain permission to carry out research at the selected sites(s), Data collection procedures, and An overview of the manner in which data will be analyzed.

Provide all information necessary for the IRB to be clear about all of the contact human participants will have with the project.

The intersections of policy and teachers' perceptions of quality child care study focuses on teachers employed in a Head Start and Early Head program located in Southwest Missouri. Survey for thesis catherine slade.docx

Prior to contacting teachers, an email will be sent to the director of the Head Start program asking for permission for teachers to participate. Once permission has been granted, the director will send the primary study contact a list of teacher emails (thus, no contact with teachers will occur unless the director approves and sends the contact information) Each teacher will receive an email directly from the primary study contact with information about the study. Data collection will begin in January/February 2020 (as per IRB approval). Approximately 70 teachers will be sent an email with information about the study and a link to the survey for participation. The email describing the study will be clear that individuals are not required to participate in the study. This will also be outlined in the consent document at the beginning of the survey. Even after individuals receive the link to complete the study, they have multiple opportunities to decline participation (including not responding to the email link, declining consent to participate at the onset of the survey or declining to respond to any or all questions in the survey). Periodic reminders will be sent to teachers to participate throughout data collection (no more than 6 email reminders). The survey will take 25 - 40 minutes to complete. At the beginning of the survey, participants will read over the consent information (and will be provided a pdf version for them to download to keep for their records) and will indicate if they

consent to participate in the research study. The survey will not collect identifiable information from participants (name, address, IP address will not be collected). Only participant program (Head Start, Early Head Start) will be collected, along with typical demographic information and answers to survey responses (see survey attached). Data will be downloaded from in deidentified form; each participant will be assigned a participant number thus all analyses will be conducted without participant identifying information.

Analyses will be completed at aggregate or group levels, and no individual data will be reported.  
4 Attach tests, surveys, questionnaires, and other social-behavioral measurement tools, if applicable.

5 Attach documentation of site permission, if applicable.

## Participants

1 Specify the participant population(s).

Check all that apply.

✓ Adults

Children (<18 years of age)

Adults with decisional impairment

Non-English speaking

Student research pools (e.g. psychology)

Pregnant women or fetuses

Prisoners

Unknown (e.g., secondary use of data/specimens, non-targeted surveys, program/class/umbrella protocols)

2 Specify the age(s) of the individuals who may participate in the research.

18 and no upper limit

3 Describe the characteristics of the proposed participants, and explain how the nature of the research requires/justifies their inclusion.

The participants are teachers in Head Start and Early Head Start settings that serve children from birth-5 years. Because this study examines teachers' thoughts about what they feel need to provide quality care, their inclusion in the sample is necessary.

4 Provide the total number of participants (or number of participant records, specimens, etc.) for whom you are seeking IRB approval.

The total number of participants is a maximum of approximately 70 teachers.

5 Describe what time commitment will be required from each participant, including individual interactions, total time commitment, and long-term follow-up, if any.

The time to read the information provided about the study and to complete the study is approximately 25-40 minutes (5 minutes for reading the informational letter and 20-35 minutes to complete the survey). There will be no follow-up to this study so the total time commitment



only includes the amount of time to read the information provided about the study and to complete the survey.

6 Describe how potential participants will be identified (e.g., advertising, individuals known to investigator, record review, etc.). Explain how investigator(s) will gain access to this population, as applicable.

The potential participants were identified through a local Head Start program in Southwest Missouri. The teachers are previous co-workers of the primary study contact. Access to the teachers will be gained through contact with the Head Start program director via email who will provide the primary study contact with email addresses of the teachers selected for the study.

7 Describe the recruitment process; including the setting in which recruitment will take place. The director of the Head Start program will receive an email from the primary study contact explaining the study and asking for the individual emails for all Head Start and Early Head Start teachers. Once the primary study contact has received the email addresses for the Head Start and Early Head Start teachers, an email will be sent to the teachers explaining the project along with a link to participate.

Attach recruitment materials (ads, flyers, website postings, recruitment letters, and oral/written scripts), if applicable .

Email script for director.docx

Email script for teachers.docx

8 Will participants receive compensation or other incentives (e.g., free services, cash payments, gift certificates, parking, classroom credit, travel reimbursement, etc.) to participate in the research study?

Yes

✓ No

### Risks and Benefits

1 Describe all reasonably expected risks, harms, and/or discomforts that may apply to the research. Discuss severity and likelihood of occurrence. Consider the range of risks - physical, psychological, social, legal, and economic.

The probability and magnitude of harm or discomfort anticipated in the proposed research are no greater than that which the participants would encounter in daily life. All procedures will be conducted by the research team (as outlined in this application), who have received intensive training on study protocols including confidentiality. In the unlikely event that an unintended breach of confidentiality were to occur, the magnitude of potential harm to participants would be minimal as the questions asked are not personal or sensitive in nature, and because we are not collecting identities of participants (names or IP addresses).

2 Discuss the steps that will be taken to minimize risks and the likelihood of harm.

We will take all precautions to minimize risks. Contact with subjects will not be discussed with

anyone outside the research team. For all items of the survey, subjects have the right to decline to answer if they decide, for any reason, not to respond to the item. Participants can stop participating/withdraw from the study, if they like, by closing the survey. Data are collected via Qualtrics. Qualtrics uses Transport Layer Security (TLS) encryption (also known as HTTPS) for all transmitted data. Qualtrics can also protect surveys with passwords and HTTP referrer checking. Qualtrics' services are hosted by trusted data centers that are independently audited using the industry standard SSAE-16 method. Qualtrics deploys the general requirements set forth by many Federal Acts, including the FISMA Act of 2002, and meet or exceed the minimum requirements as outlined in FIPS Publication 200. Qualtrics can be set so that IP addresses are not collected. We will program Qualtrics to not record IP addresses, and all participants will be informed that IP addresses will not be recorded. Data collected through and temporarily stored within Missouri State's Qualtrics are both password-protected and encrypted. Data are available only to research staff who have account and password information which allow access to the online data. At the end of data collection, data are downloaded from Qualtrics for data analysis purposes. Data on the Qualtrics site will be deleted three months after the study is complete. All data downloaded from Qualtrics will be de-identified and stored on a password protected computer in a locked office. Only personnel noted in this protocol will have access to data.

3 Describe the potential benefits that participants may expect as a result of this research study. State if there are no direct benefits to individual participants.

There is no direct benefit to participating in this study. However, prompting participants to think about what they need to provide quality care for the children in their classrooms may allow teachers to reflect on and improve their approach to quality in the classrooms.

4 Discuss any potential indirect benefits to future subjects, science, and society.

Aggregate responses to this survey will assist research staff in informing the field of early childhood education regarding the alignment between DHHS standards and Missouri licensing regulations, and may shed light on what existing regulations support quality child care practices and what changes could be made to the regulations.

5 Describe how risks to participants are reasonable when compared to the anticipated benefits to participants (if any) and the importance of the knowledge that may reasonably be expected to result.

The probability and magnitude of harm or discomfort anticipated in the proposed research are no greater than that which the participants would encounter in daily life; however, the benefits from the study of the knowledge of how to support teachers in implementing quality care in the field of early childhood education outweighs such risk.

#### Informed Consent

1 From the list below, indicate how consent will be obtained for this study.  
Check all that apply.

☒ Written/signed consent by the subject

Written/signed consent (permission) for a minor by a Parent or Legal Guardian  
Written/signed consent by a Legally Authorized Representative (for adults incapable of consenting)  
Request for waiver of documentation of consent (verbal consent, anonymous surveys, etc.)  
Waiver of parental permission  
Waiver of consent (consent will not be obtained from subjects)

2 Describe the consent process including where and by whom the subjects will be approached, the plans to ensure the privacy of the subjects and the measures to ensure that subjects understand the nature of the study, its procedures, risks and benefits and that they freely grant their consent.

Once the director approves the teachers to be contacted, the primary study contact will receive an email from the Head Start director that contains the email addresses of the 70 teachers selected. Each teacher will receive an email with information about the study, and a link for participation. The email describing the study will be clear that individuals are not required to participate in the study. This will also be outlined in the consent document at the beginning of the Qualtrics survey. Even after individuals receive the link to complete the study, they have multiple opportunities to decline participation (including not responding to the email link, declining consent to participate at the onset of the Qualtrics survey or declining to respond to any or all questions in the survey). At the beginning of the Qualtrics survey, participants will read over the consent information (and will be provided a pdf version for them to download to keep for their records) and will indicate if they consent to participate in the research study. This consent form will inform participants of the nature and goals of the study, its procedures, risks and benefits, as well as the measures taken to protect privacy. Qualtrics will not collect identifiable information from participants (name, address, IP address will not be collected). Only participant education level and program (Head Start or Early Head Start ) will be collected, along with typical demographic information and answers to survey responses (see survey attached). Data will be downloaded from Qualtrics in deidentified form; each participant will be assigned a participant number thus all analyses will be conducted without participant identifying information. Analyses will be completed at aggregate or group levels, and no individual data will be reported.

Attach all consent and assent documents here:

Consent to participate in research study.docx

## Data Collection

Missouri State University is committed to keeping data and information secure. Please review the Missouri Ste University Information Security Policies. Discuss you project with the MSU Information Security Office or your College's IT support staff if you have questions about how to handle your data appropriately.

## 1 Statement of Principal Investigator Responsibility for Data

The principal investigator of this study is responsible for the storage, oversight, and disposal of all data associated with this study. Data will not be disseminated without the

explicit approval of the principal investigator, and identifying information associated with the data will not be shared.



By checking this box, all personnel associated with this study understand and agree to the Statement of Principal Investigator Responsibility for Data.

## 2 How will the data for this study be collected/stored?

Check all that apply.



Electronic Storage Format

On paper

3 Describe where the data will be stored (e.g., paper forms, flash drives or removable media, desktop or laptop computer, server, research storage area network, external source) and describe the plan to ensure the security and confidentiality of the records (e.g., locked office, locked file cabinet, password-protected computer or files, encrypted data files, database limited to coded data, master list stored in separate location).

At minimum, physical data should always be secured by lock and key when stored.

Electronic data should be stored on University secure servers whenever possible (Office 365 or other secure campus server). If data has to be stored off campus, the file should be encrypted and the device password protected. Additionally, any data to be shared outside the University network will require a SUDERS request be filed and approved.

See <https://mis.missouristate.edu/Central/suders/create>

Data will be collected via Qualtrics and de-identified data will be stored on a password protected computer in a locked office. Data will only be available to study personnel outlined in this application. Qualtrics uses Transport Layer Security (TLS) encryption (also known as HTTPS) for all transmitted data. Once all data is downloaded off Qualtrics, participants will be given ID codes, and all de-identified data will be stored on a password protected computer in a locked office.

## 4 Describe how data will be disposed of and when disposal will occur.

At minimum, Federal regulations require research records to be retained for at least 3 years after the completion of the research (45 CFR 46). Research that involves identifiable health information is subject to HIPAA regulations, which require records to be retained for at least 6 years after a participant has signed an authorization. Finally, funded research projects may require longer retention periods, you may need to follow the sponsoring agency guidelines.

Qualtrics data will be deleted 3 months after the end of data collection. De-identified data will be kept for 7 years on a password protected computer in a locked office.

## Additional Information

1 Please include any additional information about the study below.

2 Please include any additional documents that aren't covered within the application.