



# Healthy Child Care Newsletter



Winter ★ Missouri Dept. of Health and Senior Services ★ [www.health.mo.gov](http://www.health.mo.gov) ★ Volume 14 Number 4

## Preparing for a Child Care Inspection

The National Association for Regulatory Administration establishes criteria for best practices for all regulatory agencies across the United States including the Section for Child Care Regulation. One of NARA's recommendations is that agencies provide regular case-rotation to ensure "fresh eyes" for consistency, and to expose providers to a wide array of regulatory staffs' knowledge and skills. The Section for Child Care Regulation will be rotating case loads every five years beginning on March 1, 2012. As a child care provider you can expect to find the same kind of inspection, the same technical assistance and the same type of rule enforcement that you have had in the past. The best practices can be found on the National Association for Regulatory Administration website at: [www.naralicensing.org](http://www.naralicensing.org).

The Section for Child Care Regulation's expectations for safe and healthy care are for the rules to be followed at all times. Reviewing the rules that apply to your facility on a regular basis will help ensure a safe and healthy environment for the children in your care. Child care licensing rules can be reviewed online at the following links:

### Family Child Care Homes:

[www.sos.mo.gov/adrules/csr/current/19csr/19c30-61.pdf](http://www.sos.mo.gov/adrules/csr/current/19csr/19c30-61.pdf)

### Group Home and Child Care Centers:

[www.sos.mo.gov/adrules/csr/current/19csr/19c30-62.pdf](http://www.sos.mo.gov/adrules/csr/current/19csr/19c30-62.pdf)

### License Exempt:

[www.sos.mo.gov/adrules/csr/current/19csr/19c30-60.pdf](http://www.sos.mo.gov/adrules/csr/current/19csr/19c30-60.pdf)



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The following pages provide lists of documentation that your Child Care Facility Specialist will review during an inspection. We hope this helps you to prepare for an inspection.

# Child Care Inspections

*Be Prepared for your next inspection*

## Staff or Provider Files:

When reviewing staff or provider files, your Child Care Facility Specialist looks for:

1. A medical exam report completed within 30 days of the date of hire.
2. A completed TB Risk Assessment form or TB test indicating the person does not have active contagious tuberculosis.
3. Child abuse/neglect screenings and criminal record screenings (usually obtained through the Family Care Safety Registry (FCSR).
4. Clock hour training records. All staff is required to complete 12 hours of approved training in a calendar year. In family child care homes, any assistant who works more than 5 hours per week is required to have 12 clock hours of training each year.
5. If a staff member or provider transports children in care, the CCFS will need to see that they have a valid driver's license as required by Missouri law.
6. Beginning on January 1, 2012, Child Care Facility Specialists will need to see documentation of CPR and First Aid training. There must be one person present at all times when children are present who has current certification in age-appropriate First Aid and CPR training. (This applies to all licensed settings.)

In **Group Homes and Child Care Centers**, there must be one person on staff with current, age-appropriate First Aid and CPR training for every 20 children in the licensed capacity. (Please note, CAPACITY, not enrollment. Your CAPACITY is stated on your license.) For instance, a child care center that has a capacity of 100 children, must have at least 5 staff members with current, age-appropriate First Aid and CPR training.

In **Family Child Care Homes**, if an approved assistant is left alone with children, the assistant must have current age-appropriate First Aid and CPR training.

## Children's Records:

When reviewing children's records, your Child Care Facility Specialist looks for:

1. A completed enrollment form. (Note: In case of emergency, encourage parents to also include a physical address.
2. A Medical Examination Report on file within 30 days of enrollment. (For school-aged children, a Parent's Health Statement for School-Age Child is required, instead of the Medical Examination Report.)
3. Immunization records, which must be on file the day a child begins care. Beginning in January 2012, Child Care Facility Specialists will be screening the content of immunization records to assure that children are adequately immunized. Please ensure that the immunization records you receive from parents are legible.
4. If applicable, Accident/Incident Reports, Parents Specialized Instruction for Infants/Toddlers, special needs requirements and Medication Authorization forms.





# Emergency Preparedness:

When reviewing your Disaster and Emergency Preparedness Plan, your Child Care Facility Specialist looks for:

## 1. Disaster and Emergency Plan written by the facility

### **PLAN INCLUDES:**

- Identification of staff responsible for implementing plan and ensuring safety of children;
- Location of daily children's attendance records;
- Location of emergency contact information for children;
- Location of emergency supplies; and,
- Local Emergency Contact Information, specific to facility location
- Name, Address, and telephone number of facility;
  - o Emergency numbers;
    - 911 (if available);
    - Fire department;
    - Police department;
    - Ambulance service;
    - Poison control; and,
    - Local media, if available
  - o Name and telephone number of the facility's principle place of business if operated at more than one location; and,
  - o Name and telephone number of the owner or manager of the building if not owned by facility
- Diagram that identifies exit routes from each area of the facility used for child care to a safe location outside the facility; and,
- Diagram that identifies routes to safe location inside the facility.

### **PLAN CONSIDERS:**

- Ages of children;
- Mental ability of children;
- Types of services offered (non-ambulatory or overnight care);
- The need for on-going communication with other agencies providing services; and, to children and with state and local disaster emergency management agencies.

**PLANS ARE INCLUDED FOR:**

- Evacuation (fire, flood, chemical exposure, bomb threat, etc);
- Shelter in place (tornado, earthquake, severe storm, etc);
- Utility failure (power, water, etc);
- Missing child (kidnapping, elopement);
- Lock-down (intruder, shooting, trespasser);
  - o Alert method or code word for announcement made by director or designee;
  - o Designate where staff should keep children (in their rooms or other designated area); and
  - o Staff responsibility to account for all children and to ensure no one leaves the safe area until “all clear” is announced
- Evacuation from a Vehicle, if applicable (accident, flooded road, etc); and,
- Other Disasters Likely to Affect Area (discuss) \_\_\_\_\_

**PROCEDURES INCLUDE, AT MINIMUM:**

- Use of alarms;
- Emergency call to 911 or fire department;
- Isolation of fire, closing doors to fire area;
- Evacuation of building;
- Identify two (2) off-site locations as meeting places (location other than the facility);
- Plan for relocation of staff and children, including individuals with special needs, non-ambulatory children, and children who sleep overnight, if applicable, to the off-site location;
- System of contact for parents of children (parent info available and method for contact to be made); and
- Prior notification to parents of re-unification plan in the event of an evacuation.

**ACCESS TO EMERGENCY INFORMATION:**

- A copy of the facility’s disaster and emergency preparedness plan is readily available in the office area and in each room used for care of children; and,
- Posted by phone
  - o Local emergency contact information, specific to facility;
  - o Diagrams of evacuation routes (to locations outside and inside the building); and,
  - o Special instructions for non-ambulatory children.

**DISASTER EMERGENCY RESPONSE DRILLS FOR STAFF AND CHILDREN:**

- Must have on file documentation that, at least every three (3) months:
  - o All staff and children at the facility have participated in a disaster or emergency preparedness drill based on the facility’s plan (fire and tornado drills meet this requirement); and,
  - o Staff will review:
    - Staff duties and responsibilities in an emergency;
    - Disaster drill procedures;
    - Use of and response to alarms; and
    - Use of fire extinguishers.

*(Facilities must complete and document drills as per rule 19 CSR 30-62.087.)*

**New!**

## Requirements for Clock Training

Effective January 1, 2012, the Section for Child Care Regulation will implement changes to the policy for Annual Child Care Staff Training Clock Hour Requirements. This policy applies to Rule 19 CSR 30-62.102 (3) (A) (B) for Group Child Care Homes and Child Care Centers and Rule 19 CSR 30-61.105 (4) (A) (B) for Family Child Care Homes.

The rules state that the director, child care providers, and all other caregivers and volunteers counting in staff/child ratios shall obtain at least twelve (12) clock hours of Department-approved child care related training during each year of employment. All training shall be documented and on file at the facility and available for review.

The new policy which is effective January 1, 2012 includes the following changes or additions:

- Clock hours obtained in excess of the twelve (12) training clock hours for the current year will not be carried over into the next training year, effective in 2012. Training clock hours from 2011 may be carried into 2012. No training clock hours from 2012 may be carried forward to 2013.
- Up to twelve (12) hours of approved online training clock hours may be applied to annual training requirements.
- All training conducted by approved child care directors must be approved by DHSS, beginning January 2012. Approved directors may deliver an unlimited number of approved training clock hours.
- Trainers will not be awarded clock hours for training which they conduct.
- Local Public Health Agencies' Child Care Health Consultants under DHSS contract may offer child care health and safety related training for approved training clock hours.
- CPR training conducted by American Heart Association (AHA), American Red Cross, (ARC), and American Safety and Health Institute (ASHI) certified CPR instructors is approved. A document stating the type of training and number of hours of training received must be available in the facility records. Blended CPR and/or First Aid training (which includes online instruction with hands-on evaluation by a certified instructor) is acceptable if certification is received from AHA, ARC, or ASHI. CPR/First Aid training that is offered completely online is ineligible for training clock hours. Other CPR/First Aid training organizations may follow the guidelines for submitting their training material for approval.
- CPR (Adult, Child, Infant, or any combination of these) certification training will be awarded four (4) training clock hours. First Aid certification training will be awarded two (2) training clock hours. CPR training sessions that last longer than four (4) hours and First Aid training sessions that last longer than two (2) hours will require documentation from the trainer including the training title, training date, number of hours, and the trainer's name in order to receive credit for the additional clock hour(s) of training.
- Consultation, coaching, or on-site technical assistance visits which are specific to the operation of an individual facility or individual child are not eligible for training clock hours. General training sessions on description and benefits of accreditation or information on mentoring or coaching are eligible for approval for training clock hours.
- Meetings providing information on specific grants or consultations for preparing specific grant applications are not eligible for training clock hours. General training sessions on writing grant applications or how to locate and access funding sources are eligible for approval for training clock hours.

It is important to verify that training is Department-approved prior to attending in order to receive credit toward annual clock hour training requirements. Training sessions listed on the Missouri Workshop Calendar at [www.moworkshopcalendar.org](http://www.moworkshopcalendar.org) have been previously approved for clock hour training for child care providers. If a training session is not listed on this calendar you may check with your Child Care Facility Specialist who will help you determine if the training is approved.

## New Online Training Courses from Texas A& M

Child care providers will be glad to know that there are now additional online child care training sessions available to meet clock hour requirements. These quality sessions have been developed by Texas A&M University (TAMU) and cover virtually every aspect of child care.

Some of the training sessions offered by TAMU are available at no cost to the participant. Other training sessions may be taken free of charge, but the participant must pay a fee for accessing a certificate for the course. The certificate is required to count the training for clock hours.

For more information go to [extensiononline.tamu.edu/courses/child\\_care.php](http://extensiononline.tamu.edu/courses/child_care.php).

## Supervision Prevents

# Injury

Supervision is basic to the safety of children and the prevention of injury in child care. Parents and guardians expect their children to be carefully supervised while in care. To avoid child endangerment incidents involving a child being left behind, or a child leaving a facility without a caregiver's knowledge, we recommend that the following safe practices be followed.

- Regularly count children (name to face on a scheduled basis, at every transition, and whenever leaving one area and arriving at another including going indoors or outdoors) to confirm the safe whereabouts of every child at all times. Caregivers should always be able to state exactly how many children are in their care at all times.
- Record the children caregivers are responsible for on an attendance sheet or on a pocket card, along with notations of any children joining or leaving the group.

Many instances have been reported where a child has hidden when the group was moving to another location, or where the child wandered off when a door was opened for another purpose. Regular counting of children (name to face) will alert caregivers to begin a search before the child gets too far, into trouble or slips into an unobserved location.



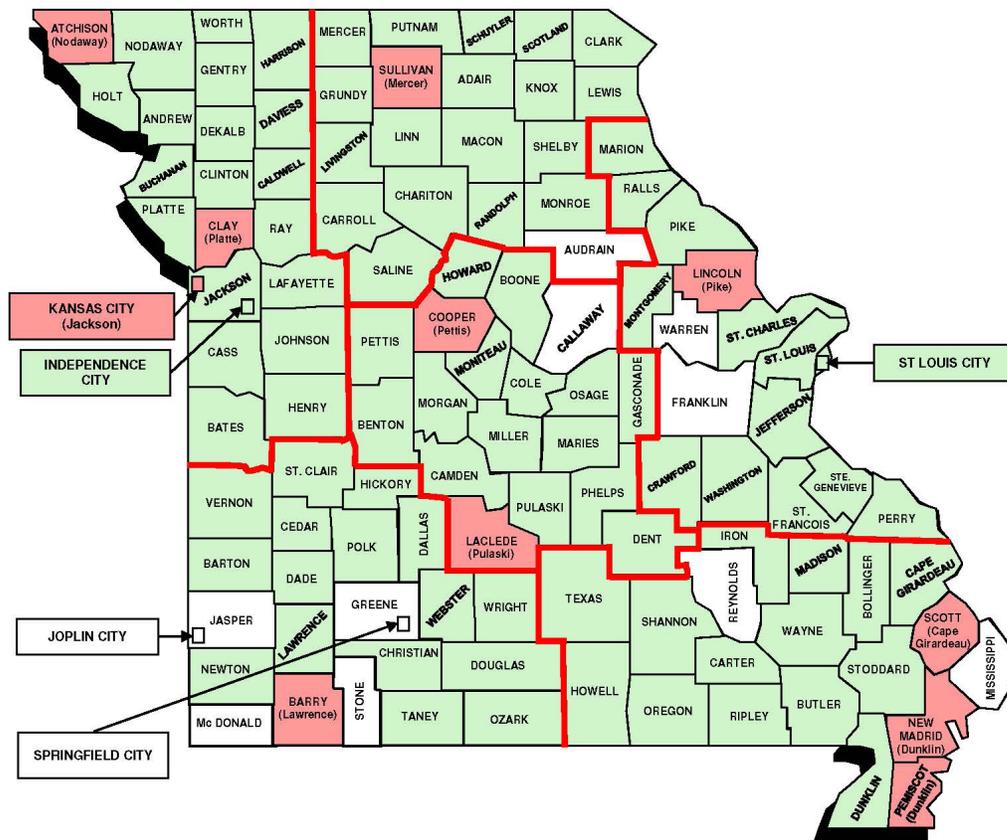
# Health Consultation Available to Providers

The Child Care Health Consultant (CCHC) Program is a resource for child care providers at their local health departments. They have experts in health consultation, clock hour health & safety training and health promotions for children who will consult with you at no charge. The CCHC's from your local health departments are available to help you promote a safe and healthy child care environment. Consultation services can be especially helpful if you need assistance with immunization record or policy reviewing, developing a new organizational system or completing an annual immunization report.

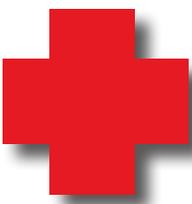
of emergency plans and/or policies for a safe sleep environment. Clock hour trainings are available on a variety of health and safety subjects including emergency preparedness, obesity prevention and immunization compliance. Health promotions are fun, interactive health programs geared to children to further enhance the health of the children and the child care environment.

Contact your local health department to talk with your Child Care Health Consultant and find out how they can help you promote a safe and healthy child care environment. A directory can be found at [health.mo.gov/living/lpha/lphas.php](http://health.mo.gov/living/lpha/lphas.php).

Additional consultation services can be tailored to your needs which could include the development



<b>Key:</b>	Contracting LPHA	District Nurse Consultant (DNC) service area borders
	Neighboring Area Contract (Contracting LPHA)	Not participating in the CCHC contract for FFY 2012



## First Aid/CPR Training

With the new First Aid and CPR training certification requirements, there have been many questions about “what counts” for training. When determining whether a particular training is approved, consider the following:

- American Red Cross, American Heart Association, and American Safety and Health Institute (ARC, AHA, and ASHI) are approved certifying agencies;
- Training will only be accepted if the training results in certification for the child care provider;
- Agencies that do not certify under ARC, AHA, or ASHI must receive prior approval from the Section for Child Care Regulation;
- Online training will not be approved unless it is a “blended” training. This consists of online training with a hands-on component, such as with the AHA;

- Clock hours will be given for the amount of time participants are in the training session, which may vary from class to class. We are asking all First Aid/CPR trainers to provide participants with a document that will verify the number of hours for the training session, as the certification card will not contain this information; and,
- To verify compliance with the rule, the “certified” child care staff member must have a copy of their First Aid/CPR card on file at the facility. A certificate for the purpose of documenting clock hours will not be accepted to comply with the CPR rule.

If you have questions about counting First Aid / CPR training toward the annual clock hour requirements, contact Angela Oesterly at 573-751-2450.

## Give Army Parents a Break!

Child Care Aware® of Missouri, the state Child Care Resource and Referral Network, is joining forces with the National Association of Child Care Resource and Referral Agencies (NACCRRA) to promote “Give Army Parents a Break,” a project designed to provide child care to families of geographically dispersed Army Recruiters, Drill Sergeants, ROTC Cadre, deployed Army National Guard, and deployed Army Reserve soldiers in Missouri.

Funded by U.S. Army Child, Youth & School Services (CYSS), “Give Army Parents a Break” allows Army families to access from 8 to 16 hours of child care per month at a licensed child care facility. The program gives eligible soldiers and their spouse, or designated legal guardian, the opportunity to take a break without any out-of-pocket expense. “Give Army Parents a Break” cannot replace regular child care hours supported

by military fee assistance, but can instead be used for activities such as doctor appointments, running errands, going to the gym or just having some quiet time.

Army families must enroll to be eligible to participate and must select a child care center or family child care provider that is also enrolled in the “Give Army Parents a Break” program. A list of participating child care programs can be obtained by calling the Child Care Aware® of Missouri Referral Center at 866-892-3228.

Licensed child care programs who want to become an approved “Give Army Parents a Break” provider should contact our referral center at center at 866-892-3228 or email [referralcenter@mo.childcareaware.org](mailto:referralcenter@mo.childcareaware.org).

# Immunization Q & A

*Lynelle Paro, Health Program Representative II, Bureau of Immunization Assessment and Assurance*

The annual 2010-2011 Child Care/Preschool Immunization Status Report was mailed in December. Please watch for this report, complete it and return it to Bureau of Immunization Assessment and Assurance (BIAA) by January 15, 2011. This is a requirement, as outlined in the Day Care Immunization Rule, 10 CSR 20-28.040. Below are some frequently asked questions about the status report, and how to complete the form.

**Q. Who can I contact for assistance if I have questions when completing my day care report?**

A. The Immunization Quality Improvement Manager in your area is available for assistance. You may also contact the Child Care Health Consultant at your local public health agency to assist you with both the preparation of the report and with developing a system for keeping immunization records up to date.

**Q. I operate an unlicensed church-owned day care center. Is it necessary for me to complete the immunization status report?**

A. Yes, statute states “As mandated by section 210.003, RSMo, the administrator of each public, private or parochial day care center, preschool or nursery school caring for ten (10) or more children shall have a record prepared showing the immunization status of every child enrolled in or attending a facility under the administrator’s jurisdiction.”

**Q. If I care for less than 10 children, must I complete and return this Immunization Status Report?**

A. Yes, this report must be returned even if you care for less than 10 children. If the Department does not receive your report, you will be considered non-compliant. However, if you have less than 10 children enrolled, you will only need to check the area that indicates you have less than 10 children and not complete the whole report.

**Q. Do children that are related to me count toward the 10 or more children?**

A. Yes, the Day Care Rule (for immunizations) does not differentiate between those children that are or are not related to the day care operator. All children cared for are counted toward the total number of children enrolled.

**Q. Do I have to count my “before and after” school children?**

A. No, school children fall under the School Statute and are reported by the school they attend.

**Q. What is the best way to ensure that I have all necessary information from parents when they have their children immunized?**

A. Develop a system to periodically review the immunization records of children attending your facility and if the child is due for a shot, send a note to the parents. Ask parents to provide you with a copy of their children’s record each time they’ve received an immunization. Explain to parents that licensing rules require that you have a record on file showing that their child has been adequately immunized.

**Q. I have lost or misplaced my Child Care Immunization Status report. How can I obtain another copy?**

A. The current Child Care/Preschool Immunization Report, along with the cover letter and instructions to complete the report, can be found on the Immunization website at [health.mo.gov/living/wellness/immunizations/daycarerequirements.php](http://health.mo.gov/living/wellness/immunizations/daycarerequirements.php), or you may contact the Bureau of Immunization Assessment and Assurance at (573) 751-6124 to obtain a copy.

**Q. Can the report be filled out and submitted electronically?**

A. Yes, this year the report can be filled out and submitted electronically. You may report online by going to [health.mo.gov/living/wellness/immunizations/daycarerequirements.php](http://health.mo.gov/living/wellness/immunizations/daycarerequirements.php) and select *2011-2012 Online Reporting below Child Care/Preschool Reporting Information*.

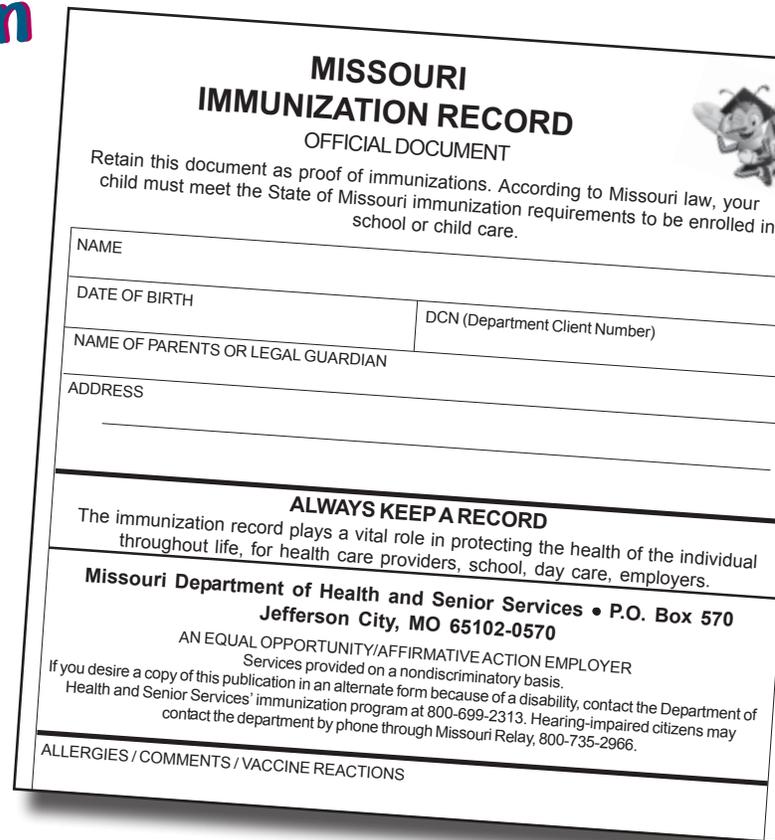
# Children's Immunization Requirements

Vaccines were developed to protect individuals from dangerous and sometimes deadly diseases. Vaccine-preventable diseases, such as whooping cough, tetanus, diphtheria, hepatitis B and polio are a real threat to children who are not properly protected. Immunizations and vaccines are safe, effective and save lives.

Missouri's child care regulation, Sections 19 CSR 30-62.192(4)(A), 19 CSR 30-61.185(4)(A) and 19 CSR 30-60.060(3), states: "No child shall be permitted to enroll in or attend any day care facility caring for ten (10) or more children unless the child has been adequately immunized against vaccine-preventable childhood illnesses specified by the department in accordance with recommendations of the Immunization Practices Advisory Committee (ACIP). The parent or guardian of the child shall provide satisfactory evidence of the required immunizations. Satisfactory evidence means a statement, certificate or record from a physician or other recognized health facility or personnel, stating that the required immunizations have been given to the child and verifying the type of vaccine and the month, day and year of administration."

Beginning in January 2012, Department of Health and Senior Services' staff will screen children's immunization records to ensure they have been adequately immunized. If it is determined that a child has not been adequately immunized, the facility will be in violation of licensing rules and a rule violation will be cited. It is the responsibility of the child care provider to assure that parents submit immunization records that show the children are adequately immunized before allowing them to attend the child care facility.

If a parent or guardian chooses not to immunize their child, a parent/guardian exemption form must be completed, signed by the parent and be renewed annually. Parents can obtain the Parent/Guardian Exemption form (Imm.P.11) from their local health department. The law does not allow parents/



**MISSOURI IMMUNIZATION RECORD**  
OFFICIAL DOCUMENT

Retain this document as proof of immunizations. According to Missouri law, your child must meet the State of Missouri immunization requirements to be enrolled in school or child care.

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DCN (Department Client Number) \_\_\_\_\_

NAME OF PARENTS OR LEGAL GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

**ALWAYS KEEP A RECORD**  
The immunization record plays a vital role in protecting the health of the individual throughout life, for health care providers, school, day care, employers.

**Missouri Department of Health and Senior Services • P.O. Box 570**  
Jefferson City, MO 65102-0570

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER  
Services provided on a nondiscriminatory basis.  
If you desire a copy of this publication in an alternate form because of a disability, contact the Department of Health and Senior Services' immunization program at 800-699-2313. Hearing-impaired citizens may contact the department by phone through Missouri Relay, 800-735-2966.

ALLERGIES / COMMENTS / VACCINE REACTIONS \_\_\_\_\_

guardians to choose the exemption simply because the child's immunization record is lost, incomplete or it is inconvenient to visit a physician or clinic to receive immunizations.

If a parent or guardian chooses the exemption, unimmunized children may not be allowed to attend child care in the event of an outbreak or suspected outbreak of a vaccine-preventable disease as outlined in 19 CSR 20-20.040, "Measures for the Control of Communicable Diseases".

If you need assistance with your immunization records, contact the Child Care Health Consultant at your local public health agency.

*Effective January 1, 2012, children's immunization records will be screened during inspections.*

# Are You Ready to ShakeOut? Drop, Cover, Hold On

by Linton Bartlett, Division of Regulation and Licensure

With more than 40 million people living and working in the central U.S., a major earthquake could cause unprecedented devastation. In Missouri, over 172,000 children spend a significant portion of their day in child care. What we do now, before a big earthquake, will determine what our lives will be like afterwards. With earthquakes an inevitable part of this region's future, we must act quickly to ensure that disasters do not become catastrophes.

The Great Central U.S. ShakeOut in April 2011 involved more than three million people through a broad-based outreach program, partnership with media, and public advocacy by hundreds of partners. The event is being repeated on February 7, 2012, the 200th anniversary of the 1812 New Madrid earthquake. This event is being organized by the Central United States Earthquake Consortium ([www.cusec.org](http://www.cusec.org)) and the states of: Alabama, Arkansas, Kentucky, Illinois, Indiana, Mississippi, Missouri and Tennessee. The 2012 Great Central U.S. ShakeOut earthquake drill will be held at 10:15 AM local time on February 7, 2012.

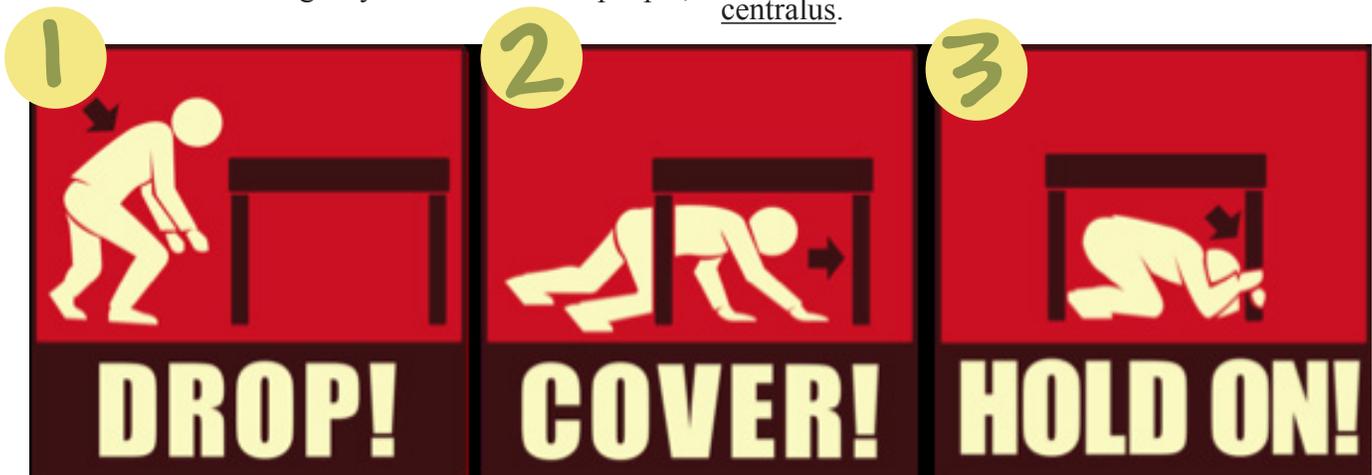
A key aspect of the ShakeOut is the integration of comprehensive science-based earthquake research and the lessons learned from decades of social science research about why people get prepared. The result is a "teachable moment" on par with having an actual earthquake (often followed by increased interest in getting ready for earthquakes). ShakeOut creates the sense of urgency that is needed for people,

organizations, and communities to get prepared, to practice what to do to be safe, and to learn what plans need to be improved.

Not just any drill will accomplish this; it needs to be big. It must inspire communities to come together. It must involve children at school and parents at work, prompting conversations at home. It must allow every organization, city, etc., to make it their own event.

The 2012 ShakeOut drill will be the largest preparedness event in central U.S. history. To participate, go to [www.ShakeOut.org/centralus](http://www.ShakeOut.org/centralus) and pledge your child care center's participation in the drill. Also, encourage your children's families to participate in the ShakeOut and practice earthquake preparedness at home. Registered participants will receive information on how to plan their drill and how to create a dialogue with others about earthquake preparedness. All organizers ask is that participants register (so they can be counted and receive communications), and at the minimum practice "drop, cover, and hold on" at the specified time. It is only a five minute commitment for something that can save your life. It all begins with registering, which is free and open to everyone.

For more information, visit [www.ShakeOut.org/centralus](http://www.ShakeOut.org/centralus).



# What You Need to Know About

*Pat Simmons, Division of Community and Public Health*

As kids' bodies and brains develop, they can form unhealthy eating and activity habits that are hard to break. That's why First Lady, Michelle Obama, launched "Let's Move! Child Care" (LMCC), a nationwide call-to-action that empowers child care providers, like you, to make positive changes to help children build healthy habits that could last a lifetime. Committing to serve nourishing foods and promote physical activity at every age is a win-win situation for your staff, the families and the children in your care.

LMCC is a web-based program that promotes best practices in child care settings in five key areas: physical activity, screen time, food, beverages and infant feeding.

Child care providers are encouraged to become LMCC Providers. To do this, you must be using all 14 best practices if you serve infants, toddlers and preschool age children. If you only serve infants, you would need to meet two best practices.

### Steps to become a LMCC Provider:

1. Register online at [healthykidshealthyfuture.org/content/hkhf/home/welcome.html](http://healthykidshealthyfuture.org/content/hkhf/home/welcome.html).
2. Take the 14-item online Checklist Quiz to see where you are in meeting the goals.
3. If you aren't doing all of the best practices yet, make an action plan using the tool at the end of the quiz.
4. Use the online tools and resources to reach the LMCC goals.
5. Once you have put all 14 best practices in place, retake the Checklist Quiz to show that you now meet the LMCC goals. You will then receive your LMCC Provider Recognition Certificate and be included in the online map showcasing LMCC Providers.

Providers can earn more recognition by completing goal-specific quizzes which focus on best practices for the goal area. Become a "LMCC Champion" by doing all of the goal-specific quizzes that are relevant to you based on the age of children in your care.

### LMCC and Missouri's Eat Smart Guidelines

If your center is already working toward becoming an "Eat Smart Child Care" consider participating in LMCC too. LMCC offers different resources that may not be available through the Eat Smart program and will aid your efforts to become Eat Smart. LMCC also includes best practices in areas that Eat Smart does not address, such as physical activity and infant feeding.

Let's Move Child Care Goals	
<b>1. Physical Activity</b> 	Provide 1-2 hours of physical activity throughout the day, including outside play when possible.
<b>2. Screen Time</b> 	No screen time for children under 2 years. For children age 2 and older, strive to limit screen time to no more than 30 minutes per week during child care, and work with parents and caregivers to ensure children have no more than 1-2 hours of quality screen time per day (as recommended by the American Academy of Pediatrics).
<b>3. Food</b> 	Serve fruits or vegetables at every meal, eat meals family-style whenever possible, and don't serve fried foods.
<b>4. Beverages</b> 	Provide access to water during meals and throughout the day, and don't serve sugar-sweetened drinks. For children age 2 and older, serve low-fat (1%) or non-fat milk, and no more than one 4 to 6-ounce serving of 100% juice per day.
<b>5. Infant Feeding</b> 	For mothers who want to continue breastfeeding, provide their milk to their infants and welcome them to breastfeed during the child care day. Support all new parents' decisions about infant feeding.

# *Eat Smart* Child Care Recognition Awards

by Ann McCormack, Division of Community and Public Health

Central Missouri Community Action Agency (CMCAA) was the first child care program in Missouri to be recognized by the Bureau of Community Food and Nutrition Assistance Child and Adult Care Food Program (CACFP) for meeting the Eat Smart Guidelines. Head Start sites at Centralia, Chamois, Clubhouse (Boonville), Cole East (Jefferson City), Fulton, Howard County/Fayette, Lakeview (Mexico), Linn, Moniteau and Columbia's Park Avenue earned the "Eat Smart" intermediate level of recognition (photo). The centers are boosting nutrition with healthier meals and snacks.



*Central Missouri Community Action Agency was recognized by the Missouri Department of Health and Senior Services for being the first child care program in Missouri to meet the Eat Smart Guidelines.*

The CMCAA Head Start Centers were awarded the distinction of being Missouri Eat Smart Child Care facilities by Susan White, Associate Chief, Missouri Department of Health and Senior Services Bureau of Community Food and Nutrition Assistance on August 8, 2011.

Little Angels Learning Academy in Battlefield, was awarded the Advanced Eat Smart Recognition in September. Little Angels Learning Academy is the first child care facility in Missouri to achieve the advanced level of recognition. Dr. Ruth Ann Wood-Humiston is the Founder, CEO and Lead Educator at Little Angels Learning Academy. Little Angels was awarded the distinction of being a Missouri Eat Smart Child Care facility by Sherry Clifton, Nutrition Specialist, Missouri Department of Health and Senior Services Bureau of Community Food and Nutrition Assistance on September 12, 2011.

Columbia's Finest Child Development Center was awarded the Intermediate Eat Smart Recognition in November. Columbia's Finest director, Andrea Chirillo, was awarded the distinction of being an intermediate level Missouri Eat Smart Child Care facility by Barbara Huddleston, Nutrition Consultant, Bureau of Community Food and Nutrition Assistance on November 9, 2011.

Framed certificates and banners were given at each

recognition ceremony to show parents and the community that the center cares about the health and welfare of the children served. As an added bonus for being the first centers in Missouri to receive the Missouri Eat Smart Child Care recognition, each center received free nutrition education kits to continue promoting the healthy eating message.

Childhood obesity has become a significant problem in this country, even among preschool-aged children. Recent data indicate that approximately 16% of children ages 2 to 5 are overweight or obese. The Missouri Eat Smart Child Care, which is voluntary program, was initiated by the Bureau of Community Food and Nutrition Assistance to encourage child care facilities to offer healthier foods in an environment that is supportive of, and encourages healthy eating and meal time behaviors. The Eat Smart Guidelines, which are the standards upon which the Missouri Eat Smart Child Care initiative are based, are evidence-based nutrition and environment standards that are more healthful than the minimum standards required by Child Care Licensing or the Child and Adult Care Food Program (CACFP). The intermediate

and advanced achievement levels of the Eat Smart Guidelines have increasingly higher nutrition and environmental requirements that have been shown to be successful in preventing excessive weight gain and establishing overall healthy eating habits.

Eat Smart achievement is a total team effort. Teachers, cooks and administrators must make a conscientious commitment to provide healthier meals and snacks to the children served by the organization. To qualify for the Eat Smart recognition, the centers must participate in the CACFP and meet at least the intermediate achievement level standards with respect to menus, food labels and environmental factors that relate to

nutrition habits and meal service.

The Eat Smart centers are to be highly praised on their accomplishments to promote healthy eating on a daily basis for the children in their care. The Bureau of Community Food and Nutrition Assistance commends these child care centers for being leaders in promoting good nutrition and healthy eating environments for the children of Missouri. We hope their shining example will encourage other child care centers around the state to take the Missouri Eat Smart Child Care challenge. Additional nutrition education kits are available for the next 20 centers that meet the Missouri Eat Smart Guidelines.



*Little Angels Learning Academy in Battlefield was awarded the Advanced Eat Smart Recognition.*



*Columbia's Finest Child Development Center received the Intermediate Eat Smart Recognition.*

## Unsafe Products, and How to Obtain Recall Information

The U.S. Consumer Product Safety Commission (CPSC) is an independent federal regulatory agency that works to reduce the risk of injuries and deaths from consumer products. The CPSC issues approximately 300 product recalls each year, including many products found in child care settings. Many consumers do not know about the recalls and continue to use potentially unsafe products. As a result, used products may be lent or given to a charity, relatives or neighbors or sold at garage sales or secondhand stores. You can help by not accepting, buying, lending or selling recalled products. You can contact the CPSC to find out whether products have been recalled and,

if so, what you should do with them. If you have products that you wish to donate or sell and you have lost the original packaging, contact the CPSC for product information. It is the responsibility of child care providers to assure that recalled products are not in use at their homes or centers.

The CPSC's toll-free hotline is available at 800.638.2772. The hearing impaired can call 800.638.8270. Information also is available on the CPSC website at [www.cpsc.gov](http://www.cpsc.gov).

This quarter we are highlighting one product which is commonly found in child care settings that has recently been recalled.

Recall Photo



## News Release

November 22, 2011  
Release #12-047

Firm Media Contact: (202) 417-4270  
Firm Consumer Contact: (202) 248-1664  
Firm Email: [info@bumbo.com](mailto:info@bumbo.com)  
CPSC Media Contact: (301) 504-7908

### Serious Head Injuries to Infants Continue Due to Falls from Bumbo Baby Seats Used on Elevated Surfaces *Injuries occurring despite previous recall warning; parents urged to use caution*

WASHINGTON, D.C. - Due to the serious risk of injury to babies, CPSC and Bumbo International Trust of South Africa ("Bumbo International") are urging parents and caregivers to never place Bumbo Baby Seats on tables, countertops, chairs or other raised surfaces. Infants aged 3-10 months old have fallen out of the Bumbo seat and suffered skull fractures and other injuries.

CPSC and Bumbo International are aware of at least 45 incidents in which infants fell out of a Bumbo seat while it was being used on an elevated surface which occurred after an October 25, 2007 voluntary recall of the product. The recall required that new warnings be placed on the seat to deter elevated usage of the product. Since the recall, CPSC and Bumbo International have learned that 17 of those infants, ages 3-10 months, suffered skull fractures. These incidents and injuries involved both recalled Bumbo seats and Bumbo seats sold after the recall with the additional on-product warnings.

CPSC and Bumbo International are also aware of an additional 50 reports of infants falling or maneuvering out of Bumbo seats used on the floor and at unknown elevations. These incidents include two reports of skull fractures and one report of a concussion that occurred when babies fell out of Bumbo seats used on the floor. These injuries reportedly occurred when the infants struck their heads on hard flooring, or in one case, on a nearby toy.

The Bumbo seat is labeled and marketed to help infants sit in an upright position as soon as they can support their head. The product warnings state that the seat "may not prevent release of your baby in the event of vigorous movement." Infants as young as 3 months can fall or escape from the seat by arching backward, leaning forward or sideways or rocking.

At the time of the 2007 recall announcement, CPSC was aware of 28 falls from the product, three of which resulted in skull fractures to infants who fell or maneuvered out of the product used on an elevated surface. CPSC and Bumbo International are now aware of at least 46 falls from Bumbo seats used on elevated surfaces that occurred prior to the 2007 recall, resulting in 14 skull fractures, two concussions and one incident of a broken limb.

Approximately 3.85 million Bumbo seats have been sold in the United States since 2003.

The U.S. Consumer Product Safety Commission (CPSC) is still interested in receiving incident or injury reports that are either directly related to this product recall or involve a different hazard with the same product. Please tell us about your experience with the product on [www.saferproducts.gov](http://www.saferproducts.gov).

CPSC is charged with protecting the public from unreasonable risks of injury or death associated with the use of the thousands of consumer products under the agency's jurisdiction. Deaths, injuries, and property damage from consumer product incidents cost the nation more than \$900 billion annually. CPSC is committed to protecting consumers and families from products that pose a fire, electrical, chemical, or mechanical hazard. CPSC's work to ensure the safety of consumer products - such as toys, cribs, power tools, cigarette lighters and household chemicals - contributed to a decline in the rate of deaths and injuries associated with consumer products over the past 30 years.

Under federal law, it is illegal to attempt to sell or resell this or any other recalled product.

To report a dangerous product or a product-related injury, go online to: [www.saferproducts.gov](http://www.saferproducts.gov), call CPSC's Hotline at (800) 638-2772 or teletypewriter at (800) 638-8270 for the hearing impaired. Consumers can obtain this news release and product safety information at [www.cpsc.gov](http://www.cpsc.gov). To join a free e-mail subscription list, please go to [www.cpsc.gov/cpsclist.aspx](http://www.cpsc.gov/cpsclist.aspx).

# Wash *your* Hands

Washing your hands is one of the best ways to prevent the spread of infection and illness. It is one of the most effective and inexpensive ways to prevent diarrheal diseases and pneumonia, which cause more than 3.5 million deaths worldwide in children under the age of 5 every year. Although people around the world clean their hands with water, very few use soap to wash their hands.

## Wash your hands the right way:

- Wet your hands with clean running water (warm or cold) and apply soap.
- Rub your hands together to make a lather and scrub them well; be sure to scrub the backs of your hands, between your fingers, and under your nails.
- Continue rubbing your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
- Rinse your hands well under running water.
- Dry your hands using a clean towel or air dry.
- Washing hands with soap and water is the best way to reduce the number of germs on them.

If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol. Alcohol-based hand sanitizers can quickly reduce the number of germs on hands in some situations, but sanitizers do not eliminate all types of germs.

To order the Stop the Spread of Germs! Wash Your Hands poster from the Missouri Department of Health and Senior Services at: [www.health.mo.gov/living/families/handwashing/pdf/LiteratureOrder.pdf](http://www.health.mo.gov/living/families/handwashing/pdf/LiteratureOrder.pdf).



### DHSS EDITORIAL STAFF

Nancy McIsaac  
Child Care Program Specialist  
Section for Child Care Regulation

Sue Porting  
Assistant Administrator  
Section for Child Care Regulation

Lori Buchanan  
Publication Information Coordinator  
Office of Public Information

This publication provides topical information regarding young children who are cared for in child care settings. We encourage child care providers to make this publication available to parents of children in care or to provide them with the Web address: [health.mo.gov/safety/childcare/newsletters.php](http://health.mo.gov/safety/childcare/newsletters.php) so they can print their own copy.

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