



Exempt Program Listing Packet

In order to be listed in Child Care Aware® of Missouri's referral database, exempt child care programs must submit an Exempt Program Listing Packet. Complete this packet and mail, email, or fax it to Child Care Aware® of Missouri. Once we receive your completed packet, you will be listed in our referral database. You will receive a renewal packet each year to update your information and certify that your program still meets Child Care Aware® of Missouri's exempt program listing standards. Please contact Child Care Aware® of Missouri at 1-866-892-3228 with any questions regarding this packet.

Child Care Personnel must submit:

- ☐ Proof that you are 18 years or older
- ☐ A completed Program Information Form
- ☐ Two professional references from individuals who are familiar with your experience in child care
- ☐ A completed Exempt Program Self-Certification
- ☐ A signed Infant Safe Sleep Practices Agreement
- ☐ A copy and description of your fire evacuation, tornado, and other emergency safety plans including exit routes, shelter areas, and reunification plans. If you have established emergency plans in case of flood, earthquake, or intruder, please submit.
- ☐ A Medical Examination Report and negative TB screening, completed within the last 12 months, indicating good health for each staff member.

All members in the household ages 17 and older must:

- ☐ Register with the Family Care Safety Registry either online or by mailing a completed Worker Registration form to Missouri Department of Health and Senior Services. There is a one-time registration fee of \$14 per person.
 - Online: <https://health.mo.gov/safety/fcsr/>
 - An additional \$1.25 processing fee will be charged for each online registry
 - Mail: Missouri Department of Health and Senior Services
Family Care and Safety Registry
PO Box 570
Jefferson City, MO 65102
 - Family Care Safety Registry screenings should be free of criminal charges related to child abuse, neglect, or death of a child.
- ☐ Send copies of your screening results to Child Care Aware® of Missouri.

Return all completed information to:

Child Care Aware® of Missouri
955 Executive Parkway Drive, Suite 106
St. Louis, Missouri 63141

OR Fax to: (314)754-0330 OR Email to: referralcenter@mochildcareaware.org

CHILD CARE AWARE® OF MISSOURI LISTING STANDARDS

Child Care Aware® of Missouri provides free referrals for child care and early education programs. See the listing requirements below based on your program. Please call 1-866-892-3228 for more information.

EXEMPT Exempt programs are legally operating programs that are not subject to state regulation. These include child care programs operated by private or public school systems, programs operated by businesses for the convenience of customers, religious organizations' preschools exclusively for 4- to 5-year-olds, Vacation Bible Schools, and individuals who provide care in their home for four or fewer children not related to the caregiver, with the total number of related and unrelated children being no more than 6 children.

Listing Requirements:

- Has completed and submitted Exempt Program Listing Packet

LICENSE-EXEMPT License-exempt child care centers and nursery schools. Religious organizations operating child care programs, nursery schools, and summer camps are exempt from licensure, but are still required by statute to be inspected for compliance with some health and safety requirements.

Listing Requirements:

- Current inspection on file with DESE
- "In compliance" status with DESE

LICENSED State-licensed child care centers, Head Start, group homes, and family child care homes. Programs are inspected by Department of Elementary and Secondary Education (DESE) for state health and safety requirements.

Listing Requirements:

- Current license on file with DESE

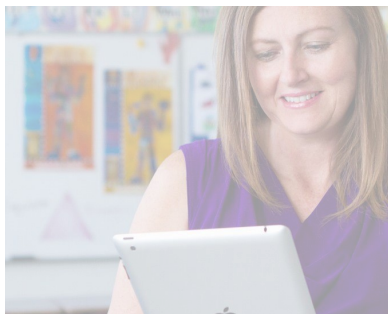


Child Care Aware® of Missouri provides child care referrals, not recommendations. The referrals and information families receive are a service funded by the Department of Elementary and Secondary Education- Office of Childhood.



Show Me Child Care Resources **is for YOU!**

Show Me Child Care Resources is a shared services website that aims to serve anyone working in the child care field. It offers classroom and teacher tools, savings opportunities, business and HR supports, and much more for the early childhood community in Missouri.



- **Explore the resources and materials available!**
 - Increase your child care business understanding, fine tune your program budget, and get financial tips!
- **Receive savings, VIP perks, and program + teacher discounts!**
 - Be eligible for low cost medical, dental, and vision benefits!
- **Gain access to family communication tools and policy handbooks!**
 - Utilize the lesson and activity resources in your program!

Go to showmeresource.org to log into your account or request an account today!

See back for more information

What You Get!

Discounts for programs and personal savings

- + Popular child care program vendors
- + Benefits – medical, vision, dental
- + Teacher discounts – My VIP Savings

Classroom supplies and teaching tools

- + Lesson plans
- + Activity ideas
- + Literacy supports

Business practice and human resource needs

- + Show Me Jobs job board
- + Employee and family handbooks
- + Interview guides
- + Financial information and materials

Materials and information to share with families

- + Communication tools
- + Developmental information
- + Family involvement ideas



MEDICAL



DENTAL



VISION



Cost Information

Center = \$20/month - Family Child Care = \$10/month - Individual = \$5/month

Monthly fee covers all staff in a center or family child care program. Reduced cost and free access given to child care programs that have more than 50% of children enrolled who receive subsidy assistance.

Call 314-754-1611 or email
allan@mochildcareaware.org
for more information!



Child Care and Early Learning Program Information Form

To be completed by director or owner only. keep a completed copy for your records.

Mail to: Child Care Aware® of Missouri
955 Executive Parkway Drive, Suite 106
St. Louis, Missouri 63141

OR Fax to: (314)754-0330 OR Scan and email to: referralcenter@mochildcareaware.org

+ Contact Information

Business Name: _____ DBA: _____
Address: _____ Director/Owner: _____
City: _____ Contact Title: _____
State: _____ Primary phone number: _____
Zip Code: _____ Secondary phone number: _____
County: _____ Fax number: _____
Website: _____
Primary email: _____
Email we can share with families needing child care: _____

If you receive mail at a different address, please provide this mailing address below.

Mailing address: _____ Mailing State: _____
Mailing city: _____ Mailing Zip: _____

+ Our Schedule

Operating hours:

Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____
Sunday _____ to _____

Year Schedule:

- ☐ Full Year
☐ School Year Only
☐ Summer Only

Scheduling Options:

- | | |
|--|---|
| <input type="checkbox"/> Full-time Preschool Care | <input type="checkbox"/> Part-time Preschool Care |
| <input type="checkbox"/> Full-time Infant/Toddler Care | <input type="checkbox"/> Part-time Infant/Toddler Care |
| <input type="checkbox"/> Before and/or After School Care (for school-age children) | <input type="checkbox"/> Summer Program (for school-age children) |
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Drop-in Care |
| <input type="checkbox"/> Overnight/24 Hour Care | <input type="checkbox"/> Temporary or Emergency Care |
| <input type="checkbox"/> Open Federal Holidays | |

+ Ages, Capacity, and Rates**Ages Cared For:**

From: _____ years _____ months

To: _____ years _____ months

Licensed Capacity: _____**Desired Enrollment:** _____**Payment Assistance:**

- | | |
|---|---|
| <input type="checkbox"/> MO Subsidy (DSS) | <input type="checkbox"/> Income-based Tuition (sliding fee) |
| <input type="checkbox"/> Foster Care Subsidy | <input type="checkbox"/> Scholarships |
| <input type="checkbox"/> IL Subsidy | <input type="checkbox"/> Military Assistance |
| <input type="checkbox"/> KS Subsidy | <input type="checkbox"/> Hourly Rate Options |
| <input type="checkbox"/> Multi Child Discount | <input type="checkbox"/> None Applicable |

Additional Fees:

- | | |
|---|--|
| <input type="checkbox"/> Registration Fee | <input type="checkbox"/> Other |
| <input type="checkbox"/> Supply Fee | <input type="checkbox"/> None Applicable |
| <input type="checkbox"/> Transportation Fee | |

Weekly Rates:

Infant (0-12 months)	\$
One Year Old	\$
Two Years Old	\$
Three to Five Years Old	\$
Kindergarten & School Age	\$

+ About Our Program

Transportation

- | | |
|--|--|
| <input type="checkbox"/> Program Transports to/from school | <input type="checkbox"/> Near public transportation |
| <input type="checkbox"/> Program Transports to/from home | <input type="checkbox"/> Walking distance to/from school |
| <input type="checkbox"/> By School's bus to/from program | <input type="checkbox"/> No transportation |

Curriculum

- | | |
|--|--|
| <input type="checkbox"/> Creative Curriculum | <input type="checkbox"/> Montessori |
| <input type="checkbox"/> HighScope | <input type="checkbox"/> A Beka |
| <input type="checkbox"/> Emerging Language & Literacy Curriculum | <input type="checkbox"/> Religious _____ |
| <input type="checkbox"/> Project Construct | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Reggio | <input type="checkbox"/> None Applicable |

Primary Language Used: _____ Secondary Language Used: _____

Activities

- | | |
|---|--|
| <input type="checkbox"/> Field trips | <input type="checkbox"/> Sports programs |
| <input type="checkbox"/> Computers for children | <input type="checkbox"/> Opportunities for cooking |
| <input type="checkbox"/> Foreign language instruction | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Music instruction | <input type="checkbox"/> Toilet learning |
| <input type="checkbox"/> Gymnastic instruction | <input type="checkbox"/> None Applicable |

Family Involvement:

- | | |
|---|---|
| <input type="checkbox"/> Family Volunteer Opportunities | <input type="checkbox"/> Family Communication App |
| <input type="checkbox"/> Family-Teacher Conferences | <input type="checkbox"/> Program Newsletter |
| <input type="checkbox"/> Family Events | <input type="checkbox"/> None Applicable |
| <input type="checkbox"/> Daily Communication Sheets | |

Environment

- | | |
|--|---|
| <input type="checkbox"/> Outdoor play area | <input type="checkbox"/> Smoke-free |
| <input type="checkbox"/> Fenced yard | <input type="checkbox"/> Air conditioned |
| <input type="checkbox"/> Outdoor classroom | <input type="checkbox"/> Videocam monitoring |
| <input type="checkbox"/> No pets | <input type="checkbox"/> Security system |
| <input type="checkbox"/> Pets away from children | <input type="checkbox"/> Intergenerational learning |
| <input type="checkbox"/> Pets interact with children | <input type="checkbox"/> None Applicable |

Meals

- | | |
|--|---|
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Field/Garden-to-table |
| <input type="checkbox"/> Lunch | <input type="checkbox"/> Accommodates special diets |
| <input type="checkbox"/> Snacks | <input type="checkbox"/> Adequate Breastfeeding Space |
| <input type="checkbox"/> Dinner | <input type="checkbox"/> Program provides formula, baby cereal and/or baby food |
| <input type="checkbox"/> Family to provide meals | <input type="checkbox"/> CACFP-USDA Food Program Member |
| <input type="checkbox"/> Family style dining | <input type="checkbox"/> None Applicable |

+ Credentials

Regulation:

License ID: _____

- ☐ Licensed
- ☐ License-Exempt
- ☐ Exempt

Recognitions:

- | | |
|--|--|
| <input type="checkbox"/> Staff CPR/First Aid Certified | <input type="checkbox"/> Safe Sleep Training |
|--|--|

+ Special Needs

Program Has Experience With:☐ Autism☐ ADHD☐ Hearing Impairment☐ Visual Impairment☐ Food allergies☐ Environmental Allergies☐ Asthma☐ Diabetes☐ Other: _____☐ None Applicable**General Support:**☐ Wheelchair Access☐ Walker Access☐ Administer Medication☐ Breathing treatments/Inhalers☐ Therapists Welcome☐ None Applicable

Child Care Aware® of Missouri reserves the right, its sole and absolute discretion, to make an independent decision regarding the listing, or exclusion, of any provider. Program information may be shared with funders. Complaints about a program's services should be referred to the Department of Social Services and the Department of Elementary and Secondary Education- Office of Childhood as deemed necessary.

I have read the above statement and understand Child Care Aware® of Missouri's listing policies.

Signature: _____ Date: _____

Reference for: _____
(Provider Name)

Your Name: _____ **Date:** _____

Phone: _____ **Email Address:** _____

Relationship to Provider: _____ **Length of Time Known:** _____

Please describe this provider's specific skills in relation to child care:

How does this provider support children's learning and development?

How does this provider build relationships with children and families in his/her program?

What five words best describe this provider?

- | | | |
|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="radio"/> Patient | <input type="radio"/> Happy | <input type="radio"/> Selfless |
| <input type="radio"/> Attentive | <input type="radio"/> Loyal | <input type="radio"/> Humble |
| <input type="radio"/> Kind | <input type="radio"/> Assertive | <input type="radio"/> Giving |
| <input type="radio"/> Supportive | <input type="radio"/> Helpful | <input type="radio"/> Caring |
| <input type="radio"/> Energetic | <input type="radio"/> Wise | <input type="radio"/> Intelligent |
| <input type="radio"/> Personable | <input type="radio"/> Responsible | <input type="radio"/> Organized |

Signature: _____ **Date:** _____

Reference for: _____
(Provider Name)

Your Name: _____ **Date:** _____

Phone: _____ **Email Address:** _____

Relationship to Provider: _____ **Length of Time Known:** _____

Please describe this provider's specific skills in relation to child care:

How does this provider support children's learning and development?

How does this provider build relationships with children and families in his/her program?

What five words best describe this provider?

- | | | |
|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="radio"/> Patient | <input type="radio"/> Happy | <input type="radio"/> Selfless |
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| <input type="radio"/> Supportive | <input type="radio"/> Helpful | <input type="radio"/> Caring |
| <input type="radio"/> Energetic | <input type="radio"/> Wise | <input type="radio"/> Intelligent |
| <input type="radio"/> Personable | <input type="radio"/> Responsible | <input type="radio"/> Organized |

Signature: _____ **Date:** _____

Exempt Program Self-Certification

Please carefully read the following agreement for exempt child care programs listing with Child Care Aware® of Missouri. By initialing the statements below, you affirm that your child care program complies with the following conditions set forth by Child Care Aware® of Missouri.

General Information and Care

___ I am 18 years of age or older.

___ Neither I nor anyone in my home has a criminal record. I agree to a Family Care Safety Registry screening on all household members over 17 years of age. I will obtain a Family Care Safety Registry screening on anyone I employ or utilize to care for children.

___ I do not care for more than six children in my home with no more than three children under the age of two. The number of children I care for will not exceed six children unless I become licensed by the Missouri Department of Elementary and Secondary Education- Office of Childhood. If you are interested in becoming licensed, contact Missouri Child Care Compliance at 573-751-2450.

___ Families are notified of all persons that may care for their children and I will not leave the children in the sole care of anyone under 18 years old.

___ I do not use, or permit, physical punishment (i.e. spanking, hitting, etc.) or harsh and frightening discipline, shaming, verbal abuse, or withholding of food as a method of guiding behavior.

___ According to the laws of the state, if transporting children, the vehicle used is licensed and insured and appropriate child restraint systems are used for all children.

___ Legal custodial parents or guardians are allowed to visit at any time while care is being provided.

___ I maintain proper supervision of children at all times (i.e. during naptime, outdoor play, etc.).

___ I respect the home values and culture of each family and I am aware of the impact these have on children's behavior and development.

___ I certify that my home is a well-maintained, safe and healthy environment and meets general building code requirements with no safety hazards to children.

___ I have a working telephone in my home.

___ Procedures are established to verify that all children are present and accounted for during outdoor play, field trips, and other transition times.

___ Daily routines with consistent transitions for meals, naps, activities, etc. are established.

___ Daily opportunities are provided for a variety of experiences (i.e. sensory, dramatic play, physical activity, and music and rhythm).

Indoor Environment

___ All structures (railings, stairs, porches, etc.), furniture, and play equipment are safe, clean, sturdy, and placed so children cannot climb to reach open windows.

___ Access to stairways, utility rooms, garages, basements, and other hazardous areas are maintained with appropriate safety features to include child safety gates (excluding accordion style baby gates), handrails, and locking doors.

___ Proper precautions have been taken for windows and doors to protect children from potential accident, injury, and entrapment.

___ Heating elements and pipes (radiators, hot water pipes, fireplaces/wood stoves, etc.) are barricaded or screened to be out of children's reach and are installed to meet local safety standards. Space heaters have been removed from the child care area.

___ All poisonous substances are stored in the original container, out of children's reach, and away from food. Examples include:

- A. medicines, vitamins, cosmetics (shampoo, perfume, mouthwash, etc.)
- B. cleaning supplies (bleach, Lysol, cleanser, etc.)
- C. alcoholic beverages
- D. pet supplies (flea soap, spray, medicines, etc.)
- E. home repair supplies (turpentine, paint, solvents, etc.)
- F. combustibles

___ Children do not have access to peeling or lead paint.

___ Indoor plants have been identified and poisonous plants are removed from children's reach.

___ Trash is covered and placed out of children's reach.

___ Hot items, including pots on stoves, crockpots, pressure cookers, electric frying pans, coffeemakers, and hot cups of coffee or tea, will remain out of children's reach.

___ Sharp objects such as knives, cooking utensils, pointed scissors, tools, plastic wrap, wax paper, aluminum foil, glass bottles, and jars are kept out of children's reach.

___ All objects in the bathroom that could cause electrical shock such as the hair dryer, curling iron, electric razor, radio or TV have been removed.

____ Safety outlet covers or plugs are used in every unused electrical outlet. Electrical cords are in good condition, are placed away from children's reach, and do not run under rugs.

____ Childproof latches are installed on all drawers and cabinets containing dangerous items.

____ Matches, lighters, cigarettes and cigarette butts are kept out of children's reach and smoking in the home is prohibited while children are present.

____ Toys and materials are organized so children can access them easily and safely.

____ All items considered to be a choking hazard are kept out of children's reach, including:

- A. small toys or toys with small pieces (Use a cardboard toilet paper tube to measure. If object falls through it is a choking hazard).
- B. small household items (keys, coins, buttons, paperclips)
- C. small batteries
- D. trash bags, plastic bags, balloons (latex and foil; suffocation hazard)

____ To prevent choking, food will always be cut into small pieces for children under 3.

____ I follow the safe sleep practices outlined in the Safe Sleep Practice Agreement.

____ All purses and backpacks will be kept out of children's reach.

Outdoor Environment

____ The outdoor play area is fenced if it is near a dangerous area such as a busy street, lake, river, pond, well, railroad tracks, or trash dump.

____ Any swimming or wading pools are constructed, maintained, and used in a manner that safeguards the lives and health of children. In addition, they are securely fenced with a childproof gate to prevent accidents and unsupervised use.

____ Standing water will be emptied, when not in use, from containers such as buckets, water tables, wagons, empty flower pots, and coolers.

____ All protruding bolts or screws on swing sets and other play equipment have been filed smooth or covered with plastic safety caps. Chains for swings using S hooks are completely closed so children's fingers cannot get pinched.

____ Storage areas such as garages, barns, cellars or sheds are locked and/or barricaded to prevent children from accessing dangerous materials.

____ The outdoor play area is clear of hazards such as tools, lawnmowers, machines, garbage cans, dog waste, etc.

___Outdoor plants have been identified and poisonous plants are not accessible to children.

___Matches, lighters, cigarettes, and cigarette butts are out of children's reach.

Health, Safety, and Hygiene

___All persons in contact with the children are in good physical/mental health. I, nor anyone else, use drugs, alcohol, or medication (impairing ability to care for children), while children are in care.

___No one in my home has untreated, active TB.

___All weapons (firearms, pellet or BB guns, darts, bows and arrows, cap pistols, etc.) are unloaded, equipped with child protective devices, and stored in locked areas inaccessible to children.

___Up-to-date records are kept for each child, including: food and other allergies, immunization record, parent's written permission to administer medication with a record of every date, time and dosage of any medication given, and a record of any injury seen at arrival or occurring during the day.

___I have policies and procedures for sick children and I have made families aware of my policies and procedures.

___All contact between animals and children is closely supervised and all pets or animals are in good health. In addition, cat litter boxes and all pet food containers are kept out of children's reach.

___My kitchen and bathrooms are clean, sanitary, and in working order.

___Proper food handling methods are practiced.

___Proper hand washing procedures are practiced at all appropriate times (i.e. diapering, meals, messy play, etc.).

___Microwaves will not be used to heat bottles and/or baby food.

___Infants are held when given bottles and children are seated during meal and snack times to ensure health and safety.

___The diaper area is separate from the food preparation area.

___Proper diapering and handwashing practices are used during and after each diaper change (i.e. cleaning and sanitizing of diapering surface and handwashing by adults and children).

___All contaminated, reusable items such as cloth diapers or soiled clothes are kept in a leak proof bag out of children's reach.

____ Toys and learning materials are regularly cleaned and sanitized, particularly after being mouthed by infants and toddlers. Equipment (high chair trays, table tops, potty chairs, etc.) will be cleaned after every use.

____ The toys and equipment available are safe and clean. Toy chest lids have been modified to prevent entrapment (i.e. lids removed, addition of slow-closing hinges, or air holes installed).

Emergency Preparedness

____ My phone number and address are posted with directions to my home/facility in case someone else must make an emergency call.

____ I have local community emergency numbers posted including police, fire, ambulance, hospital or emergency room, and poison control.

____ Tornado, Fire, Flood, Intruder, and all other Emergency Plans are written and posted; drills are practiced regularly.

____ The following fire prevention steps have been taken in my home & will be checked regularly:

- A. smoke alarms and carbon monoxide detectors;
- B. fire extinguishers in the kitchen and other appropriate areas;
- C. two means of exit from all child care areas for children and adults;
- D. an emergency evacuation plan;
- E. and flashlights.

____ I agree to discuss policies and procedures for handling emergency medical care with parents/guardians.

____ I agree to have emergency contact information for parents/guardians as well as additional emergency contacts if parents/guardians are not able to be reached.

____ I have children's emergency contact information with a first aid kit readily available to take when leaving the premises.

____ I will contact the Department of Social Services at 800-392-3738 if I suspect child abuse or neglect.

Additional Agreements

____ I agree to practice enrollment/hiring policies, which do not discriminate based on race, color, ethnicity, national origin, age, pregnancy/parenthood, gender, religion, disability, or sexual preference.

____ I will notify Child Care Aware® of Missouri of any changes in my information such as my phone number, address, licensing status, and household members.

____ I understand that Child Care Aware® of Missouri reserves the right, in its sole and absolute discretion, to make an independent decision regarding the listing, or excluding, of any provider with the resource and referral service.

____ I understand that complaints about my service will be investigated or referred to the Department of Social Services or Department of Elementary and Secondary Education- Office of Childhood as deemed necessary.

____ I understand I am responsible for self-reporting any instances of child abuse and neglect, criminal activity, or child fatalities related to the children in my care to Department of Social Services, Department of Elementary and Secondary Education, local law enforcement, coroner, etc. for investigation and questioning.

By completing and signing this agreement, I understand what is expected of me as a caregiver and my child care program meets the conditions necessary to be listed in the Child Care Aware® of Missouri database. I will uphold this agreement and understand it is my responsibility to enforce these standards with all caregivers in my program.

Signature: _____ Date: _____

Infant Safe Sleep Practices Agreement

Creating a safe sleep environment and using best practices related to safe sleep are crucial to the health and well-being of infants in your care. Those who care for infants need to know about Sudden Unexpected Infant Death (SUID) and the latest recommendations to reduce the risks. SUID is the sudden unexpected death of an infant with causes that may include:

- Accidental suffocation: when something, such as a pillow, covers the baby's face and nose, blocking ability to breathe;
- Accidental entrapment: when the baby becomes trapped between two objects, such as a mattress and a wall, and cannot breathe;
- Accidental strangulation: when something presses on or wraps around the baby's neck, blocking the airway;
- Sudden Infant Death Syndrome (SIDS): deaths that cannot be explained by other causes.

What is SIDS?

Sudden Infant Death Syndrome (SIDS) is the unexplained death of an infant under 1 year of age and is the leading cause of death in infants. SIDS happens in families of all social, economic, and ethnic groups. SIDS presents no signs or symptoms and often occurs during sleep.

Safe Sleep Practices

While SUIDs are not always preventable or predictable, research shows certain practices can help reduce this risks. As a child care provider, you can help lower the risk of SUID for infants by following these safe sleep practices:

1. Place infants to sleep on their back. Infants who are used to sleeping on their backs, but who are then placed to sleep on their stomachs, like for a nap, are at a higher risk for SIDS. Unless an infant has a sleep position waiver signed by their physician specifying otherwise, he/she shall be placed on their back for sleeping. A notice will be posted near the crib for those infants with a waiver.
2. When swaddling, wrap a light blanket or special wrap snugly around infants, and be sure to place them on their back to sleep. Infants should no longer be swaddled when they begin to roll over.
3. Infants who can roll back and forth between their back and tummy should still be placed on their backs to sleep. If an infant has rolled to their side or stomach on their own, they can be left in that position.
4. Use a firm, flat sleep surface, such as a crib mattress, that fits tightly within the crib and is covered with a fitted sheet.

5. Do not use a car seat, stroller, swing, infant carrier, infant sling, or similar products as an infant's regular sleep area. If an infant falls asleep in one of the previously mentioned products, they should be moved to a proper sleep area.
6. Infants must sleep in a crib, bassinet, portable crib or play-yard that meets the safety standards of the Consumer Product Safety Commission (CPSC). Crib rails should be spaced no more than 2 3/8 inches apart and the sides should be kept up on cribs and playpens.
7. Do not put soft objects, toys, crib bumpers, or loose bedding anywhere in the sleep area. Make sure all plastic is removed from mattresses and dangling blind cords cannot be reached. Keeping these items out of the sleep area reduces the risk of SIDS, suffocation, entrapment, and strangulation.
8. Do not use sleep positioners unless prescribed by a doctor. A notice will be posted near the crib for infants with a prescription.
9. Only one infant may be in a crib at a time.
10. Infants should not sleep on adult beds, waterbeds, couches, pillows, bean bag chairs, or other soft surfaces. Do not use fluffy blankets or comforters under infants.
11. Do not allow smoking around infants or the infants' environment. Smoking in the infants' environment increases the risk for SIDS.
12. Do not let infants get too hot during sleep. Room temperature should not exceed 75° F. Dress infants in sleep clothing designed to keep them warm without over bundling or the need for loose blankets.
13. Visually check on infants every 15 minutes while they are sleeping.
14. Make sure the infant's head remains uncovered during sleep and check for signs of overheating. If an infant appears sweaty, flushed, or their chest feels hot to the touch, adjust the room temperature and/or remove excess sleep wear from the infant.
15. Give infants plenty of supervised tummy time. Tummy time helps strengthen neck muscles and prevents flat spots on the head. Always stay with infants during tummy time and make sure they are awake.

I affirm that I have read and will uphold the Infant Safe Sleep Practices Agreement. I understand it is my responsibility to enforce these practices with all caregivers in my program.

Signature: _____ Date: _____



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION

MEDICAL EXAMINATION REPORT FOR CAREGIVERS AND STAFF

- Patient may: ☒ Have contact with children (infant through school-age) in care away from their own homes.
☒ Be responsible for children's physical care and social development during day and/or nighttime hours.
☒ Need to lift children.

IDENTIFYING INFORMATION (To be completed by patient.)

NAME	BIRTHDATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER ()
NAME AND ADDRESS OF CHILD CARE FACILITY WHERE EMPLOYED	

MEDICAL REPORT (To be completed by a licensed physician or advance practice nurse; by registered professional nurse or registered nurse who is under the supervision of a licensed physician.)

PHYSICAL EXAMINATION	On _____ (date), I examined this patient. I certify that to the best of my knowledge, this patient is in good physical and emotional health and free of contagious disease. <input type="checkbox"/> Yes <input type="checkbox"/> No
TB CLEARANCE	(Check one.) <input type="checkbox"/> TB Risk Assessment Form attached (required) <input type="checkbox"/> A chest x-ray or appropriate written follow-up of a previous examination that indicates the individual is free of contagion dated _____ .
LIMITATIONS	The above dated physical examination indicates this patient has the following physical or mental conditions that might endanger the health of children or might prevent the patient from providing adequate care of children: <input type="checkbox"/> None <input type="checkbox"/> _____
RESTRICTIONS	This patient has the following restrictions, e.g., cannot lift children who weigh more than 20 pounds, etc. <input type="checkbox"/> None <input type="checkbox"/> _____

REMARKS

SIGNATURES

SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER SUPERVISION OF A PHYSICIAN	DATE	PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT.)
NAME AND ADDRESS OF CLINIC, GROUP PRACTICE, OTHER (PLEASE USE STAMP, IF AVAILABLE)		IF NURSE IS SUPERVISED BY PHYSICIAN, INDICATE PHYSICIAN'S NAME. (PLEASE PRINT.)
		TELEPHONE NUMBER ()



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
FAMILY CARE SAFETY REGISTRY
WORKER REGISTRATION

FCSR USE ONLY

Register online at www.health.mo.gov/safety/fcsr OR mail this form, copy of Social Security card, and payment to Missouri Dept. of Health and Senior Services, Fee Receipts, PO Box 570, Jefferson City, MO 65102.

REGISTRATION TYPE (Check all that apply. Complete column on right only if Long Term Care/Personal Care selected from left.)

- ☐ Adoptive Parent
Agency Name: _____
- ☐ Child Care
- ☐ Foster Parent/Family Member of Foster Parent
County Office: _____
- ☐ Hospital
- ☐ Long Term Care/Personal Care (Please choose subcategory at right ▶.)
- ☐ Mental Health/Psychiatric Hospital
- ☐ Voluntary (Select voluntary if no other registration type applies.)

Long Term Care / Personal Care Subcategories
(Complete if LTC/PC selected at left.)

- ☐ Adult Day Care
- ☐ Assisted Living Facility
- ☐ Hospice
- ☐ Hospital LTAC/Swing Bed
- ☐ Mental Health – Residential Facility/ICF
- ☐ Nursing Facility/Skilled Nursing
- ☐ Personal Care – Home Health
- ☐ Personal Care – In-Home Services
- ☐ Personal Care – Consumer Directed
Services/Center for Independent Living
- ☐ Personal Care – HCY/PDW/DDD/Other

A one-time registration fee of **\$14.00** applies to all categories except Foster Parents. Foster Parents must list the Children's Division county office.

Register only once. If you believe you have already registered, check our website at www.health.mo.gov/safety/fcsr or call, toll free, 866-422-6872.

SOCIAL SECURITY NUMBER (Mail copy of card with form.)

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PERSONAL INFORMATION (Provide all names you have used, starting with most recent. Include legal names and nicknames.)

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX (JR., SR., II, III)
MAIDEN NAME (IF APPLICABLE)	PRIOR NAMES USED (IF APPLICABLE, LIST FIRST AND LAST NAMES.)	DATE OF BIRTH (MM-DD-YYYY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F

CONTACT INFORMATION

MAILING ADDRESS (ENTER YOUR STREET ADDRESS OR POST OFFICE BOX. THIS ADDRESS MUST BE DIFFERENT FROM EMPLOYER ADDRESS.)

CITY	STATE	ZIP CODE	COUNTY
TELEPHONE	EMAIL ADDRESS (REQUIRED)	COUNTRY (COMPLETE ONLY IF OUTSIDE U.S.)	

EMPLOYER ASSOCIATED WITH THIS REGISTRATION (Complete either left or right column, not both.)

<input type="checkbox"/> My current/potential child care, long term care or mental health care employer is:	<input type="checkbox"/> No Employer, because I am a(n):		
EMPLOYER NAME	<input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent/Family Member <input type="checkbox"/> Home Child Care Provider <input type="checkbox"/> Private Pay/Private Duty <input type="checkbox"/> Student <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (Explain: _____)		
EMPLOYER ADDRESS			
EMPLOYER CITY		STATE	ZIP
EMPLOYER TELEPHONE		EMPLOYER CONTACT NAME	EMPLOYER CONTACT TITLE

REGISTRATION AGREEMENT

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission for the Missouri Department of Health and Senior Services (DHSS) to obtain any and all background information authorized by law to process this request. Furthermore, I authorize the DHSS to release the fact that I am a registrant in the Family Care Safety Registry (FCSR) and any related background information to the requester of the FCSR for employment purposes only, as provided in §210.921, subsection 1, subdivisions (1) and (2), RSMo. For purposes of the FCSR, "employment purposes" includes direct employer/employee relationships, prospective employer/employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child care, elder care or personal care setting. I understand that if I dispute the information contained in the FCSR I have the right to appeal the accuracy of the transfer of information to the FCSR within thirty (30) days of receiving the results of the background screening.

NOTICE: The FCSR may choose to deposit the check enclosed electronically as an ACH debit entry to my designated bank account. I understand that my signature below authorizes my financial institution to deduct this payment from my account. In the event that DHSS or its subcontractor is unable to secure funds from my account or I provide insufficient or inaccurate information regarding my account, my obligation to the DHSS will remain unpaid and further collection action may be taken by the DHSS or its subcontractor, including, but not limited to, returned check fees.

SIGNATURE OF APPLICANT	DATE OF SIGNATURE (MUST BE WITHIN SIX MONTHS OF SUBMISSION.)
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WHAT IS THE FAMILY CARE SAFETY REGISTRY?

The Family Care Safety Registry (FCSR), administered by the Missouri Department of Health and Senior Services (DHSS), provides families and employers with a method to obtain background screening information. The Registry, through various state agencies, offers several resources to screen child care, long term care and mental health workers:

- State criminal history and sex offender registry records maintained by the Missouri State Highway Patrol
- Child abuse/neglect records maintained by the Missouri Department of Social Services
- The Employee Disqualification List maintained by the Missouri Department of Health and Senior Services
- The Employee Disqualification Registry maintained by the Missouri Department of Mental Health
- Child care facility licensing records maintained by the Missouri Department of Health and Senior Services
- Foster parent records maintained by the Missouri Department of Social Services

WHO HAS TO REGISTER?

Any person hired on or after January 1, 2001, as a child care worker or elder care worker, hired on or after January 1, 2002, as a personal care worker, or hired on or after January 1, 2009, as a mental health worker, as provided in §210.906, RSMo, is required to make application for registration in the Family Care Safety Registry within fifteen (15) days of the beginning of employment. Such person who fails to submit a completed registration form to the DHSS without good cause, as determined by the department, is guilty of a class B misdemeanor. Employees and volunteers from non-state and/or federally regulated entities are NOT REQUIRED to register with the FCSR.

HOW DO I COMPLETE THE REGISTRATION FORM?

Registration Type – Check at least one box from the left column for type of registration that best describes your worker category. If no other type applies, select "Voluntary." (A "voluntary registrant" is a person who is not mandated to register with the Family Care Safety Registry pursuant to §210.900 et seq., RSMo.) If you checked Long Term Care / Personal Care, please also make one or more selections from the column on the right for subcategory.

Social Security Number – You must provide your Social Security number pursuant to 19CSR 30-80.030(1). This identifying information, including Social Security number, will be used for internal identification purposes and to conduct background screenings for the resource information listed in paragraph one above.

Personal Information – List your current Last Name, First Name, Middle Name, and any suffix associated with your last name. List any other names by which you may have been known, including maiden names, past married names, and nicknames (attach additional sheets if needed). For identification purposes, list your gender and date of birth.

Contact Information – List your address, city, state, ZIP code, and county. Include your telephone number and email address. We will use this information to notify you of registration results and any background screenings conducted. Email notifications will be encrypted for improved security. To reduce postage costs, the Registry may contact you to request a personal email address if one is not provided.

Employer Associated with this Registration - If you are currently employed by or are seeking employment with a child care or long term care provider, please list the facility name, address, telephone number, and contact person. If registration is not for employment purposes, make a selection from column on right. The employer entered in this section will not receive a copy of the registration notification. **Employers eligible to use the Registry for caregiver screenings must make a separate request for your background information.**

Registration Agreement – Sign and date the registration form. Your signature will authorize the Family Care Safety Registry to conduct the background screening outlined in §210.903.2, RSMo and to provide the information to requesters for employment purposes, as provided in §210.921.1, RSMo.

WHERE DO I SEND MY REGISTRATION FORM?

Send your completed registration form and photocopy of Social Security card and required fee to the **Missouri Department of Health and Senior Services, ATTN: Fee Receipts, P.O. Box 570, Jefferson City, MO 65102**. If you have questions, please call the Registry using the toll-free telephone number, **866-422-6872**.

WHEN WILL I KNOW THE RESULTS OF MY BACKGROUND SCREENING?

After the background screening has been completed, you will be notified in writing of the results that will be recorded in the Family Care Safety Registry. You will also be notified in writing each time background screening information is provided. The notification will contain the name and address of the person who made the request and the background information disclosed. The person making the request will be informed that information will be released for employment purposes only, pursuant to §210.921.1, RSMo. Any person using Registry information for any other purpose is guilty of a class B misdemeanor. In addition, state agencies can request information for licensure or regulatory purposes. Prior to disclosing information, the Registry obtains the name and address of the requester, and determines that the request is for employment or regulatory purposes. To ensure you receive these notifications, it will be important for you to notify the Family Care Safety Registry when you have a change in your contact information. Notify the Family Care Safety Registry of changes in personal or contact information using the toll-free telephone number, 866-422-6872, by email to fcsr@health.mo.gov, or by mail to FCSR, PO Box 570, Jefferson City, MO 65102.

WHAT IF I DON'T AGREE WITH THE RESULTS OF MY BACKGROUND SCREENING?

As provided in §210.912, RSMo, you have the right to appeal the information transferred to the Family Care Safety Registry. Your right to appeal is limited to the accuracy of the transfer of information from the state agency that maintains the background information and does not include a right to appeal the accuracy of the substance of the information transferred. An appeal must be filed in writing to the Office of the Director, Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO, 65102, within 30 days of receiving the results of the background screening determination. An administrative appeal shall be set within 30 days of the filing of the appeal and a decision shall be made within 60 days. This right to appeal is in addition to any other appeal rights granted by state law.

WHAT INFORMATION WILL BE DISCLOSED BY THE FAMILY CARE SAFETY REGISTRY?

Disclosure of background information on a person registered in the Family Care Safety Registry will be limited. If the person is registered, the Registry worker will disclose whether the person's name is listed in any of the background checks pursuant to §210.903, subsection 2, RSMo, and if so, which one(s). Specific information will be disclosed by the Registry pursuant to §210.921, subsection 1, subdivision (2).