

Child Care Regulations

Mississippi State Department of Health
Child Care Facilities Licensure
PO Box 1700
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www.healthmys.com



Introduction

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

Keeping Current

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

MSDH Training Unit

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Mississippi State Department of Health

Public Health Regions

Northern Public Health Region

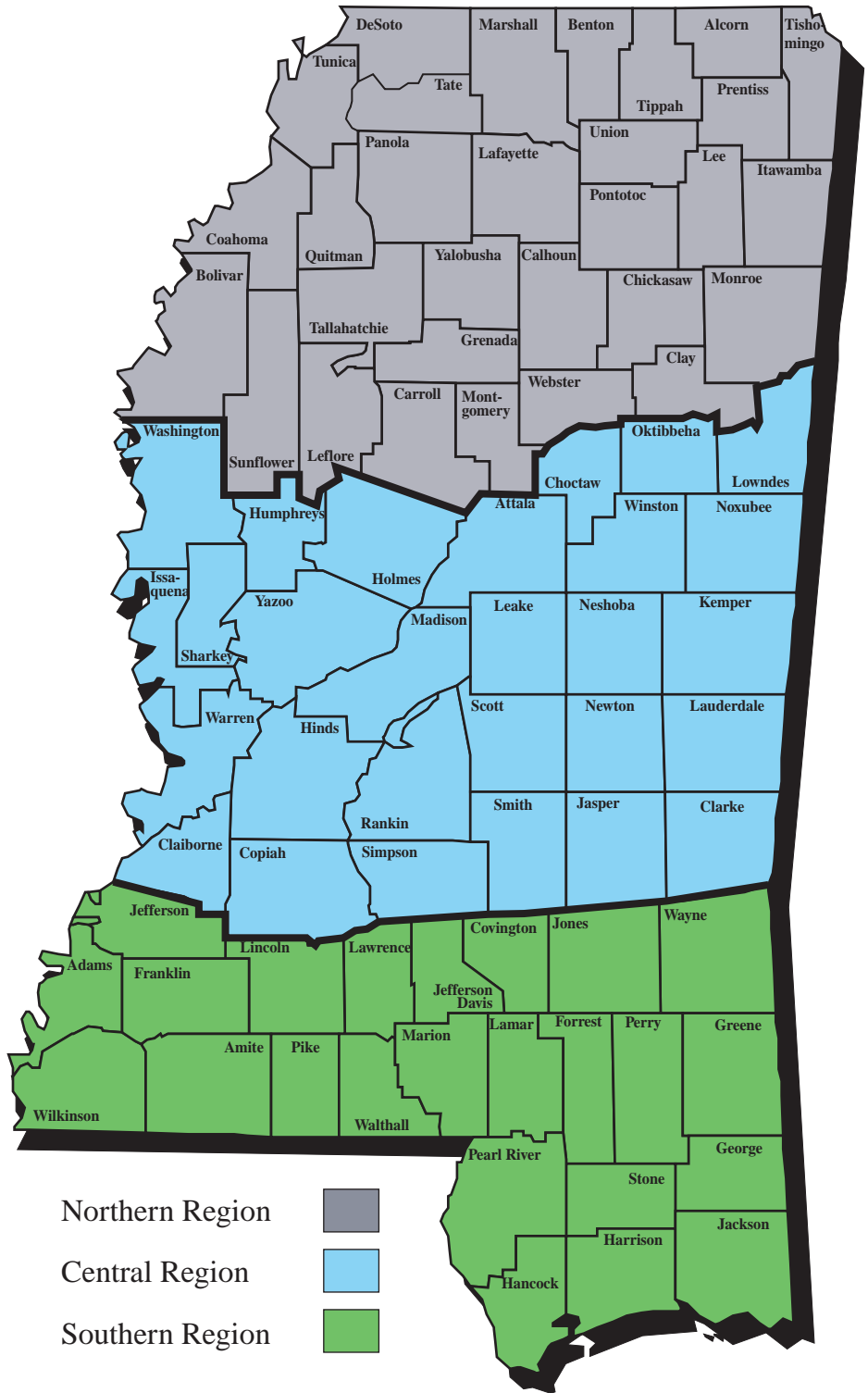
532 S. Church St.
 Tupelo, MS 38804
 Telephone: 662-841-9015
 Fax: 662-841-9142

Central Public Health Region

4800 McWillie Circle
 Jackson, MS 39206
 Telephone: 601-981-2304
 Fax: 601-981-2312

Southern Public Health Region

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



- Northern Region
- Central Region
- Southern Region



CHILD CARE LICENSE CHECKLIST

Facility Name: _____ Date: _____

Requirements for a Temporary License:

____ Application Date: _____
____ Application Fee \$130.00 Date: _____ Check/MO# _____
____ License Fee \$ _____ Date: _____ Check/MO# _____
____ Director Name _____ Qualifications: _____

(Diplomas/Transcripts/Certifications, etc.)

____ Director: Letter of Suitability issued: _____ Form #121: _____
____ Regulations & Licensing Training Certificate: _____ Owner _____ Director _____ Designee Dated: _____
____ Playground Safety Training Certificate: _____ Owner _____ Director _____ Designee Dated: _____
____ Directors Orientation Training Certificate: _____ Owner _____ Director _____ Designee Dated: _____

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

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

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

____ Fire Inspection – Uniform Fire Safety Survey (Form #333) ***Completed by Fire Inspector**
____ Water Approval Date: _____ *(MSDH Environmentalist 1-855-220-0192 if applicable)*
____ Wastewater Approval Date: _____ *(MSDH Environmentalist 1-855-220-0192 if applicable)*
____ Zoning Approval Date: _____ *(Letter from city or Chancery Clerk’s office)*

____ Privilege Tax License Date: _____
____ Floor Plans
____ Lead Testing Approval Building Approval Date: _____ Playground Approval Date: _____
(Proof of Age of Building) (MS State Chemical Lab)

____ Menu Submission Date to for approval: _____ *(Must be submitted before Temporary License approved)*
____ Daily Schedule of Activities *(Parent Handbook)*
____ Arrival & Departure Procedures *(Parent Handbook)*
____ Discipline Policy *(Parent Handbook)*
____ Emergency Policy *(Parent Handbook)*
____ Emergency Relocation Sites: _____ 1 mile _____ 5 miles *(Parent Handbook)*
____ Emergency Transportation Policy *(Parent Handbook)*
____ Transportation Policy (if applicable) *(Parent Handbook)*
____ Proof of Vehicle Insurance (if applicable)
____ Liability Statement: _____ Building _____ Children _____ Waiver *(Parent Handbook and Enrollment Form)*
____ Letter of Suitability for employees (# required to open _____) *(From MSDH Child Care Licensure)*
____ MSDH 121 for employees (# required to open _____) *(Submitted on MSDH Form #121)*

Items to be Completed by Child Care Licensure Official

____ Maximum Capacity Worksheet (Form # 28) Dated: _____
____ Child Care Facility Inspection Report (Form # 281) Dated: _____
____ Child Care Facility Data Sheet (Form # 286) Dated: _____
____ Food Service Inspection (Form # 301 & # 328) – if applicable
____ Approval of Menus Dated: _____

Requirements for a Regular License:

____ Pass Temporary to Regular Inspection Date: _____



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Uniform Fire Safety Survey For All Child Care Facilities

Name of Facility, Telephone Number, Address, Emergency Contact, Telephone Number, Operating Hours, Date of Inspection, Name of Owner, Distance to Water, Source/Fire Hydrant

A. General

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

B. Building

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

C. Evaluation/Comments/Correction Schedule

- 1. This facility complies with local fire safety codes and standards. Yes No
2. The following corrections must be completed by (month) (day) (year)
Corrections:
3. Follow-up inspection required for corrections listed above? Yes No NA
Date for follow-up inspection
4. Inspection: Pass Fail

Center Director/Designee

Fire Department Inspector & Title

Fire Department

Phone #

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

Menu Planning Checklist

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CHILD CARE MENU PLANNING WORKSHEET

Week Of: _____

CACFP/Office of Child
Nutrition Participant:
YES NO

Facility Name/License Number (last 4): _____

Hours of Operation: _____ County: _____

Contact Person/Telephone Number: _____

Licensing Official Name: _____



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

Meal Components	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast-Time: _____ Fruit (no juice) Cereal or Bread/Alternate Milk					
Snack-Time: _____ (Select 2 out of 4 food groups) Meat or Meat Alternate Vegetable or Fruit, (no juice) Bread or Bread Alternate Milk					
Lunch/Supper-Time: _____ Meat or Meat Alternate Vegetable and Fruit (2 Veg/fruit or 1 veg & 1 fruit) Bread or Bread Alternate Milk					
Snack-Time: _____ (Select 2 out of 4 food groups) Meat or Meat Alternate Vegetable, Fruit, or Juice Bread or Bread Alternate Milk					
Snack-Time: _____ (Select 2 out of 4 food groups) Meat or Meat Alternate Vegetable, Fruit, or Juice Bread or Bread Alternate Milk					

*Water is made available at all meals and snacks. *Whole grain bread & bread products are used. *No meal or snack may be served more than once in 24 hours.

*Other Foods or Condiments may be served with meals/snacks but DO NOT count as a component.

Snack Ideas

1. Peaches (A#)/pineapples (C#)/strawberries (C)/blueberries (C#) with cottage cheese
2. Ritz crackers and sliced turkey
3. Apple slices and peanut butter
4. Yogurt with *fruit of choice* (please name fruit)
5. Yogurt with granola
6. PB&J/Turkey Sandwich/Ham Sandwich/Egg salad sandwich (A)/Tomato Sandwich (AC)/Tuna sandwich/Chicken salad sandwich/Pimento & Cheese sandwich, etc....
7. Cheese toast
8. English Muffin with ham or cheese or both
9. Sliced grapes with cheddar cheese cubes
10. Sliced apples with string cheese
11. Cheese (cheddar or Colby or Monterrey Jack, etc....) quesadilla
12. Plain or multi-grain Cheerios/Chex/Kix/Rice Krispies cereals with milk
13. Pineapple juice (C) and Goldfish
14. Cheez-its with tropical fruit (C)
15. Mandarin oranges (AC) and animal crackers
16. Chex cereal and sliced strawberries (C)
17. Broccoli (AC) and cheddar quesadilla
18. Ham, cream cheese and tortilla (rolled and cut, aka, spinwheel)
19. Celery sticks with Ranch and Wheat Thins
20. Triscuits and applesauce
21. Cantaloupe (AC) and low-fat/sugar granola bar
22. Tangerine (AC) and graham crackers
23. Strawberry yogurt and an ice cream cone
24. ½ a toasted bagel with cream cheese and milk
25. Raisin toast and milk
26. Sliced cherry tomatoes (AC) with Ranch and Wheat thins
27. Carrot sticks (A) with Ranch and Triscuits
28. Vanilla Wafers and Peanut butter
29. Blueberry muffin and milk
30. Banana bread and milk
31. Banana pudding with sliced bananas and vanilla wafers
32. Peanut butter toast
33. Trail mix and *fruit of choice* (please name fruit)
34. Kiwi (C) and toast
35. Cauliflower (C) with Ranch and Veggie crackers
36. ½ baked potato (C) with shredded cheddar
37. Grapefruit (C) and rice cakes
38. Pear salad (1/2 pear with shredded cheddar and a tiny bit of mayonnaise)
39. Coleslaw (C) with Captain's Wafers
40. Cucumbers with Ranch and Ritz

**** Neither Ranch nor cream cheese counts as a component. All snacks must have 2 components.****

Records - Simplified

Children's Files:

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

Child's Immunization/121 Notebook:

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

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

Employee Files:

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

Employee FBI/121 Notebook:

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

Information that will also be requested during the inspection includes:

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



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County _____	Date _____
Facility Name _____	License Number _____
Purpose _____	Capacity _____

All Items In Red Are Critical

	In	Out	COS	N/A
Qualified director present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper staff to child ratio present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room and playground capacity met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Center capacity met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License/complaint visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified food manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sanitation Approved

Garbage and garbage bins maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vector control maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water system approved and functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste water system approved and functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food service approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Possible Monetary Penalty

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

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

Other Items - Must be corrected

	In	Out	COS	N/A
Children's belongings separated/stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation plans posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menus posted and served	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan of activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Building and Grounds

Walls, ceilings, floors, toys, equipment clean and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating/cooling approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass approved and shielded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone on premises, available, and functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical outlets protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large appliances located properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinks and toilets working properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot water at all sinks, not to exceed 120°	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children barred from kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vending machine snacks meet nutritional guidelines, if present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exits, doors and fastening devices single action approved and in good working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exits unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid kits stocked and easily accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground area clean, shaded, well drained and equipped and fence in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground equipment meets standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool area clean, fenced, and adequately maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diaper changing stations adequate in number and each fully supplied (number _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual _____ Child Care Representative _____



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Program Review

Facility Name _____ License No. _____ Date _____

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

Comments/Recommendations _____

Pass –
License to be issued: Regular Probational Restricted

Fail

Follow-up within _____ days _____

Director Designee Child Care Representative



MISSISSIPPI STATE DEPARTMENT OF HEALTH

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

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

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

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

CHILD CARE REGULATIONS SUMMARY FOR PARENTS

Dear Parents,

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

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

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

APPENDICES

- Appendix A – Child Abuse & Neglect Reporting
- Appendix B – Reportable Diseases
- Appendix C – Nutritional Standards
- Appendix D – Playground Safety Standards
- Appendix E – Dishwashing Procedure
- Appendix F – Hand washing Procedure
- Appendix G – Diaper Changing Procedure
- Appendix H – Cleaning & Disinfection Procedure
- Appendix I – Communicable Disease/Conditions & Return to Child Care Guidelines
- Appendix J – Rules & Procedures for State Level Administrative Hearings

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

Should you have a complaint concerning a [child care](#) facility, contact your local licensing official

_____ at _____, email the Investigation Unit at CC.ComplaintUnit@msdh.ms.gov or mail the complaint to:

Mississippi State Department of Health
Child Care Facilities Licensure
PO Box 1700
Jackson, MS 39215

APPLICATION FOR EMPLOYMENT

Name _____ Telephone _____ DOB _____

Complete Address _____

SS# _____ Position Applied for: _____

(Director, Caregiver, Caregiver Assistant, Service Staff, Other)

Education (Document highest educational level – attach copy of Diploma, GED, CDA or college transcript)

High School/GED (or highest grade completed): _____

College/University (or highest grade completed): _____

Degree held and field of study: _____

Special training/Certificates: _____

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

Name of Employer	Address	Telephone #	Years
------------------	---------	-------------	-------

1. _____

Job title & duties: _____

2. _____

Job title & duties: _____

3. _____

Job title & duties: _____

4. _____

Job title & duties: _____

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

Name	Address	Telephone #	Relationship
------	---------	-------------	--------------

Have you ever been convicted of a crime? Yes No

Have you lived in another state in the past 5 years? Yes No If yes, please list states lived in

_____ has my permission to perform all criminal records checks, a Child Abuse Central Registry Check, a Sex Offender Registry check and contact previous employers and all personal references.

SIGNATURE _____ DATE _____

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

DATE OF EMPLOYMENT _____ DATE OF ORIENTATION _____

DATE OF SEPARATION _____



MISSISSIPPI STATE DEPARTMENT OF HEALTH

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

CHILD CARE FINGERPRINT INSTRUCTIONS:

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

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

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

Mail to the address below:

**Mississippi State Department of Health
Attention: Fingerprint Unit
143B LeFleurs Square
Jackson, MS 39211**

Please note:

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

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



MISSISSIPPI STATE DEPARTMENT OF HEALTH

FINGERPRINT INSTRUCTIONS:

If available in the area, schedule a LiveScan appointment for fingerprinting (LiveScan locations available on the Criminal History Fingerprint webpage). Have applicant bring to scheduled appointment a completed LiveScan Information form and receipt of background check payment. If LiveScan location is unavailable, complete ALL areas on the fingerprint card and mail to the below address-*the fingerprint card must come from the licensed facility, not the applicant.* (**Note:** If a card is not complete, it will be returned and will result in delayed background check processing).

Please ensure that each applicant reads, dates, and signs the Noncriminal Justice Applicant's Privacy Rights form and that it is placed in the facility personnel file-**DO NOT SEND TO MSDH.**

For Child Care facilities, a Child Abuse and Neglect Registry form must be completed electronically by both the applicant and a representative of the facility. The link and the directions for completing this form may be found on the MSDH Criminal History Fingerprint webpage and in the following pages of this document.

The cost to process a background check is \$50.00 per applicant (extra cards and reprints on the same applicant do not require further payment).

As of January 1, 2022, the Criminal History Fingerprint unit began accepting only online payment for background checks and duplicate documents. Any business check, money order, or cashier's check will be returned to the facility and processing of the background check will be delayed.

Unless fingerprint was completed via LiveScan, mail Fingerprint card to the address below:

MS State Department of Health
Criminal History Record Check
143B LeFleur's Square
Jackson, MS 39211

Please note:

Prior to submission of prints or mailing documents to MSDH, maintain a copy of each fingerprint card (if applicable), online payment receipt, and the Noncriminal Justice Applicant's Privacy Rights form for the facility personnel file.



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Fingerprint Submission Checklist

- If Applicable, the child care facility staff should check each fingerprint card for completion.
- Ensure facility account has sufficient funds to process the background check. If needed, submit online payment via the Criminal History Fingerprint Payment Portal (directions for access included).
- If Applicable, Mail Fingerprint Card to the address below– All cards MUST come from the Child Care facility, **not** the applicant/student. **If an applicant has completed fingerprinting via a LiveScan machine, DO NOT send a fingerprint card.

Mississippi State Department of Health

Attention: Fingerprinting

143B LeFleurs Square

Jackson, MS 39211

- Applicant must complete the Child Abuse Central Registry Form. An electronic signature of both the applicant and a representative of the facility is required. Follow the below link to begin electronic submission of the Child Abuse and Neglect registry form.
[Child Abuse and Neglect Registry Form](#)
- Applicant should read, sign and date the Non-Criminal Justice Applicant's Privacy Rights form. *This form should be kept in the employee/student personnel file-Do Not send to MSDH.*

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

Instructions and Link for Electronic Child Abuse and Neglect Registry

[MSDH Electronic Child Abuse and Neglect Registry Form](#)

The employer/requestor completes Steps 1-7

- **Step 1:** Click the link or copy and paste the link into your browser to access the form.
- **Step 2:** Enter the person requesting the applicants' Child Abuse and Neglect Registry check and Email.
- **Step 3:** Enter the Applicants' Name and Email.
- **Step 4:** Press Begin signing.
- **Step 5:** Complete the required fields for the person requesting the check.
- **Step 6:** Press finish/complete.
- **Step 7:** An email will be sent to the applicants' email. That's where the applicant will complete their portion of the form.

Please contact the applicant to ensure they complete their portion of the form within 24hrs.

The applicant completes Steps 8 and 9

- **Step 8:** Fill in personal information in the required fields.
- **Step 9:** Once complete, press complete/finish.

Once the applicant completes the form it will be sent to the Central Registry staff at MDCPS and then to the MSDH Fingerprint unit to complete the applicant's comprehensive background check. The facility contact will be able to access the Letter of Suitability from the MSDH Criminal History Fingerprint facility portal within 48 hours if all parts of the background check are complete.



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Guide to Online Criminal History Fingerprint Facility and Payment Portal

Criminal History Fingerprint Facility Portal:

1. Follow the provided link www.healthmys.com
2. Locate Criminal History Check at the bottom of the screen in white font on blue background under “I Need A . . .” and select.
3. From the Criminal History Record Checks page, select Criminal History Facility Portal.
4. Type in the “User Name” (user name will be a number beginning with either CH or HC, dependent on whether the facility is health care or child care) and “Password” provided in the facility packet upon initial enrollment in the MSDH background check system.
5. If the facility user name and/or password does not work, or the facility does not have a user name and/or password call Nicole Banes at 601-364-1101 or the CHRC Unit at 601-364-1102 for assistance.

Criminal History Fingerprint Payment Portal:

1. Follow the provided link www.healthmys.com
2. Locate Criminal History Check at the bottom of the screen in white font on blue background under “I Need A . . .” and select.
3. From the Criminal History Record Checks page, select Criminal History Payment Portal.
4. Select an option—Individual, Healthcare Facility or Childcare Facility.
5. Choose Individual when a duplicate Child Care Suitability letter (\$10) or a duplicate Individual Rap Sheet (this may be Healthcare or Child Care) (\$15) is needed.
6. *When choosing INDIVIDUAL, please note the disclaimer at the top of the page and call the CHRC office to ensure a recent background check is available for request. If available, complete the information required and select an option. **The billing address used will need to match the address associated with the credit/debit card being used for payment or the payment will not be successful.***
7. For complete background checks, choose either Healthcare or Childcare facility and input the facility code to proceed. Background checks may be paid for individually (\$50) or the facility may pay a large amount to have available for additional background checks. The payment portal will only allow payments in increments of \$50.

**If you have any questions or concerns, please contact the Criminal History Record check unit for help at 601-364-1102 or 601-364-1101.

Fingerprint Authorization Form for LiveScan
Criminal History Fingerprint Check
143B LeFleurs Sq.
Jackson, MS. 39211
Phone: 601.364.1102
Website: <http://www.healthyms.com>

Date: _____

Applicant: _____
Last Name First Name Middle Name

Aliases (AKA): _____

Date of Birth (DOB): _____ Place of Birth (POB): _____
Month Day Year

Sex: _____ Race: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Mailing Address: _____
Street or PO City State Zip

Citizenship (CTZ): _____ Social Security Number (SSN): _____

Facility Name: _____

Facility Address: _____
Street or PO City State Zip

Reason for Fingerprints:

Healthcare (43-11-13 ORI-MS920500Z)

Childcare (43-20-8 ORI-MS920080Z)

_____ Facility Code

Signature of Person Fingerprinted

NONCRIMINAL JUSTICE APPLICANT’S PRIVACY RIGHTS

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

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

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

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

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

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

Date: _____ Applicant’s Signature: _____

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV (c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

Form No. 121 Certificate of Immunization Compliance

Name of Child/Student/Employee _____ Birthdate _____

Name of Parent _____

Address _____
Street City State Zip

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



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

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

Please check (✓) one box only

- Complete Until School Entry
- Complete for school entry (K4-6th grade)
- Complete for middle school, high school, university/college, work requirements (7th grade and above)
- Temporarily compliant-next immunization is due _____
Month Day Year
- Record in transit, valid until _____
Month Day Year

Date of serological confirmation of immunity

*Varicella _____ / _____ / _____
Month Day Year

*Measles _____ / _____ / _____
Month Day Year

*Rubella _____ / _____ / _____
Month Day Year

*Mumps _____ / _____ / _____
Month Day Year

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

Print or Stamp Name of Facility _____

Signature and Title of Issuing Individual _____

Month Day Year _____

Hib and Pneumococcal vaccines are only required for child care.

DOCUMENTATION OF ORIENTATION

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

Position: _____ Date Orientation Completed: _____

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

Alphabetized Children's Roster

(Roster Updated _____)

	(Last)	(Middle)	(First)	Date of Birth	Acceptance Date	Withdrawal Date
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
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11.						
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29.						
30.						
31.						
32.						
33.						
34.						
35.						

Alphabetized Staff Roster

(Roster Updated _____)

	Last	Middle	First	Date of Birth	Date of Hire	Date of New Employee Orientation
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
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22.						
23.						
24.						
25.						

Alphabetized Volunteer Roster

(Roster Updated _____)

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

Childcare Enrollment Application

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

Child's Full Name: _____ (Middle) _____ (Last) _____ (First)
DOB: _____ Home Address: _____
Home/Cell Phone: _____

Mother/Guardian: _____ Father/Guardian: _____

Please check if this parent has primary custody

Please check if this parent has primary custody

Please check if court documentation received

Please check if court documentation received

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

Place of Employment: _____

Place of Employment: _____

Work Address: _____

Work Address: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

E-mail Address: _____

E-mail Address: _____

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

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

Read and INITIAL the appropriate answer to the following items:

I have been informed that this Daycare Center does NOT provide liability insurance for my child: ____ Yes ____ No

I have been given a copy of and have read the MSDH Regulation Summary for Parents: ____ Yes ____ No

I have been given and have read and understand the facility's Parent Handbook: ____ Yes ____ No

Complete 121 Immunization Compliance Form is on file in the facility before the child attends: ____ Yes ____ No

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

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

1. Name: _____ Phone: _____ Relationship: _____
 Address: _____

2. Name: _____ Phone: _____ Relationship: _____
 Address: _____

3. Name: _____ Phone: _____ Relationship: _____
 Address: _____

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

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

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

My child may be photographed at the childcare center: _____ Yes _____ No
 My child's picture may be used in media, i.e., Facebook, newspaper, etc... _____ Yes _____ No
 My child may take approved field trips sponsored by the center: _____ Yes _____ No
 The center may obtain emergency medical treatment for my child if needed _____ Yes _____ No

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

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

Parent Signature: _____ **Date:** _____

Director Signature: _____ **Date:** _____

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

Signature : _____ Date : _____

Signature : _____ Date : _____

Signature : _____ Date : _____

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

PARENTAL AUTHORIZATIONS/UPDATES

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

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

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

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

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

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

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

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

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

1. Name: _____
Telephone: _____
Address: _____

2. Name: _____
Telephone: _____
Address: _____

(Parent Signature)

(Date)

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

- Provides a central point of contact for all allegations of abuse, neglect, and exploitation for the State of Mississippi that is available 24 hours a day, 7 days per week, and 365 days per year.
- In the case of a walk-in to a DHS county office, office staff will explain to the reporter the new function of centralized intake and guide them through the new process of making a report.
- Reports are sent to the county of responsibility within one hour of receipt.
- Mississippi Centralized Intake will inform the reporter of the agency's responsibilities, including protection of the reporter's identity, the confidentiality of records, the investigation process, and any ongoing role of the reporter.
- Quality assurance and evaluation performed via call monitoring and recording of calls.
- Assists Social Workers in the identification of relatives, family strengths, available resources, and family connections at intake.

Mississippi Centralized Intake
Effective November 1, 2009

Child Care Injury / Incident Report

Child Care Program:	License #:
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Name of Injured Child	Age of Child D.O.B. ___/___/___	Child's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
-----------------------	------------------------------------	--

Date of Incident	Time of Incident <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Called 911 <input type="checkbox"/> Called Poison Control
------------------	---	--

CHECK ALL THAT APPLY

Type of Injury / Incident	Body Parts Affected	Professional Medical Treatment Given*
<input type="checkbox"/> Open Wound / Cut <input type="checkbox"/> Sprain/Strain/Twist <input type="checkbox"/> Broken Bone / Fracture * <input type="checkbox"/> Respiratory Condition <input type="checkbox"/> Pain/Inflammation/Bump <input type="checkbox"/> Allergy/Sensitivity Reaction <input type="checkbox"/> Loss of Consciousness* <input type="checkbox"/> Other: _____	<input type="checkbox"/> Dislocation * <input type="checkbox"/> Burn * <input type="checkbox"/> Poisoning <input type="checkbox"/> Seizure <input type="checkbox"/> Concussion* <input type="checkbox"/> Death * <input type="checkbox"/> Head/Face <input type="checkbox"/> Ears <input type="checkbox"/> Eyes <input type="checkbox"/> Nose <input type="checkbox"/> Mouth/Teeth <input type="checkbox"/> Toes <input type="checkbox"/> Legs/Knees <input type="checkbox"/> None <input type="checkbox"/> Other: _____	<input type="checkbox"/> Groin <input type="checkbox"/> Buttocks <input type="checkbox"/> Torso/Side <input type="checkbox"/> Neck <input type="checkbox"/> Back <input type="checkbox"/> First Aid <input type="checkbox"/> CPR <input type="checkbox"/> X-rays <input type="checkbox"/> Stitches / Staples / Glue <input type="checkbox"/> Dental <input type="checkbox"/> EMT Treatment On-site <input type="checkbox"/> Hospitalization <input type="checkbox"/> Onsite First Aid given (Describe): _____
Side of Body Affected <input type="checkbox"/> Left <input type="checkbox"/> Right		

Where Injury / Incident Occurred	Cause of Injury / Incident	Taken to Clinic / Hospital
<input type="checkbox"/> Classroom <input type="checkbox"/> Child Care Space <input type="checkbox"/> Kitchen <input type="checkbox"/> Bathroom <input type="checkbox"/> Common Areas <input type="checkbox"/> Outside <input type="checkbox"/> Off the premises <input type="checkbox"/> In a vehicle	<input type="checkbox"/> Slip or Trip <input type="checkbox"/> Struck by Object <input type="checkbox"/> Overexertion <input type="checkbox"/> Fall <input type="checkbox"/> Bites/Scratches/Kicks <input type="checkbox"/> None/Unknown <input type="checkbox"/> Fire <input type="checkbox"/> Electricity <input type="checkbox"/> Chemicals <input type="checkbox"/> Structures/Surfaces <input type="checkbox"/> Other: _____	<input type="checkbox"/> By Parent <input type="checkbox"/> By Provider <input type="checkbox"/> By Ambulance <input type="checkbox"/> Unknown <input type="checkbox"/> Not Taken

I have reviewed the above injury report and certify it is true and accurate to the best of my knowledge: *

_____ Print name, date, and initial	_____ Print name, date, and initial
--	--

*include all witnesses to incident

Please give a brief summary of incident:

Describe onsite First Aid given:

 By whom: _____

Parent/Guardian Contacted: _____ By whom (program staff): _____ <input type="checkbox"/> In Person Date: _____ <input type="checkbox"/> Phone Time: _____ <input type="checkbox"/> E-mail	Child Care Licensing Contacted (contact for all deaths and any injuries or medical treatment marked with a *) Who contacted: _____ <input type="checkbox"/> In Person Date: _____ <input type="checkbox"/> Phone/Fax Time: _____ <input type="checkbox"/> E-mail
--	---

_____ Parent / Guardian Signature Date	_____ Director or Provider Signature Date
--	---

Print Name: _____	Print Name: _____
-------------------	-------------------

PROGRAM OF ACTIVITIES

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

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

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

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

Example of Learning Centers

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

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

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

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

Sample Daily Schedule

7:30 -8:15	Arrival Health Check Free Choice in Activity Areas
8:15-8:45	Breakfast – Children engage in free choice activity areas after finishing
8:45-9:00	Cleanup Toileting
9:00-9:30	Group Time: Action songs----Singing time----Finger plays----Hello Songs---- Concept Games----Discussion of Daily Activities----Story
9:30-9:45	Outdoor play or vigorous indoor activity (including teacher-directed games)
9:45-10:00	Toileting, clean-up, water
10:00 – 11:15	Activity Areas <ul style="list-style-type: none"> • Children are allowed to select their activities from standard equipment and a changing variety of teacher provided materials. • Teacher-directed activities and self-directed activities are included. • Examples of activities: creative art cooking, science/discovery, blocks, dramatic play, language arts, listening center, sand and water, dramatic play, fine and gross motor.
11:15-11:30	Clean up Toileting Preparation for lunch
11:30-12:00	Lunch
12:00 – 12:30	Toileting Preparations for rest time, perhaps a quiet story
12:30-2:30	Rest Period – Children as required to rest for a reasonable period but are not required to sleep. Quiet activities are available for those who are awake before others, i.e. quiet books, puzzles, etc.
2:30-3:00	Toileting Snack
3:00-3:30	Group Time Free choice in activity areas
3:30-3:45	Clean up Toileting Preparation for outside play
3:45-4:45	Outdoor play or vigorous indoor play
4:45-5:30	Free choice in activity areas Preparation for Departure Children Leave

Mississippi State Department of Health

Playground Safety

DEFINITIONS

1. **CPSC – Consumer Product Safety Commission**
Contains guidelines for playgrounds used to certify and inspect daycare playground equipment in the state of MS
2. **ASTM – American Society for Testing and Material**
ASTM 1487 (commercial/industrial equipment only) is used to certify and inspect child care playground equipment in MS
3. **Composite Structure** – Large piece of playground equipment attaching more than one type of play into one structure
4. **Entrapment** – Any opening (gap) on playground equipment or fencing between 3 ½ and 9 inches, into which a child can become trapped.
5. **Entanglement** – when something around the user’s neck becomes entangled in/on playground equipment causing strangulation.
6. **Loose-Fill Surfacing Material** – A protective surfacing material consisting of loose particles (sand, gravel, wood fiber, shredded tires, etc.)
7. **Unitary Surfacing Material** – A protective (manufactured) surfacing material providing a single impact-absorbing surface (mats, tiles, poured-in-place, or combination of the three)
8. **Use-Zone** – the area under and around a piece of equipment upon which a child would land (in the event of a fall or when exiting equipment)
9. **Risk** – Something we are willing to do. Involves choice by the user
10. **Hazard** – Something unknown, hidden, unexpected or unforeseen

Important Playground #s to Remember!

In General

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

Slides

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

Swings

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

More #'s

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

Fire & Severe Weather Drills Monthly Report

Facility Name _____

Monthly Fire Drills - from _____ to _____

License # _____

(Follows Licensure Year for "from/to" Dates)

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

*"Time Required" includes evacuation and verification that all occupants are out of the building.
 **"Special Conditions" include circumstances such as the primary exit route being blocked or the presence of special needs children, etc.

My Day at School

Name: _____
Date: _____

Time I Arrived: _____
Last Feeding before Arrival: _____



Today I was:



Happy

Chatty



Sad

Curious



Irritable

Playful



Sick

Tired

Today I: Played Nice Hit Bit Scratched
Slept: _____ to _____ and _____ to _____ and _____ to _____
 Did not sleep

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

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

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

Sippy Cup/Bottle – Time/Amount: _____ / _____ / _____ / _____ / _____

Wet Diaper - Times: _____

Dirty Diapers - Times: _____

They were: Runny Soft Firm Normal

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

Toilet Training Conference

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

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

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

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

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

Parent's Signature

Date

Director's/Caregiver's Signature

Date

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