

Applicant's Guide to Licensing for Child Care Learning Centers



Georgia Department of Early Care and Learning
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Revised May 2020

Table of Contents

Introduction	5
Steps For Successful Application.....	6
Application Definitions.....	8
License Application Part A.....	9
License Application Part A	10
Instructions for Completing License Application Part A.....	14
Affidavit For Lawful Presence Verification.....	16
Frequently Asked Questions for Lawful Presence Verification.....	17
Formal Partnership Requirements	19
Application Part A Checklist	20
Background Checks.....	21
Background Check Guidelines.....	22
Physical Plant Requirements	23
Sample Floor Plan.....	24
Licensed Capacity Requirements	25
Example	26
Window Space Requirements.....	27
Staff:Child Ratios	28
Mixed-Age Groups For Child Care Learning Centers.....	29
Diaper Changing Areas.....	30
Storage Space/Bathrooms	31
Kitchen/Laundry/Building Safety and Repair.....	32
Floor Plan Checklist	33
Site Requirements.....	38
Sample Site Plan.....	39
Playground Area Rules	40
Playground Size	41
Ground Covering.....	42
Fencing	43
Play Equipment and Surfaces.....	44
Fall Zones	45
Resilient Surfacing	46
Playground Maintenance Checklist.....	47
Site Plan Records	49
Site Plan Checklist	50
Plans, Policies, Procedures & Checklists.....	52
Definitions	53

Guidelines for Creating Policies & Procedures	54
Personnel Policies.....	56
Employee Files	57
Children’s Files	58
Schedules	59
Weekly Menu	60
Emergency Plans.....	61
Transportation.....	62
Operation Plan Checklist.....	63
Forms	64
Forms & Checklists	65
Staff Forms	66
Children’s Records.....	68
Policies and Procedures Manuals.....	72
Policies and Procedures Manuals Checklist	73
Staff Policies Handbook.....	75
Staff Policies Handbook Checklist.....	76
Schedules, Lesson Plans, and Menus	77
Schedules, Lesson Plans, and Menus Checklists	78
Emergency Plans.....	79
Emergency Plans Checklist	80
License Application Part B.....	81
License Application Part B Checklist.....	82
License Application Part B	83
License Fees.....	86
Staff Profile Form	87
Sample Forms	88
Sample Forms Directory	89
Sample Staff Forms.....	90
Staff Application	91
10-Year Employment History	92
10-Year Employment History	93
Documentation of Center Orientation.....	94
Daily Staff Attendance Record	95
Additional Staff Policies & Procedures	96
Sample Children’s Record Forms.....	97
Sample Children’s Enrollment Form.....	98
Emergency Medical Authorization.....	100
Parental Agreement with Child Care Facility.....	101

Safe Sleep Practices Policy	102
Medication Authorization.....	103
Infant Feeding Plan	104
Daily Attendance/ Arrival & Departure Record	105
Required Report of Incident	106
Sample Food Service Forms	107
Food Service Rules.....	108
USDA Meal Standards.....	109
Weekly Menu Forms	110
Manual Dishwashing Guidelines – Chemical Method	112
Criteria for Sack Lunches.....	113
Meal Pattern Resources.....	114
Items To Be Posted	115
All Items To Be Posted.....	116
Hand Washing Instructions	117
Guide to Childhood Infectious Illnesses	118
Notices	121
Transportation Guidelines	125
Transportation Plan Guidelines.....	126
Annual Transportation Vehicle Safety Inspection Certification.....	127
Transportation Agreement	128
Vehicle Emergency Medical Information	129
Child Care Transportation Vehicle Requirements	130
Child Care Transportation Vehicle Requirements FAQs	131
Resources & Contact Information	133
Child Care & Preschool Pandemic Influenza Planning Checklist.....	134
Federal Crib Requirements.....	136
DECAL Contact Information.....	138
CCLC Licensure Orientation Meeting Resources.....	139
Director Training Requirements	140
Child Caregiver Fire Safety Training Requirements.....	141
State Fire Marshal Code Regulations for Child Care Providers	142
Acceptable Plan Submittal Rules	146
Data on Fires That Occurred in Child Care Facilities	148
Child Care Resource and Referral Agencies in Georgia	149
Georgia Regional Map	151

Introduction

Steps For Successful Application	6
Application Definitions	8

Steps For Successful Application

1. Print the licensing application from the Applicant's Guide to Licensing and become familiar with appropriate rules for the type of facility you are planning to operate. The application may also be downloaded from the Georgia Department of Early Care and Learning (DECAL) website www.decal.ga.gov
2. Attend the Child Care Learning Center (CCLC) Licensure Orientation Meeting (LOM) conducted by DECAL. Classes are posted on the website at www.decal.ga.gov
3. **Classes are free and registration is required.**
4. Determine what local and state agencies have jurisdiction for the facility and become familiar with their requirements. Examples are agencies that have jurisdiction for fire, zoning, building, and health regulations and requirements that will apply to the facility. Begin securing the appropriate approvals needed for the facility from these agencies.
5. Prepare the facility for compliance with the rules and regulations and submit the completed application to the Applicant Services Unit (ASU) at Georgia Department of Early Care and Learning. The mailing address is: 2 Martin Luther King Jr. Drive SE, Suite 670, East Tower, Atlanta, GA 30334.
6. Submit the Application Part A including a detailed and readable floor and site plan and the facility's detailed operation plan along with the applicable checklists for each. Each checklist should be very detailed and should provide all the information requested.
7. Application Part A includes:
 - Written zoning approval from the county/city in which the facility will be located.. This approval must state that the property is zoned for the type of facility you are planning to operate.
 - A certificate of completion from a Licensure Orientation Meeting must be submitted with the application. A copy is acceptable.
 - If you do not own the property/building where the facility will be located, a lease agreement must be included with the application. If you own the building where the facility will be located, proof of ownership such as a tax bill or tax assessment must be submitted.
 - Specifically for corporations or LLCs, a certificate of incorporation with the articles of incorporation must be included as well as by-laws, when applicable.
 - Also for corporations or LLCs, all information listed on the application regarding the corporation should match the information listed with Secretary of State. This can be verified at www.sos.ga.gov/corporations
8. After Part A floor, site, and operation plans have been approved by an ASU consultant and all work is completed, submit Application Part B with all required remaining approvals to the ASU consultant for review and approval.
9. Application Part B includes:
 - A certificate of completion of a 40-hour Director's training course that has been approved by DECAL. The Director responsible for the day-to-day operation of the center shall complete the training.
 - Results of satisfactory comprehensive criminal record checks for all staff completed through DECAL. Get information and instructions at: <http://www.decal.ga.gov/CCS/CriminalRecordsCheck.aspx>

- Confirmation of public sewage and public water, or an approval letter from the local health department indicating safe drinking water and an approval for septic tank usage for the capacity of the facility.
- Final Certificate of Occupancy Inspection from the agency who has jurisdiction for fire approval.
- Final Certificate of Occupancy/Inspection from the agency who has jurisdiction for building approval and occupancy, or a letter stating no building inspection approval is required for occupancy.
- Completed vehicle inspection.
- Completed Initial Licensing Study Staff Profile form for facility staff.
- Map or directions to the facility.
- Director's employment application and Director's education credential (i.e., copy of degree, CDA, etc.).

10. After approval of Application Part B, the ASU consultant will be in touch to review the Licensing Prep Checklist and to schedule an on-site inspection to determine compliance with the rules and regulations. If the facility is approved during the on-site inspection, a Permission to Operate will be granted and operation can begin. The annual licensing fee must be paid within 30 days in order to receive a licensing certificate. License fee payments can be made at www.decalkoala.com once the center's account is created.

Application Definitions

Child Care Learning Center:

- is operated by a person, partnership, association, society, agency, corporation, institution, or group that receives pay for the care of children.
- children remain less than 24 hours per day.
- provides care for seven (7) or more children, under 18 years of age.

Note: If you plan to operate a Family Child Care Learning Home (FCCLH) in a private residence to serve three (3) to six (6) children not related to you, you do not need to obtain a license through the process described in this manual. You do need to contact DECAL Child Care Services to obtain the necessary registration materials.

License Application Part A

License Application Part A	10
Instructions for Completing License Application Part A.....	14
Affadavit For Lawful Presence Verification	16
Frequently Asked Questions for Lawful Presence Verification.....	17
Formal Partnership Requirements	19
Application Part A Checklist.....	20

License Application Part A



Georgia Department of Early Care and Learning
2 Martin Luther King Jr. Drive, SE, Suite 670, East Tower, Atlanta, Georgia 30334
www.decal.ga.gov

LICENSE APPLICATION PART A

A license to operate a Child Care Learning Center is issued to the governing body of the center, meaning the person or entity that owns the center.

CHECK ONE: Child Care Learning Center: _____ License _____ Commission

Owner/Applicant Information:

Facility/Site Information

Name of Corporation/LLC/Individual,
Government, Unincorporated Association,
General Partnership, Limited Partnership

Name of Center

Mailing Address City/Zip County

Site Address City/Zip County

Daytime Telephone Number

Facility Telephone Number

E-mail Address (required)

Facility Fax Number

Type of Ownership (CHECK ONE)

Profit/Non-Profit (CHECK ONE)

_____ Individual

_____ Corporation/LLC

_____ Profit

_____ Partnership

_____ Unincorporated Association

_____ Non-Profit

_____ Government

Location Change? Yes No

Note: If this is a change of ownership, a Change of Ownership Application is required. If this is a change in location, please provide the facility's current address:

Facility Name/ Current Address/Current License Number:

Is facility currently operating? Yes No

Corporation EIN _____ or Individual Owner SSN _____

Have you ever been involved in the operation, control, or management, including but not limited to being an owner or director of a Child Care Learning Center, FCCLH or an Exempt program? Please include your involvement in any corporation, LLC, partnership or other business entity involved in the operation control or management of any such center or exemption, including but not limited to your role as Officer, Member, Organizer, Partner, or Shareholder of such entity.

Yes _____ No _____
License or Exemption Number: _____ Name of Facility: _____
Address of Facility (include city, state, zip): _____

Have any programs owned by you or a person involved in your corporation had a license revocation occur? If so, what state and what year? _____

Corporation, LLC, and Limited Partnership owners must submit a copy of corporation papers including Certificate of Incorporation, Articles, and By-Laws, when applicable

Person Legally Responsible for Business and Official Address for all Correspondence:

Name: _____
Street or P.O. Box: _____
City/State/Zip: _____
E-mail Address: _____

For Corporations and LLCs Only:

Name and Address of Agent for Service for Facility (person registered as Agent with the Secretary of State):

Name: _____
Street of P.O. Box Address: _____
City/State/Zip: _____
E-mail Address: _____

Do you own the building in which the program is housed? ___Yes ___No

If yes, please provide proof of ownership such as a tax assessment bill.

If no, please provide the landlord's name and address and include a copy of the current lease agreement:

Landlord's Name: _____

Mailing Address: _____

Proposed Schedule

Proposed Months of Operation: _____

Proposed Days of Operation: _____

Proposed Hours of Operation: _____

Note: Please list specific months, specific days of the week and actual clock hours.

Proposed Age Range of Children To Be Served

From _____ Through _____

Note: Please list actual ages (i.e. 6 weeks through 12 years)

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Infants & Toddlers (Ages 0-2) | <input type="checkbox"/> Transportation/Field Trips |
| <input type="checkbox"/> Preschoolers (ages 3-4) | <input type="checkbox"/> Evening Care (7:00 pm – 12 midnight) |
| <input type="checkbox"/> School Age (Ages 5+) | <input type="checkbox"/> Night Care (12 midnight – 6:00 am) |
| <input type="checkbox"/> School Age Only | <input type="checkbox"/> Mildly Ill Care |
| <input type="checkbox"/> Subsidized Care | <input type="checkbox"/> Swimming |

The following items must be submitted with this application. Please check that all are attached:

- Two (2) copies of readable Floor Plan (1 copy must be 8 1/2" x 11")
- Two (2) copies of readable Site Plan (1 copy must be 8 1/2" x 11")
- Completed Floor Plan Checklist and Site Plan Checklist
- One (1) copy of detailed Operation Plan with completed checklist
- Large, self-addressed stamped envelope for return of your plans
- Copy of zoning approval from the agency with jurisdiction or letter stating no zoning is required
- Copy of Certificate of Licensure Orientation Training
- Completed, signed and notarized Affidavit for Lawful Presence Verification form
- Proof of ownership or signed lease agreement for facility

Has the center identified the facility director? yes no

If yes, please list director's name: _____

Note: To obtain a valid license, the director and required employees must have received a satisfactory Comprehensive Criminal Background Check clearance from DECAL within the preceding twelve (12) months. For more information on Comprehensive Background Checks, please visit <http://www.decal.ga.gov/CCS/CriminalRecordsCheck.aspx>

I hereby apply for a license and agree to the following:

- A. I understand that submission of this application is the initial step in obtaining a license. Upon receipt, review, and approval of the completed application, a Child Care Consultant will conduct an inspection of the center. This inspection includes an assessment of required approvals, such as fire safety, and evaluation of the physical plant, staffing, and services.
- B. I understand that the issuance of a new license may be denied for failure to comply with licensing requirements.
- C. I understand that a child care license is not transferable.
- D. I will ensure that the child care learning center adheres to all licensing requirements.
- E. I assume responsibility for conducting the affairs of the child care learning center herein described and for meeting all applicable regulations.
- F. I understand that the child care learning center is subject to unannounced inspections by DECAL at any time during operation hours.
- G. I understand that a license to operate a child care learning center is not transferable to another individual or location.
- H. I understand that remodeling or modifying the child care learning center requires a plan review by DECAL before new construction, alterations, or additions can begin.
- I. I understand that rule violations, which are determined by Bright from the Start: Georgia Department of Early Care and Learning to endanger the health and/or safety of children in care, may result in adverse action by Bright from the Start.

J. I understand that, pursuant to O.C.G.A. § 20-1A-4(9), Bright from the Start: Georgia Department of Early Care and Learning recommends that all child care providers licensed or registered by the Department maintain insurance coverage sufficient to protect the provider's clients. I understand that if I do not maintain liability insurance, I will have to notify parents, obtain a written acknowledgment from parents, and post a notice at the child care facility stating that I do not maintain liability insurance.

NOTE: For facilities serving CAPS recipients, please note that scholarships are not transferrable to the new facility. In the case of ownership changes, new scholarships must be issued for the new owner to claim reimbursement. Please reference CAPS policy 10.4.1.2. Contact CAPS Support at 1-833-4GA-CAPS or 1-833-442-2277 for questions. Providers serving CAPS families must be Quality Rated by 2020.

False or misleading statements made on any part of the application will void this application and nullify any license issued on the basis thereof. I/we understand and agree to the above statements.

Signature of Name of Corporation/LLC/Individual, Government,
Unincorporated Association, General Partnership, Limited Partnership

Date

Instructions for Completing License Application Part A

1. Child Care Learning Center: A Child Care Learning Center is defined as providing group care, for pay, without transfer of legal custody, for seven (7) or more children.
2. License or Commission: Check either License or Commission.
3. Commission: A certificate conferring authority to perform various acts or duties. Applicants are required to complete the same process whether they are seeking a license or commission.
4. Applicant Information: The applicant information defines the person or entity that has legal ownership of the business. This information will be the same for owner/applicant on page 1 and page 3.
5. Individual: Complete this section if one person owns all the assets of the business and is solely liable for all debts of the business.
6. General or Limited Partnership: Complete this section if two or more people own the business.
7. Partnership: A voluntary contract between two or more persons to carry on a business for profit as co-owners. Refer to the Formal Partnership Requirements document.
8. Corporation or LLC: Complete this section if a corporation owns the business. The name of the corporation will be shown as applicant.
9. Mailing Address: The mailing address is the same as the principal mailing address of the corporation. This information must be consistent with documents filed with the Secretary of State's Office. The Certificate of Incorporation, Articles of Incorporation, and the By-Laws must also be attached to the application.
10. Unincorporated Association: Complete this section if an association such as a community association or parent association owns the business.
11. Association: An association indicates a collection or organization of persons who have joined together for a certain or common purpose. The name of the association and the primary mailing address will be shown as the applicant.
12. Limited Partnership: Complete this section if a Limited Liability Partnership (LLP) or Limited Liability Company (LLC) owns the business. The name of the LLP/LLC will be shown as applicant. The Certificate of Organization and the Articles of Organization are also required to be attached to the application. The applicant information listed for the LLP/LLC must be consistent with documents filed with the Secretary of State's Office.
13. Name of Center: Write the name of the center exactly as you want it to appear on the license/commission. Show the complete address where the center will be located, including the county and zip code. Effective May 7, 2009, all applicants are required to furnish DECAL with e-mail contact information so that the agency may contact the center and send information via e-mail. Please be sure to list the e-mail address accurately in this section. See Rule #591-1-1-.16(g) in the Rules for Child Care Learning Centers.
14. Type of Ownership: Check the one that applies to your center. Remember to attach supporting documentation depending on the type of ownership.
15. Person Legally Responsible and Official Address for all Communication: This information is the same for an individual owner as shown on Page 1 of Application Part A under Applicant Information. For facilities owned by a corporation/LLC, this would be the Chief Executive Officer (CEO) or Board Chairman.

16. Name and Address of Agent for Service for Facility: This section is to be completed only for corporations, Limited Liability Partnerships, and Limited Liability Companies. The agent's name and address must be consistent with documents filed with the Secretary of State's Office.
17. Miscellaneous Information: (A) Provide specific information about any exempt programs operated by you in Georgia. (B) If you do not own the building where the business is to be located, provide the name and complete address of the landlord. You are also required to attach a copy of the signed Lease Agreement with the application. (C) Be specific on the proposed months of operation (January-December), the proposed days of operation (Monday-Friday), and the proposed hours of operation (6:30 a.m.-7:00 p.m.). (D) Be specific and show the actual ages of the children you propose to serve (6 weeks-12 years). (E) Check all the services you propose to provide. *Attach the required copies of the Floor Plan, the Site Plan, the Operation Plan, and the completed checklists, as well as a self-addressed, stamped envelope to the application.
18. Owner(s) of Center: This information should be consistent with the Applicant Information on page 1. If owned by an individual, the individual owner will sign on this line. If owned by a corporation, partnership, Government, or unincorporated association, that name will go on page 3.
19. Board Chairman/President: This information should be consistent with page 2, Person Legally Responsible, and should be a signature - not a printed name.

Affidavit For Lawful Presence Verification



Bright from the Start: Georgia Department of Early Care and Learning
2 Martin Luther King Jr. Drive SE, 754 East Tower, Atlanta, Georgia 30334
O.C.G.A. § 50-36-1(e)(2) Affidavit For Lawful Presence Verification

Facility Name: _____

Facility Address: _____

Facility Owner: _____

By completing this affidavit under oath, as an applicant for the license or registration listed below, as referenced in O.C.G.A. Sec. 50-36-1, I _____

Printed Name of Applicant

verify one of the following with respect to my application for a public benefit from Bright from the Start: Georgia Department of Early Care and Learning, as referenced in O.C.G.A. Sec. 50-36-1:

- I am a legal permanent resident of the United States, 18 years of age or older. **Submit a legible front and back copy of your current secure and verifiable identification document(s) such as a driver's license, passport, military ID, or other document as listed below.**
- I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older, with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Submit a legible front and back copy of secure and verifiable identification document from the list below that includes your alien number.**

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____ . **(required)**

I also verify I have provided at least one secure and verifiable identification document, as required by O.C.G.A. Sec. 50-36-1(e)(1), with this affidavit. The secure and verifiable identification document I have provided with this affidavit is: _____ . **(Identify the document, such as driver's license, temporary resident card, passport, etc.).**

In providing the above information under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Georgia law, O.C.G.A. Sec. 16-10-20, and face criminal penalties as allowed by such criminal statute.

Completed in _____, _____
City State

Signature of Applicant

Printed Name of Applicant

Street Address or P.O. Box

City State Zip

Phone

E-mail

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20____
My Commission Expires: _____

NOTARY PUBLIC _____

Frequently Asked Questions for Lawful Presence Verification

1. Why do I have to complete the Affidavit for Lawful Presence Verification?

Effective January 1, 2012, Georgia law (O.C.G.A. Section 50-36-1) requires all applicants for a public benefit to verify their lawful presence in the United States before receiving the benefit. A DECAL license or registration is a public benefit issued to the owner of a child care facility each year. Therefore, DECAL must have the required verification documents before the annual license will be issued. An applicant is required to submit a completed and notarized Affidavit and a copy of a secure and verifiable identification document **or** affirm that these documents were previously submitted. **You cannot pay the license fee or receive a new license each year until the Affidavit or Affirmation for Lawful Presence Verification has been completed, whichever is applicable.**

2. Am I required to submit an Affidavit for Lawful Presence Verification every year?

Owners who were previously verified as U.S. citizens do not have to re-submit lawful presence verification. The previous verification of U.S. citizenship continues to meet the requirements of the law. Child care learning center applicants must affirm each year that the lawful presence documents were submitted, if the center owner is the same.

Owners who previously submitted the lawful presence documents and are not U.S. citizens are required to submit the lawful presence documents every year. An Affidavit form is e-mailed on November 1 each year to owners who previously submitted the documents as legal permanent residents, qualified alien, or nonimmigrant.

3. What is an Affirmation for Lawful Presence Verification?

Completing an Affirmation is the process of confirming whether or not the owner previously submitted the documents and was verified as a U.S. citizen by DECAL. Owners who have previously been verified as a U.S. citizens are required to complete the Affirmation at www.decalkoala.com annually as part of the license fee payment process.

4. Where can I find an Affidavit for Lawful Presence Verification form?

An Affidavit form, pre-printed with your facility information, will be automatically e-mailed to those owners who are not U.S. citizens each year on November 1st. Those owners who are U.S. citizens will complete an Affirmation at www.decalkoala.com. If the Affirmation indicates the applicant is a different person than last year who has not previously completed an Affidavit for Lawful Presence Verification (Option 4), a pre-printed Affidavit form will be e-mailed to the center.

5. What qualifies as a “secure and verifiable document”?

Only the documents approved by the Office of the Attorney General of Georgia are acceptable for processing. The most common copies of “secure and verifiable documents” are:

- U.S. issued passport or passport card
- U.S. military ID
- U.S. issued driver’s license

A list of acceptable documents can be found below.

6. Am I required to send an original document of one of the “secure and verifiable documents” on the Attorney General’s list?

No, a photocopy of the document (front and back, if there is anything on the back of the document) is acceptable and preferred.

7. Where do I send the Affidavit for Lawful Presence Verification and the secure and verifiable document?

The notarized Affidavit and copies of the front and back of the secure and verifiable document may be faxed to 404-463-7262 or scanned and e-mailed to ccsaffidavit@decals.ga.gov. Fax and e-mail are preferred and will allow the shortest processing time. If necessary, you may mail them to:

Georgia Department of Early Care and Learning
Attention: CCS Affidavits
2 Martin Luther King Jr. Drive SE, 670 East Tower
Atlanta, Georgia 30334

Do not submit the FAQs, instructions or list of secure and verifiable documents. These were sent to assist you and are not part of the Affidavit.

8. What should I do if the owner listed on the Affidavit form is incorrect?

The owner information printed on the Affidavit is the information we have on file for this facility. If this information is incorrect, please contact your licensing consultant immediately.

9. Can the Lawful Presence Verification form be notarized by a notary outside of Georgia?

Yes. The notary will list the appropriate state in the space provided.

10. Can the Lawful Presence Verification form be submitted with the notary's stamp or seal or is one or the other required?

Either the stamp or the seal may be used to notarize the Affidavit form. A form without a stamp or a seal will be returned.

11. I already sent these forms to another department or division. Do I have to submit them again?

Yes, the law requires DECAL to obtain the forms for each benefit that will be issued.

Contact ccsaffidavit@decals.ga.gov for assistance with the Affidavit or Affirmation for Verification of Lawful Presence.

Formal Partnership Requirements



Formal Partnership Requirements

1. A license can only be issued to one individual, and cannot be shared.
 - For example, if John Smith and Susan Jones apply for a Child Care Learning Center license to operate ABC Day Care, we can only grant a license to John Smith OR Susan Jones to operate ABC Day Care at a specific location. If Mr. Smith elects to be the license holder, the license would be held by John Smith d/b/a ABC Day Care. He would be listed as an individual owner.
2. If two individuals wish to apply for a license as a partnership, the applicant(s) will be required to provide the Department with a Partnership Agreement. A Partnership Agreement is a legal document. Partnerships do not have to register with the Georgia Secretary of State, but they are required to have a partnership agreement, business name and Employer ID Number. A partnership agreement would include a business name. The license could then be granted to the partnership.
 - For example, John Smith and Susan Jones form Smith Jones Partnership. Smith Jones Partnership wants to open a child care learning center called ABC Day Care. We could issue a license to Smith Jones Partnership d/b/a ABC Day Care if Smith Jones Partnership includes a copy of their partnership agreement with the application. Partnerships would not be required to have a registered agent.
3. A partnership agreement does not have to be done by an attorney. There are free forms online. If the partnership is the last names of the partners, the department can accept anything they choose to draw up. However, if they are using a fictitious name for the partnership name, they need to register that fictitious name as a trade name. They would need to provide us with proof that this has been done.
 - Using the examples from last time: John Smith and Susan Jones form Smith Jones Partnership. In order for us to grant a license to Smith Jones Partnership, all we need to see is a document with the title "Partnership Agreement" that is signed by Mr. Smith and Ms. Jones. They could write it themselves.
 - However, if John Smith and Susan Jones form Kid Care Partnership, we can only grant a license to Kid Care Partnership if we have 1) a document with the title "Partnership Agreement" signed by Mr. Smith and Ms. Jones (it can be written by Mr. Smith and Ms. Jones), and 2) proof that Mr. Jones or Ms. Smith registered the trade name Kid Care Partnership with the state of GA. This is done by completing a filing with the appropriate county superior court clerk and paying a fee. If we receive an application from Kid Care Partnership, we would respond by asking for the partnership agreement and proof of registration of the trade name.

Application Part A Checklist

Applicant's Name: _____

Facility Name: _____ County: _____

Owner/Applicant Information

_____ EIN or SSN
_____ Corporation/LLC information

Center/Facility Information

_____ Certificate of Incorporation/Certificate of Organization
_____ Articles of Incorporation/Organization
_____ Corporation by-laws or Operating Agreement
_____ Name Reservation Certificate, Trade Name
_____ Copy of Zoning Approval from agency with jurisdiction or letter stating no zoning required
(Must be dated within the past 12 months)
_____ Completed Agent for Service information (Must match Secretary of State Office documents)
_____ Owner of building is applicant? ____ Yes ____ No
_____ If no, Landlord information
_____ Copy of lease agreement with all signatures
_____ Copy of purchase agreement with all signatures
_____ Center's proposed operating schedule and age ranges served
_____ Months of operation
_____ Days of operation
_____ Hours of operation
_____ Age range of children to be served

Note: Parent policies and daily schedules should match the months, days, hours, and age range of children to be served shown on Application Part A

Document Details

_____ All appropriate signatures
_____ Large, self-addressed, stamped envelope
_____ LOM certificate
_____ Completed and Notarized Affidavit for Lawful Presence Verification Form from owner and verifiable documents (front and back copy)

Background Checks

Background Check Guidelines.....22

Background Check Guidelines

Georgia law (O.C.G.A. Title 20-1A-30 et.seq.) requires comprehensive satisfactory criminal records checks on Directors and employees of all child care facilities as a condition of licensure. No person with unsatisfactory results may become an employee or Director of a child care facility. As part of the comprehensive background check process required to obtain a valid license, the Director and all employees must also receive a satisfactory comprehensive fingerprint criminal record check clearance from DECAL within the preceding twelve months. The background check must be conducted through DECAL. Get instructions and forms at <http://www.decal.ga.gov/CCS/CriminalRecordsCheck.aspx>

Who must have a background check and be fingerprinted?

- Director of licensed facilities
- All employees of a licensed facility
- Any Director of a licensed facility who becomes a Director of another licensed facility must be re-fingerprinted if it has been more than (12) twelve months since the last satisfactory fingerprint check results. If the fingerprint records check determination was processed less than (12) twelve months earlier, a copy of current results must be submitted for verification.

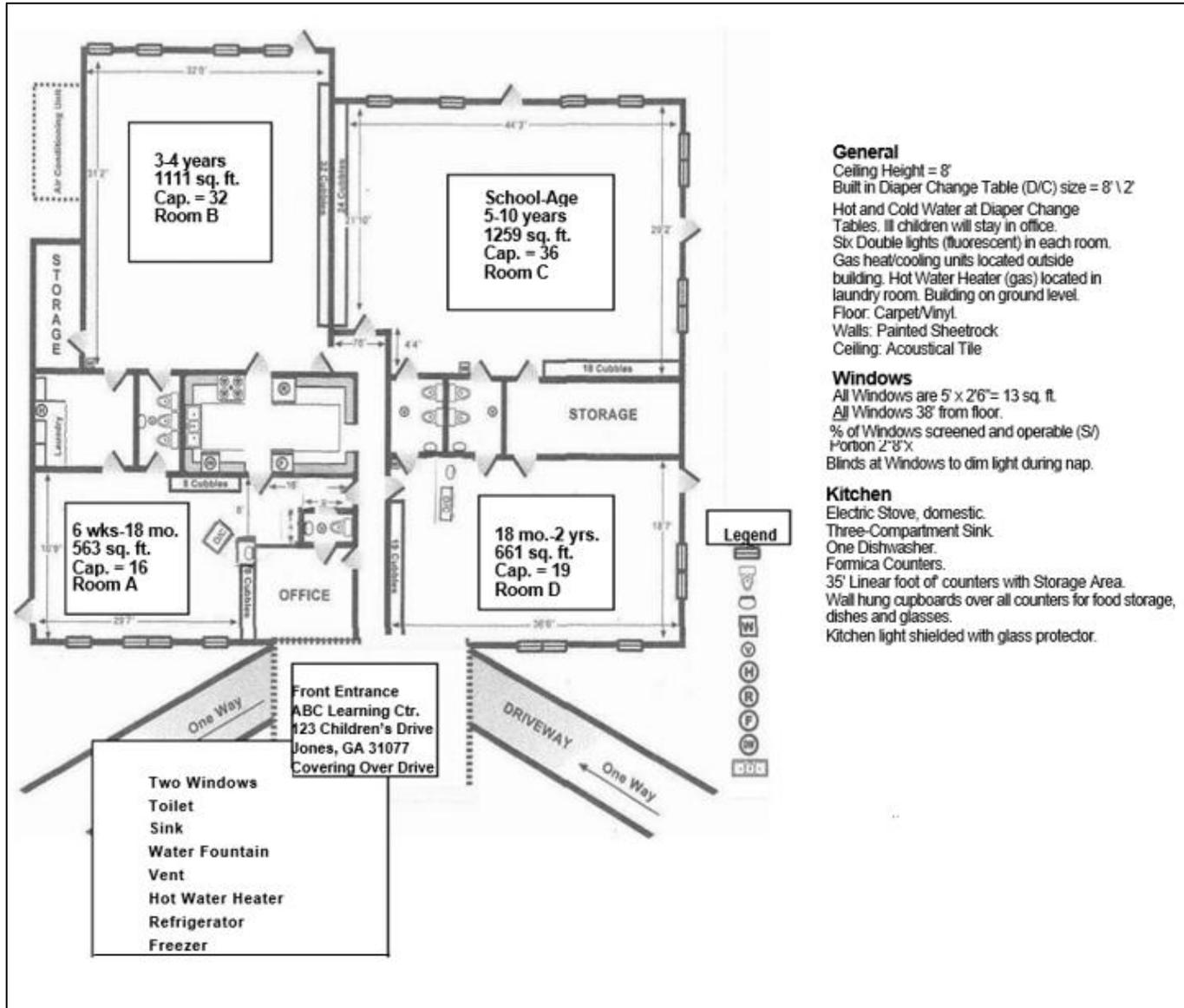
Director is defined as the chief administrative or executive officer of a facility. This person is responsible for the daily on-premises supervision, operation and maintenance of the facility. Georgia law requires that a criminal records check clearance for an employee or Director be on file before the person begins employment. This clearance must be on file for the Director before the center can be initially licensed.

Employee is defined as any person other than a Director, employed by a facility to perform at any of the facilities any duties which involve personal contact between that person and any child being cared for at the facility and also includes any adult person who resides at the facility or who, with or without compensation, performs duties for the facility which involves personal contact between that person and any child being cared for by the facility.

Physical Plant Requirements

Sample Floor Plan.....	24
Licensed Capacity Requirements.....	25
Example	26
Window Space Requirements	27
Staff:Child Ratios	28
Mixed-Age Groups For Child Care Learning Centers	29
Diaper Changing Areas	30
Storage Space/Bathrooms	31
Kitchen/Laundry/Building Safety and Repair	32
Floor Plan Checklist.....	33

Sample Floor Plan



Licensed Capacity Requirements

Licensed Capacity Requirements are designed to ensure that the indoor environment provides adequate space for growth and development through exploration, freedom of movement, etc. According to the American Academy of Pediatrics, crowding reduces the ability to control the spread of infection, and has a negative effect on children's activities and state of mind. Inadequate space can lead to aggressive, destructive, unfocused behavior.

To determine the licensed capacity of each child care room:

- Measure the length and width of a room from inside wall to inside wall. (Use the conversion chart below to convert inches to decimals.)

To determine the square footage of each room and the total licensed capacity of the center:

- Multiply the length times the width to get the total square footage of the room/area.
- Space occupied by closets, door inserts, bathrooms and wall protrusions will not be counted to determine the licensed capacity of a room. These areas will be deducted from the total square footage of the room to get a measurement of usable floor space.
- Show the measurements of these areas on your floor plan.

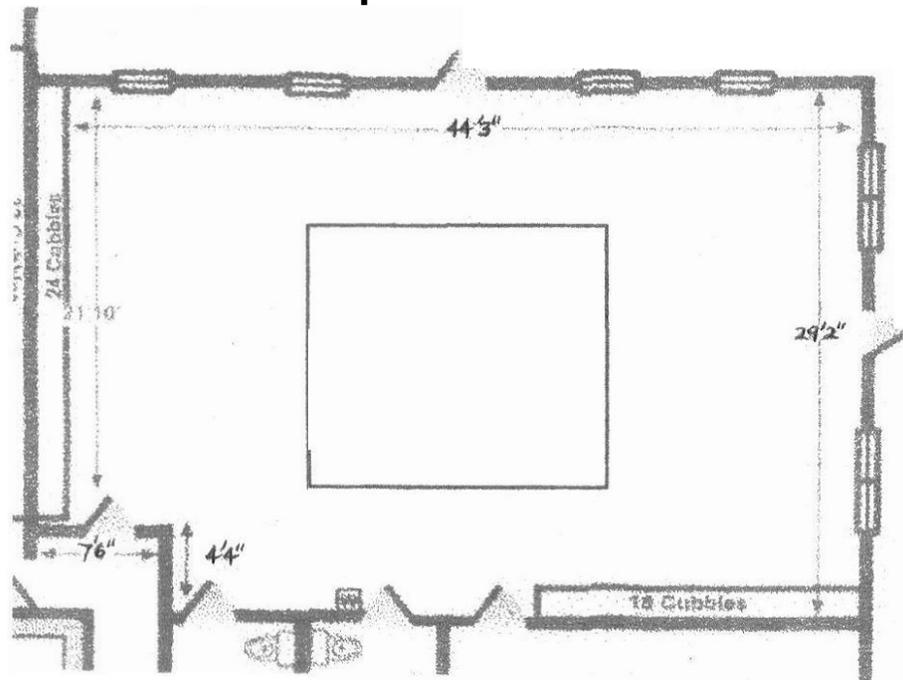
To determine the capacity of the room divide the useable floor space by 35 square feet.

- Express the figure as a whole number by rounding decimals of .50 and above up, and those of .49 and below down.
- After measuring all rooms used by children, add the capacity of each room together to get the total licensed capacity for the center.
- Kitchens, bathrooms, closets, halls, storage areas or rooms, offices, rooms designated for staff use and other single use areas shall be excluded in determining usable space.

CONVERSION TABLE (inches to decimals)

1 INCH=.08	7 INCHES=.58
2 INCHES=.17	8 INCHES=.67
3 INCHES=.25	9 INCHES=.75
4 INCHES=.33	10 INCHES=.83
5 INCHES=.42	11 INCHES=.92
6 INCHES=.50	

Example



ROOM SPACE

29'2" X 44'3"

29'2"

(2"=.17) (3"=.25)

29.17 X 44.25=1290.7 (ROUND UP) =1291 SQUARE FEET

(2 1 7) (3 . 2 5)

LESS THE ENTRANCE PROTRUSION:

Less the entrance protrusion:

7'6" X 4'4"

7'6" x 4

(6"=.50) (4"=.33)

7.50 X 4.33=32.4 (ROUND DOWN) =32

(6=.50) (4=.33)

1291

-32

1259 SQ. FT.

1259 DIVIDED BY 35=35.9 (ROUND UP) =36 CHILDREN

WINDOWS

Window Space Requirements

For Centers With No Central Heat and Air

The requirements in this section apply only to facilities that do not have a central air conditioning unit or individual room air conditioners.

The window space in each child care room is determined in the following way:

- When central heat and air is not provided, total window space per room must be 5% of the useable floor space.
- Multiply useable floor space by .05 to determine required window space.
- At least 50% of required window space must be screened and operable.
- To determine the total square footage of the window space, multiply the length of the window times (X) the width of the window.
- Screens should fit tightly and should be free of open holes, rips, and/or tears to prevent insects from entering the building when the windows are open.

For Centers With No Vent Fans Over The Diapering Surfaces

The requirements in this section apply only to facilities that do not have a vent fan over the diapering surfaces.

- Operable window space must equal 2.5% of the useable floor space.
 - For example, a room in a center that has 1,259 square feet of usable floor space and will house diapered children with no vented exhaust fan present must have $[1,259 \times 2.5\%]$ 31 square feet of screened and operable window space.
- To measure screened and operable window space:
 - Open the window to the maximum opening position.
 - Measure the screened open area.
 - For example, $2'2" \times 2'0" = 4.3$ (round down) = 4 square feet of screened and operable space for the window.
- Based on that calculation, if the room needs 31 square feet of screened and operable space, then you would need $[31 \div 4]$ 8 screened and operable windows.
- Screens should fit tightly and should be free of open holes, rips, and/or tears to prevent insects from entering the building when the windows are open.

Staff:Child Ratios

Child Care Learning Center Rule #591-1-1-.32(1)

AGE	# ADULTS	# CHILDREN
Birth to 18 months (not walking)	1	6
One (1) year olds (walking)	1	8
Two (2) year olds	1	10
Three (3) year olds	1	15
Four (4) year olds	1	18
Five (5) year olds	1	20
Six (6) year olds	1	25

Mixed-Age Groups For Child Care Learning Centers

In mixed-age groups, the required staff:child ratios shall be based on the age of the youngest group of children that makes up more than twenty percent (20%) of the total number of children in the mixed-age group.

Children may be combined in mixed-age groups as follows:

For Centers with a licensed capacity of 19 or more children:

Infants and children younger than three (3) years of age cannot be mixed with children three (3) years of age and older except as set forth below:

- During the first hour of the center's operation and the last hour of operation, infants and children younger than three (3) years may be grouped with older children as long as staff:child ratios and group size are met based on the age of the youngest child in the group.
- Children who turn three (3) years of age during the regular school year may remain grouped with other two (2) year olds for the remainder of the school year provided that the continued placement in the younger group is with the agreement of the older child's parent(s) and is developmentally appropriate for the child.

For Centers with a licensed capacity of 18 or fewer children:

Children of different ages may be mixed together in one room as long as the following staff:child ratio requirements are met:

- The age of the youngest child present under three (3) years of age shall determine the staff:child ratio for the group in which the child(ren) under three (3) years of age are cared for.
- Where all of the children in any group are three (3) years of age or older, the age of the majority of the children in the group shall determine the staff:child ratio.

Diaper Changing Areas

The diaper changing surface must:

- be located in child care rooms.
- be non-porous and easily cleaned.
- be large enough to contain the child being diapered.
- have guards (straps) or rails on sides to protect the child from falling. However, those children who sleep in their cribs may be changed in them.

The diaper changing area must:

- provide for caregivers to wash their hands with liquid soap and warm running water immediately before and after each diaper change.
- have lavatories with hot and cold running water adjacent to the diapering area. This means that the sink should be within arm's reach of the staff who is attending the child on the diapering surface.
- have liquid soap and paper towels, single-use cloths, and storage for disinfectants to keep them inaccessible to children.
- have a closed container for diaper disposal. This container must latch or be inaccessible to children who are housed in the classroom.
- have ventilation. This can be provided by a functioning exhaust fan or by the required amount of screened/operable windows.

Note: Position diaper changing tables so that staff members can see the entire classroom as they diaper. This will enable staff to supervise all of the children during diapering activities. If diapering tables do not face the classroom, a written supervision plan for extra staff will be required. Diaper changing tables must be within arm's reach of the diapering sink.

Storage Space/Bathrooms

Children's Storage

- Play equipment requiring little adult supervision must be on low open shelves in the classroom.
- Individual storage spaces for children's personal belongings (i.e., coats, bookbags, etc.) must be accessible (within reach) of children (1 year of age and older). Storage spaces should be large enough to accommodate the size of the child's belongings.
- Diaper bags must be stored out of reach of children and should be accessible to the diaper changing area.
- Sleeping equipment (i.e., mats, cots) can be stored in the classroom, but must be stored to prevent children's access and to allow maximum use of the play space.

Teachers' Supplies

- Teachers' supplies must be kept out of reach of the children. (Examples: Teachers' purses, White-out, adult scissors, staplers, bulletin board pins, aerosol cans, etc.)

Hazardous Items

- First aid supplies, cleaning supplies, tools, and medicines must be kept out of reach of the children in a locked area (cabinets, closets, etc.).

Bathrooms

- Bathrooms must be fully enclosed.
- Bathrooms must have proper ventilation either through a screened and operable window or a functioning exhaust fan.
- Installed toilets or lavatories of adult height that will be used by children in any room of the facility must have steps or a platform.
- The building should be designed to allow for supervision of children during toileting. Bathrooms must be in or adjacent to classrooms for children 2 years of age. This means a shared wall or immediately across from the classroom door with a direct line of sight.
- For children 3 years of age and older, bathrooms must be no more than 40 feet from the classroom door.
- A written supervision plan must be on file whenever bathrooms are not located in the classrooms.
- Toilet facilities for four-year-old and older children must be screened for privacy (for example: partitions or dividers between toilets).
- Supplies should be within children's reach (i.e., tissue should be within the child's reach when seated on the toilet, and liquid soap and paper towels should be within the child's reach at the sink).
 - The use of a stool or platform is permissible for the child to reach the sink and all supplies.
- Refer to your copy of the Child Care Learning Center rule book for the required number of sinks/toilets.
- Note that all applications received after December 22, 2009, are required to meet revised Rule 591-1-1-.06(1) for the correct number of toilets.
- Two potty chairs are no longer allowed as a substitute for an additional toilet.

Kitchen/Laundry/Building Safety and Repair

Kitchens

If you plan to use non-disposable eating and drinking utensils, kitchens must have proper dishwashing facilities.

- This includes either a three compartment sink, or a two compartment sink with a dishwasher that meets sanitizing criteria.
- An approved dishwasher must have a sani-cycle, or the dishwasher must maintain rinse water at a temperature of 150 degrees Fahrenheit or higher.

If you have difficulty locating a suitable dishwasher, you may consider installing a booster water heater, a separate hot water heater, or using an approved sanitizing agent.

- The refrigerator temperature must be 40 degrees or lower, and the freezer temperature must be 0 degrees.
- Areas for food preparation must be non-porous, easily cleaned, and free of unsealed cracks or seams.
- Areas for storage of food, eating utensils, and cookware must be provided.
- If your facility plans to serve catered food, the caterer must have a Food Service Permit and a current inspection report and provide you with current copies of both documents to maintain in your records.

Children cannot pass through kitchens or laundry areas to reach other parts of the facility or the playground.

Laundry

- Must be separate from child care areas.
- Must contain covered storage for soiled linens.
- Children cannot pass through kitchens or laundry areas to reach other parts of the facility or the playground.

Building Safety And Repair

- Walls, floors, and ceilings should not have holes, cracks or tears, chipping paint, peeling wallpaper, or sharp edges.
- Carpeting and vinyl must be pulled tightly and the seams secured to avoid any hazards, such as tripping.
- Screens, guards, or other types of barriers must protect any type of heating or cooling equipment accessible to children. Screens should not get hot to the touch.
- It is important to develop a system of keeping the building in good repair.

Floor Plan Checklist

For Child Care Learning Centers (CCLCs) with 7 or more children

Applicant(s) Name(s) _____

Contact Person _____

Address _____

Telephone Number(s) _____

Facility Name _____

Address _____

Telephone Number(s) _____

County _____

Instructions:

When preparing a drawing of your floor plan, be certain that all items are shown on your plans and/or in the appropriate section of the checklist.

- Submit two (2) copies of a building floor plan drawing to the Applicant Services Unit. These may be hand drawn or professionally prepared. One copy must be 8¹/₂" by 11" for the Bright from the Start: Georgia Department of Early Care and Learning file. An evaluated copy will be returned to you.
- Submit a copy of this completed Floor Plan Checklist.
- Submit a self-addressed, stamped envelope (sufficient in size with adequate postage) for you to receive a copy of your reviewed plans and checklist.
- Applicant Services Unit will use the checklist to evaluate the plan using this key:
 - M - Met
 - NM - Not Met
 - NA - Not Applicable
 - D - Discussion
 - ? - Question/Further clarification needed
 - CCLC = Rules and Regulations for Child Care Learning Centers

Office Use Only	Office Use Only	Office Use Only	<h2 style="text-align: center;">Floor Plan Checklist</h2> <ul style="list-style-type: none"> • Please draw clearly and indicate the following information marked with a “☐” on your floor plan drawing. • Answer questions noted on each item • Do not skip any item on this checklist. Write N/A if it does not apply.
Review Date	Review Date	Review Date	
			1. ☐ Label each child care room with a letter and specify the age group to be housed in each room. (i.e., Room A- 6 weeks to 12 months) Please draw the entrance to the facility. (Account for all ages listed on Application Part A)
			2. Are there any partial walls (those not floor to ceiling)? ___ Yes ___ No ☐ If yes, please draw partial walls with a broken line (----). Give dimensions (height and length) of these walls. Write N/A if there are no partial walls.
			3. ☐ Draw the location of all doors (interior and exterior).
			4. ☐ Draw in the measurements of each child care room. ☐ Calculate and show the total square footage in each room. Measurements are determined baseboard to baseboard. ☐ Measurements must also be shown for deductions in the room such as restrooms, closets, wall partition(s), wall inserts, heaters with protective barriers, etc.). Use the directions in the Applicant’s Guide. (Example: 16’2” x 9’7”= 155 sq. ft.) CCLC #591-1-1-.19(1)
			5. Are there any parts of the building or residence that will not be used for the child care program? ___ Yes ___ No ☐ If yes, explain the use of the other areas and draw in on your plan. Child Care Learning Centers attached to a private residence should show child care room(s) in relation to the private residence. ☐ Church or school centers should show child care rooms in relation to other rooms within the building and in relation to other buildings/offices on the grounds. If none, write N/A.
			6. ☐ Draw the location of each bathroom in relation to the child care areas. The rules require that children’s bathrooms be adjacent to the child care rooms. ☐ Please note the distance (in feet/inches) to the nearest bathroom door from each classroom door (Or, if applicable, note that bathroom is accessed directly from classroom, i.e., door is in classroom). Note: Bathrooms for children age 2 and under must be located in or adjoining the classroom. Bathrooms for 3 years and up must be 40 ft. or less from classroom door.
			7. Are bathrooms fully enclosed? ___ Yes ___ No NOTE: Bathrooms must be fully enclosed (i.e., no partial walls and no half doors).
			8. Will the program operate in a private residence? ___ Yes ___ No

			<p>9. <input type="checkbox"/> Draw the location of each bathroom in relation to the child care areas. The rules require that children’s bathrooms be adjacent to the child care rooms.</p> <p><input type="checkbox"/> Please note the distance (in feet/inches) to the nearest bathroom door from each classroom door (Or, if applicable, note that bathroom is accessed directly from classroom- i.e., door is in classroom). Note: Bathrooms for children age 2 and under must be located in or adjoining the classroom. Bathrooms for 3 years and up must be 40 ft. or less from classroom door.</p>
			<p>10. Do the sinks for children have warm, running water? ___ Yes ___ No</p>
			<p>11. Are the toilets and sinks child-sized? ___ Yes ___ No</p> <p>If not, explain your plan to make them accessible to children. (Example: stools/platforms)</p>
			<p>12. If you do not have central heat and air, draw the location of all windows.</p> <p><input type="checkbox"/> Give the measurements for the screened area of the window. If you do have central heat/air, write N/A.</p>
			<p>13. Are there any windows with glass 24” or less from the floor? ___ Yes ___ No</p>
			<p>14. Are there any full length glass doors in the building? ___ Yes ___ No</p> <p>If yes, do those windows/doors have an etching/label indicating they are “tempered/safety glass”? ___ Yes ___ No</p> <p><input type="checkbox"/> If not, indicate the method used to provide a protective barrier over the windows/doors. (Example: plastic lattice, Plexiglas)</p>
			<p>15. <input type="checkbox"/> Draw the location of the hot water heater(s).</p> <p>If accessible to children, describe the barrier that will be used. (Example: In a latched closet, or cabinet with a latch)</p>
			<p>16. <input type="checkbox"/> Draw the location of laundry areas. If accessible to children, describe the barrier that will be used. (Example: Latch/ lock on door)</p> <p>If no laundry area is on site, describe your plan for laundry.)</p>
			<p>17. <input type="checkbox"/> Draw the location of the diaper changing area in each room housing children 2 years of age and younger. Regulations state that children’s diapers or disposable pull-ups may be changed in their own crib, or on a non-porous diapering surface with guards or rails.</p> <p><input type="checkbox"/> Describe which surface you will use and indicate what type of safety barrier you will have to prevent falls.</p> <p>Note: It is recommended that diapering tables be positioned so that staff can see the classroom while diapering.</p>
			<p>18. Do your diaper changing tables face a wall? ___ Yes ___ No</p> <p><input type="checkbox"/> If yes, please provide a written supervision plan which requires additional staff to be present in the classroom during diaper changing activities.</p>
			<p>19. A sink is required next to each diapering area for hand washing.</p> <p><input type="checkbox"/> Draw the location of the diapering sink on the plan. The diapering sink must be in the classroom and not inside the bathroom.</p>
			<p>20. Do the diapering sinks have running heated water? ___ Yes ___ No</p>
			<p>21. Are the diapering sinks with arm’s reach from the diapering surface?</p> <p>___ Yes ___ No</p>

			22. Are there any child care areas situated in a basement? ____ Yes ____ No
			23. <input type="checkbox"/> Draw the location of the kitchen and label the kitchen sink and all major appliances. (Example: Stove, microwave, refrigerator).
			24. What method of dishwashing will you use? (check one) ____ Triple basin sink ____ Two basin sink and dishwasher with Sani-cycle or capability of maintaining a rinse water temperature of 150 degrees Fahrenheit ____ Two basin sink and use of all disposable service items for children's use, such as dishes, cups/glasses, utensils
			25. Are any ceiling heights less than 7 feet? ____ Yes ____ No <input type="checkbox"/> If yes, specify which rooms and indicate the height.
			26. What type of heating system (i.e., central, space heater, or floor furnace) is used? If floor furnace or space heater, please show on plan where are units located. <input type="checkbox"/> Describe the barriers that will be used to prohibit the children's accessibility (Barriers should not get hot to the touch.)
			27. Regulations require ventilation in diapering rooms, bathrooms, and kitchen. This can be provided by functioning exhaust fans and a duct system, or by operable, screened windows. <input type="checkbox"/> Describe below the type of ventilation to be provided in each area. <input type="checkbox"/> If windows are used in the diapering areas, please give the number of windows and measurements of the operable, screened portion of each window. (Example: 3 windows @ 24" x 22" each) 1. Diaper rooms: Exhaust fan or windows? 2. Bathrooms: Exhaust fan or windows?
			28. Do you have any water fountains in the building? ____ Yes ____ No <input type="checkbox"/> If yes, list the manufacturer's name and the model # of the water fountains below. <input type="checkbox"/> If no, please describe how you will offer water to children. Example: water pitcher and disposable cups.
			29. What type of cooling system (i.e., central, window unit) is used? <input type="checkbox"/> If window unit or fans, please draw on plans where these are located. <input type="checkbox"/> Describe the barriers that will be used to prohibit the children's accessibility. Note: Children should not be able to touch control knobs.
			30. <input type="checkbox"/> Describe the type of materials used for: A. Floors (Example: Carpet/tile)
			31. <input type="checkbox"/> Describe the individual storage areas/cubbies for each child's possessions and draw their location in each room. Children's individual storage for outer garments and personal possessions must be within children's reach. Diaper bags must be stored out of children's reach. The number of storage bins/cubbies must match the capacity of each room.

			32. Where will you store hazardous/bulk/seasonal supplies? They must be inaccessible to children in a locked or latched storage area.
			33. <input type="checkbox"/> Describe below your plan for food service Example: Cooking done on-site, parent provided, catered).
			34. If food is provided by a source other than the center, the food must come from a facility with a food service permit and current food inspection score. <input type="checkbox"/> Give the name of the food service facility.
			35. What type of counter surface, such as Formica, stainless steel, etc., will be used for food preparation?
			36. Where will supplies of food be stored? <input type="checkbox"/> Draw on plan - shelves or pantry
			37. Where will food service equipment, such as pots and pans, be stored?
			38. <input type="checkbox"/> Describe type of protective shield or guard on kitchen lights and stove hood light(s) that prevents glass from falling into food if a bulb breaks.
			39. Indicate the source of water supply: ___ County ___ City Note: If not on city or county water, applicants are required to submit written approval from county health department officials with Part B of their application. If county officials will not give written approval, follow their instructions to obtain approval from the agency with jurisdiction over the well, such as the Environmental Protection Agency or Division.
			40. Indicate the source of sewage disposal: ___ County ___ City ___ Septic Tank <input type="checkbox"/> If a septic tank is used, applicants must submit written approval from the local county health department officials with Part B of their application. <input type="checkbox"/> Ask the health official to document the number of children the septic tank will accommodate.

PLEASE DO NOT WRITE BELOW THIS LINE

OFFICE USE ONLY:

Approval is based on submission of written materials; final approval will be based on the on-site inspection.

- FLOOR PLAN APPROVED
- FLOOR PLAN APPROVED WITH THE FOLLOWING STIPULATION(S)
- FLOOR PLAN NOT APPROVED- Address all items marked "NM" or "?" and return revised plan with this ORIGINAL checklist for review. Please include a large self-addressed, stamped envelope.

COMMENTS:

REVIEWED BY: _____ DATE _____
REVIEWED BY: _____ DATE _____
REVIEWED BY: _____ DATE _____

Site Requirements

Sample Site Plan	39
Playground Area Rules.....	40
Playground Size	41
Ground Covering.....	42
Fencing	43
Play Equipment and Surfaces.....	44
Fall Zones	45
Resilient Surfacing.....	46
Playground Maintenance Checklist	47
Site Plan Records.....	49
Site Plan Checklist	50

Playground Area Rules

The playground, just like the interior space, has specific requirements. The first requirement is that it should be adjacent to the facility (indicate location on your site plan). If not, a safe route to the playground must be approved by Bright from the Start: Georgia Department of Early Care and Learning. Children should not cross driveways or parking lots to reach their playground. Children less than 3 years of age may not pass through the rooms of older children to reach the playground. Children 3 years of age and older may not pass through younger children's rooms to reach the playground. The entrance to the center cannot be through the playground unless that passageway is fenced separately from the playground space.

Playground Size

Here are rules for calculating useable playground space:

- Child care learning centers are required to have 100 square feet of usable play space per child for each group using the play area at any one time.
- Child care learning centers with a capacity of 19 or more children must have enough playground space to accommodate at least 1/3 of the center's total licensed capacity.
- Child care learning centers with a capacity of 7 to 18 children must have enough playground space to accommodate the facility's total licensed capacity at one time.
- Document the exact dimensions of the playground in feet and inches on your plans.
- To obtain the square footage, multiply the length times the width of the playground. To determine the capacity, divide the total square footage by 100.
- If the playground is not uniformly shaped (i.e., square or rectangular), please measure it in segments.
- Remember to deduct any areas that subtract from useable space such as areas for storage buildings, swimming pools, and heating or cooling units.
- If the playground is divided into individual sections to accommodate individual age groups, each fenced area must comply with the rules.

Note: Please consider supervision when designing outdoor play areas. Children are not visible, and cannot be adequately supervised, on a playground that has hidden areas or on one that wraps around a portion of the building.

Ground Covering

- Choose from a variety of surfaces such as grass, wood chips, sand, etc.
- Hard surfaces, such as pavement or gravel, cannot exceed $\frac{1}{4}$ of the total outside surface. Therefore, your playground may not be constructed over concrete or asphalt without first removing this hard surface.
- The playground area must not contain any hazards, such as, but not limited to:
 - Uneven turf
 - Briars/thorny plants
 - Holes
 - Mushrooms
 - Exposed tree roots
 - Active ant beds
 - Rocks

Shade

- Shade may be provided by:
 - Trees
 - Equipment with shade coverings
 - Man-made structures (i.e., gazebos/canopies)
- Shade provided by your building cannot be the only source.
- Shade must be provided within each individually fenced area.

Fencing

- Provide at least a 4-foot-high fence around the play area.
- Fencing material must be non-hazardous, without any protruding metal or wires. The following are approved fencing materials, if they are at least 4 feet tall:
 - Chain Link (with closed, bent wire - no sharp points exposed along the top or the bottom)
 - Wooden (no gaps between boards, no splinters, no nail points or protruding nail heads)
 - PVC/plastic picket fence (gaps between pickets must be less than 3 1/2 inches)
 - Wrought Iron (gaps between rails must be less than 3 1/2 inches)
- Materials **not** approved: Barbed wire, chicken wire, farm wire (rectangular openings), lattice (plastic or wood)
- A fence must be installed to prevent a child from becoming injured or from leaving the play area by any other means than through an approved access route. The fence must be secured at the top and meet the ground and be secured at its base. Securing the base would prevent the entrance of rodents, etc.
- Any bolts used for installation should be turned toward the outside of the fence. If pointing inside, the bolts must be cut down to no more than two threads, then filed smooth or capped.
- Bolts and screws protruding from the playground entrance gate or from divider fences could present a hazard to children on either side.
- Any barrier other than fencing must be approved by the Department.
- The location of the gas meter and/or the heating and cooling equipment must be indicated on the site plan.
- The type of barrier/fence used to prevent children from coming into contact with this equipment must also be noted on the site plan.

NOTE: If barriers (i.e., landscape timbers, PVC pipe perimeters) are used on the playground to contain loose fill materials like sand/mulch, do not install the barriers close to the fence line as the height of the barrier would reduce the overall height of the fence. This can also create a gap (between the fence and the barrier) where children's feet can slip causing a potential injury.

Play Equipment and Surfaces

- Provide enough age appropriate outdoor play equipment to offer a variety of activities.
- Equipment must be in safe operating condition with no rusted, broken, or missing parts, and with no protruding nails or screws.
- Tires used for play must have holes bored in them so that water drains out.
- Specific requirements for swings and climbing equipment include:
 - Must be anchored securely in the ground.
 - Chain hooks on swings must be clamped tight.
 - Slides should be installed in shaded areas.
 - A resilient or bouncy surface such as wood chips, sand, mulch, or pea gravel must be provided underneath and in the fall zone.
 - The depth of the resilient surface is determined by the height of the equipment.
 - Six inches of resilient surface is required underneath and within the fall zone of equipment five feet or higher.
 - If the equipment is less than five feet in height, the required depth of the resilient surface is three inches.
 - Barriers may be needed to maintain loose fill materials at the proper depth (see note above regarding placement of barriers).
 - Any barrier, such as timbers or PVC pipes, built to contain the resilient surface must be installed outside of the fall zone of the equipment.
- If a synthetic material is to be used for the resilient surfacing, contact the Applicant Services Unit for approval of the material prior to installation. You will be required to provide testing specifications on the product you plan to install.
- It is important to develop a system to check the playground equipment and to measure the resilient surface regularly to ensure that both are maintained adequately.
- Safety or encroachment zones of at least 6 feet should be created between pieces of equipment as well as between the equipment and fencing.

Fall Zones

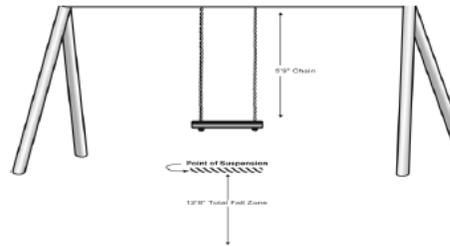
- Use zones (also called “fall zones”) should surround equipment by six feet on all sides in general. For swings, measure the height to the top of the swing bar; the use zone in front and behind swings will be two times that height (a seven (7) foot tall swing would have fourteen (14) foot use zone in front AND behind the swings). Use zones of stationary equipment may overlap if the equipment is six (6) feet apart and 30 inches high or less. If more than 30 inches high, overlap is allowed only if equipment is nine (9) feet apart. Slides great than six (6) feet high require an exit use zone equal to their height up to eight (8) feet.
- For more information please see the U.S. Consumer Product Safety Commission Public Playground Safety Handbook (Publication #325, November 2010) available at www.cpsc.gov

Resilient Surfacing

Height of Equipment	Depth of Surfacing Needed	Best Practices
Less than 3 ft	None, but on soft surface	9 inches if over 18 inches tall
3 ft – 5 ft	3 inches	At least 9 inches
Higher than 5 ft	6 inches	At least 9 inches

Swings fall zone should be in front of, behind, and on the sides of the structure

Example:
Chain = 5'9"
5'9" + 7' = 12'9" fall zone



Playground Maintenance Checklist

Date Checked	Repair or Removal Needed	Date Repaired or Removed	Instructions: <ul style="list-style-type: none"> • Check the entire playground at least once each week. • Train all personnel to be alert to playground hazards, and report them promptly. • Avoid the use of hazardous equipment until repaired.
Review Date	Review Date	Review Date	
			Are there at least six to ten inches of deep resilient ground cover (sand, pea gravel, wood chips, etc.) under all swings, merry-go-rounds, slides, and climbing equipment? Is the resilient surface compacted or out of place?
			Is the entire outside play area free of hazard, such as: <ul style="list-style-type: none"> • Poisonous plants • Glass • Trip hazards • Uneven turf • Exposed bricks/cinder blocks • Exposed concrete edges • Open grating • Slippery areas • Dead tree limbs • Briars/thorny plants • Exposed tree roots/rocks • Accessible sharp fence wire • Accessible woods • Inadequate clearance between equipment • Poor drainage areas • Ants/Bees/Spiders
			Are concrete supports of equipment sticking above the ground? Is equipment anchored securely?
			Are there outdoor equipment hazards such as: <ul style="list-style-type: none"> • Exposed nails/screws/nuts/bolts/pipes • Splintered/deteriorated wood • Open/deformed "S" or "C" hooks/ rings/links, etc. • Crush/pinch points • Areas of entrapment • Unprotected protrusions • Broken/missing steps/rungs/hand rails/handles/slides/ladders • Sharp edges • Broken seats/parts/equipment • Obstructions on slides • Equipment off track/unsecured to fulcrum • Frayed/broken ropes • Chipped/peeling paint • Worn swing hangers/chains • Broken supports/anchors • Bars/rungs/handholds stay in place when grasped; don't wobble/turn

			Are there openings that could trap a child's head? (Gaps should be less than 3½ inches or greater than 9 inches.)
			Are timbers rotting, splitting, termite infested, excessively worn, or splintering?
			Are portable toys such as tricycles and wagons in good repair? (No sharp edges, no cracked plastic, etc.)
			Are there protrusions on any equipment that can catch clothing?
			Are there crush points or shearing actions such as hinges of seesaws and undercarriages of revolving equipment that children could reach or touch?
			Are swing seats excessively heavy? Do they have protruding parts that could pierce or catch part of a child's clothing?
			Is the fence at least 4 feet high and in good repair? Can gates be secured? Any 4 inch gaps a child could squeeze through? Any sharp wires that could cut or scratch a child?
			Are there electrical hazards on the playground such as accessible air conditioners, switch boxes, or power lines?
			Do trees, grass, and shrubs need care/trimming?

Signature Of Person Conducting the Playground Check

Site Plan Records

Facility Type: Child Care Learning Center (CCLC) (7 or more children)

Applicant(s) Name _____

Contact Person _____

Address _____

Telephone Number(s) _____

Facility Name _____

Address _____

Telephone Number(s) _____

County _____

Instructions:

When preparing a drawing of your site plan, be certain that all items are shown on your plans and/or in the appropriate section of this checklist.

1. Submit two (2) copies of a site plan drawing to the Applicant Services Unit. These may be hand drawn or professionally prepared. One copy must be 8¹/₂" by 11" for the Bright from the Start: Georgia Department of Early Care and Learning file. A copy will be returned to you.
2. Submit a copy of this completed Site Plan Checklist.
3. Submit a self-addressed, stamped envelope, sufficient in size with adequate postage to receive a copy of your reviewed plans and checklist.
4. Applicant Services Unit will use the checklist to evaluate your plan using the following key:
 - **M** – Met
 - **NM** – Not Met
 - **NA** – Not Applicable
 - **D** – Discussion
 - **?** – Question/Further clarification needed

Site Plan Checklist

Office Use Only	Office Use Only	Office Use Only	Instructions: <ul style="list-style-type: none"> • Please draw/clearly indicate the following information marked with a <input type="checkbox"/> on your floor plan drawing. • Answer questions noted on each item. • Do not skip any item on this checklist. Write N/A if it does not apply.
Review Date	Review Date	Review Date	
			<input type="checkbox"/> Draw the location of parking for parents and staff. Assure that there is enough to accommodate staff vehicles and the peak arrival and departure times for the safe pick-up and delivery of children.
			<input type="checkbox"/> Draw the measurements of each playground and the age range of children that will use each playground. (Ex. 120 feet x 90 feet= 10,800 sq. feet) If more than one playground is planned, show each playground and designate each with a letter. Note: Facilities are not required to have separate play areas for all age groups. Refer to Applicant’s Guide for additional information. Give dimensions of any heating/cooling equipment areas on the playground. These should be fenced off from children’s access. Note: For child care learning centers with a capacity of 19 or more children, the total playground capacity must accommodate at least 1/3 of the center’s overall capacity. For child care learning centers with a capacity of 7 to 18 children, the playground capacity must match or exceed the center’s overall capacity.
			Are there any buildings or storage areas on the playground? ____ Yes ____ No <input type="checkbox"/> If yes, please draw the location on the plan and give measurements of the building. Are these buildings able to be locked? ____ Yes ____ No Is access blocked both beneath and behind the buildings? ____ Yes ____ No
			Is there a swimming pool (in ground or above ground) on site? ____ Yes ____ No <input type="checkbox"/> If yes, please draw the location on the plan and describe below the method used to make it inaccessible to children when not in use. (Example: Locked fence)
			<input type="checkbox"/> Draw the location of the playground in relationship to the building, and show the route children will use to safely reach the playground from each room. Note: In CCLCs with a capacity of 19 or more children, children less than 3 years old may not pass through older children’s rooms to reach the playground, nor may children ages 3 and older pass through the rooms of younger children.
			<input type="checkbox"/> Draw the location of the playground equipment (climbers, swings, sandboxes, slides, etc.). A variety of age-appropriate equipment for all children served must be provided.
			<input type="checkbox"/> Draw the location of fencing and the gates used to protect children from traffic and other hazards. Rules require the fence to be at least four feet in height. Fence must be constructed with non-hazardous material and must have no gaps between rails or posts that measure larger than 3 1/2 inches. Type of fence? _____ Height of fence? _____

		<p>Describe the type of ground covering that will be on the completed playground. (Examples: grass & mulch)</p> <p>Is there any concrete or asphalt beneath the grass/ground cover on your playground? ____ Yes ____ No</p> <p><input type="checkbox"/> Draw any paved or concrete surface areas on the plan. Show the measurements of paved or concrete surfaces.</p> <p>Note: Rules require hard surface to be limited to no more than 1/4 of the total outdoor play area.</p>
		<p>Shade will be provided on each playground by: _____</p> <p>Shade can be provided by trees, awnings, covered sandboxes, etc.</p> <p>Shade provided by the building cannot be the only shade.</p>
		<p>State below the type and depth of resilient surface used beneath and in fall zones of swings and climbing equipment (i.e., sand, wood chips).</p> <p>Note: The required depth beneath and in the fall zone for equipment less than 5 feet high must be at least 3 inches. For equipment 5 feet and higher, the required depth is at least 6 inches. Barriers may be needed to maintain the proper depth.</p> <p>Refer to the Applicant's Guide for distances required for fall zones, for resilient surface materials, and for depth requirements.</p> <p>Type _____ Depth _____</p>
		<p>Climbers and swings must be anchored. Describe below how you will do this, such as concrete footings.</p> <p>Note: Anchoring material must be securely covered.</p>
		<p>Is the gas meter and/or heating and cooling equipment located on the playground? ____ Yes ____ No</p> <p><input type="checkbox"/> If yes, please indicate the protective barrier to prevent children's access and draw the location of the equipment and barrier on your plan.</p> <p>Note: This barrier must be at least 4 feet high.</p>
		<p>Describe your specific plan for keeping the playground safe and the depth of the resilient surfacing material maintained. See Applicant's Guide for information about Playground Maintenance. (Plan for daily maintenance like measuring resilient surface and long-term work like grass cutting, adding resilient surface, painting equipment, etc.)</p> <p>A sample playground checklist form is found in the resource section.</p>

PLEASE DO NOT WRITE BELOW THIS LINE

OFFICE USE ONLY:

Approval is based on submission of written materials; final approval will be based on the on-site inspection.

SITE PLAN APPROVED
 SITE PLAN APPROVED WITH THE FOLLOWING STIPULATION(S)
 SITE PLAN NOT APPROVED- Address all items marked "NM" or "?" and return revised plan with this ORIGINAL checklist for review. Please include a large self-addressed, stamped envelope.

COMMENTS: _____

REVIEWED BY: _____ DATE: _____
 REVIEWED BY: _____ DATE: _____
 REVIEWED BY: _____ DATE: _____

Plans, Policies, Procedures & Checklists

- Definitions 53
- Guidelines for Creating Policies & Procedures..... 54
- Personnel Policies 56
- Employee Files..... 57
- Children’s Files 58
- Schedules 59
- Weekly Menu 60
- Emergency Plans 61
- Transportation..... 62
- Operation Plan Checklist 63

Definitions

The Operation Plan covers the day-to-day operation of your center. The following items and documents must be included in the Operation Plan.

Personnel Policies/Handbook: This is the handbook given to your staff and should cover all information in your policies and procedures as well as all requirements for your staff.

Policies and Procedures/Parent Handbook: This covers all information that your parents need to know about the day-to-day operation of the center and should be organized in an easily readable format that parents can turn to for answers about the type of services you will provide.

Schedules: Each classroom is required to have posted a daily schedule of age-appropriate activities that children are involved in at the center.

Menus: Menus are a required posted item and a sample menu for your center must be submitted.

Emergency Plans: Your parental policies and procedures may state that emergency plans have been developed and are posted for parent viewing. You must submit for review your step-by-step plans for each of the emergency situations listed on the operation plan checklist.

Transportation Plan: Written plan required for routine transportation or field trips.

Operation Plan Checklist: Please include your checklist in its entirety when submitting your operation plan materials for review.

Forms: Sample forms have been provided for many of the items required. Any forms that you will be using other than the sample forms provided by DECAL must be submitted for review.

Guidelines for Creating Policies & Procedures

Use this form for guidance in writing Center Policies and Procedures, which may also be used as your Parent Handbook. To create your Center Policies and Procedures, include the following information plus all items required in the operation plan checklist.

1. Ages of Children Served
2. Months of Operation
3. Days of Operation
4. Hours of Operation
5. Dates center is closed, (i.e., holidays, inclement weather, vacation closing, etc.)
6. Admission requirements, including parental responsibilities for supplying and maintaining accurate required record information and escorting child to and from the center
7. Standard fees, payment of fees, fees related to absences and vacations, and other charges such as insurance, transportation, etc.
8. Transportation provided, if any, must include procedures to be followed if no one is home or at the designated drop-off site to receive a transported child from school, home pickup/delivery, or special events such as dance lessons, swim lessons, etc. If no transportation is offered, this must be stated in the Center Policies and Parent Handbook so that parents will know.
9. Guidance and discipline techniques must include statement of general philosophy of classroom management, statement of discipline techniques to be used, and statement of disallowed discipline techniques as described in rules and regulations
10. Handling emergency medical care including place(s) the children will be taken for emergency medical care, identification of the facility's primary medical resource, and method used to transport the child to this location
11. Description of information required before administering medication and recording noticeable adverse reactions to the medication. Include times medication will be administered, how to obtain and complete the medication form, how long authorization is in effect (i.e., limited to no more than two weeks unless written authorization from the physician), and procedure for delivery and pickup of medication

Policies and procedures for notifying parents of child's illness, injury, exposure to a notifiable communicable disease; parents' responsibility to inform center of a communicable disease; exclusion of sick child with 101 degrees or higher oral temperature and any other symptom such as diarrhea, sore throat, etc.
12. Exclusion of children with communicable disease as defined in the chart of communicable diseases and their recommendation for re-admission (chart should be posted in the center)
13. Protection of children inside the facility in the event of severe weather and evacuation of the building in the event of fire, gas leak, bomb, and physical plant problems (i.e., describe the steps you will take to protect the children while in the center or on the vehicle. Note: The emergency plans for fire and severe weather should also be posted in the center.
14. Description of any special procedures to be followed in the caring for a child, including any special services, which the center agrees to provide to a child with special needs.

15. A description of the meals and snacks served; provisions for food provided by parents, and how exceptions, such as for allergies, or food from home, will be handled; description of food service
16. Written parental authorization for child to participate in field trips, special activities away from the center and water related activities occurring in water that is more than two feet deep, if the center participates in any such activity, and if the center is to provide routine transportation for the child to and from school, home or center, i.e., for field trips written permission of each trip, method of transportation for swimming activities include location, fees if any, equipment needed by children, certification of lifeguard.
17. Evidence of age-appropriate immunizations or a signed affidavit against such immunizations within 30 days of child's enrollment
18. Requirements to report any suspected child abuse, neglect, exploitation, or deprivation to the Department of Family and Children Services
19. Requirements to report any suspected case of notifiable communicable disease to the local county Health Department
20. If infant care is provided, policies and procedures on written feeding plan, which includes parents' instructions for feeding of formula or breast milk, updating of plan, provision of formula/breast milk bottles which are identified with child's name and current date, handling of leftover formula/breast milk, provision of baby food, provision of diapers, use of pacifier
21. Information on facility's safe sleep policy
22. Details if you want parents to provide articles such as combs, toothbrushes, sheets, covers, change of clothing.
23. Statement to inform parents of posted notices to include the license, copy of rules, review of evaluation report, communicable disease chart, statement of parental access, names of persons in charge, current weekly menu, emergency plans for severe weather and fire, and statement for visitors. If you have no liability insurance coverage for the children, you must post a notice alerting parents of this fact. There is a sample form for this.

Personnel Policies

The policies listed below are stipulated in the rules and should be included in your personnel policies/ employee handbook. This language can be copied word for word.

Contagious Diseases: Staff, or any other persons being supervised by the staff, shall not be allowed in the center who knowingly have, or present symptoms of a fever or diarrhea.

Smoking: Staff or other persons shall not smoke or use tobacco within the center premises, on the center playgrounds, or in any vehicle being used to transport children during the hours that the center is in operation. (Note: Current Fire Safety laws prohibit smoking on the premises of the child care center.)

Prohibited Substances: Staff, chaperons, and students in training shall not be under the influence of or consume alcohol, marijuana, or other controlled substances on the center premises during the hours of operation or any other time or place where there are children present for whom the center staff is responsible.

Assignment of employees: Staff with diaper changing responsibilities shall not be simultaneously assigned to kitchen food preparation duties.

Work Schedules: Staff shall not regularly be scheduled to perform child care duties for more than twelve (12) hours within any twenty-four (24) hour period.

Substitute Employees: The center shall provide for substitute staff when regular staff is absent from work. All substitute employees shall be at least eighteen (18) years of age. Substitute caregiver staff shall be informed of these rules and the center's policies for the age group for which they will be providing care. Substitute service staff shall be informed of the center's policies and procedures necessary to the proper performance of their job duties in compliance with these rules.

First Aid and CPR: At least fifty percent (50%) of the caregiver staff and the Director shall have current evidence of training in first aid and cardiopulmonary resuscitation (CPR). There must always be an employee with evidence of current First Aid training and CPR on the center premises whenever children are present, on any center-sponsored field trip, and on any center vehicle transporting children.

Employee Files

During your Initial Licensing Study, the following items must be in the center Director's file and in each center employee's file.

Application for Employment: There is a sample form for this. If not using the DECAL sample, make sure that **all** information on the sample is included on your application (i.e., questions about CPR and First Aid, information regarding whether the person has ever been investigated or charged with abuse, neglect, etc.). Make sure that **all** questions are answered and that staff do not leave any blanks.

Ten-Year Work History: There is a sample form for this. This should go back ten years, even if the person has not consistently worked for ten years (i.e., student, homemaker, unemployed). The ten year history should reflect what the person has been doing for the past ten years. If the person did not work between two jobs, have them write "no work" or "unemployed" so that the entire ten year period is covered.

Credential/Degree Verification: Effective December 1, 2012, a copy and/or written verification of the credential or degree awarded to Directors and lead teachers (see qualification requirements) must be on file.

Orientation: There is a sample form for this. This covers training prior to being placed in a classroom, and includes information regarding the center's rules, DECAL's rules and regulations, etc. The orientation training form must be signed and dated by the person(s) conducting the orientation as well as by the employee.

CPR and First Aid Verification: Must be geared towards infant/child (not adult only), and must include the date and signature of the instructor. Make sure that trainers are BFTS approved. A copy of this should be placed in each employee's file. **Note:** At least 50% of the caregiver staff are required to have this training at the point of licensure and ongoing. The Director and the person responsible for driving the vehicle are also required to have this training. If the driver does not have training, a certified person is required to be on the vehicle with them at all times.

Comprehensive Background Check (CBC): This is the criminal background and fingerprint check that all employees must undergo and pass. A copy of the satisfactory CBC report letter must be in each employee's file.

Any Additional Training: Sample forms are available to keep track of training. Directors are required to have the approved 40-hour Director's training prior to licensure.

Children's Files

The following items are to be in each file. Sample forms are provided in your Applicant's Guide. Please check all children's files that were under former ownership for completeness and accuracy. If you are changing enrollment applications over to your facility information, please complete all changes by date of initial licensing study.

Note: Children's files must be maintained for a period of one year after the child is no longer in care at the facility.

1. Enrollment Form: This should be completed prior to the children being left in your care. Make sure that all questions are answered and that no answers are left blank. Ask that parents not use NA. All questions are applicable and should be answered or have NO or NONE, (i.e., allergies).
2. Emergency Medical Authorization: Again, all questions must be answered, with NO answers left blank. The forms must be completed prior to the child being left in your care. Make sure that the Doctor's name and phone number are completed and readable.
3. Parental Agreement: This lists the services that you provide and what both you and the parent agree to. You may want to add information such as receiving, reading, and understanding the parent handbook to the list.
4. Parent Acknowledgement Page: Signed document which indicates that parents have been provided a copy of the facility's policies and procedures, have been encouraged to participate in facility activities, and have been told that they will be advised of their child's progress.
5. Parent Notice of No Liability Insurance: This lets parents know that you do not have liability insurance to protect their child in the event of an injury, etc. If you **do** carry this insurance, you do not need this form in children's files.

Other forms:

- Incident Report
- Infant Feeding Plan (a copy should also be kept in the child's assigned room)
- Authorization for Medication
- Vehicle Emergency Medical Information (a copy should also be kept on the vehicle)
- Transportation Agreement (a copy should also be kept on the vehicle)
- Field Trip Permission Form

Schedules

A daily schedule is required by the rules to be posted in each classroom. These schedules should be age-appropriate and individual to each classroom. One schedule is not appropriate for an entire center because children of different ages and abilities will require longer or shorter times for different activities.

Schedules should show all hours of operation, from the time the center opens until the time the center closes. Refer to your Application Part A to ensure the schedules match the hours of operation and the ages served.

Schedules are to include indoor and outdoor play; a balance of quiet and active periods; free choice and teacher-directed activities; individual, small group, and large group activities; and cover the seven interest areas—large muscle activities, small muscle/manipulative activities, language and reading, arts and crafts, dramatic play, rhythm and music, and science and nature. Schedules should reflect children's activities—not the caregivers' activities.

Schedules must also show the required amount of outdoor time. The rules require one and one-half hours of outdoor play daily for children ages 1 year and older, and one hour a day for infants.

Schedules must show snacks and meals, reflecting a minimum of 2 hours between each meal and snack.

Schedules for centers that provide care for school-age children must prepare a part-day schedule reflecting children's activities before and/or after school hours, and a full-day schedule will be required.

Weekly Menu

A weekly menu reflecting the meals and snacks served at the facility is required by the rules to be posted near the front entrance for parent viewing. Substitutions should be posted on the menu as they occur.

Your menu should include clearly identified food and drinks and fulfill required components and creditable food items described in the U.S. Department of Agriculture (USDA) guidelines.

Each meal and snack that is to be served is to be on your weekly menu.

If you are providing evening or night care, those meals and snacks should be reflected as well. Staff must follow the infant feeding plans completed by the parents for children under one year of age. The feeding plan should be updated by the parents each time the child's feeding requirements change.

If your center will serve catered food, a copy of the establishment's food service permit, as well as a copy of its most recent inspection report, should be submitted. You will still be required to post a menu which lists the catered food served.

If parents will be providing meals, the center must adhere to the "Criteria for Sack Lunches" memo (see Resource section of Applicant's Guide). Parents will be required to provide meals which meet USDA requirements, and the center will be required to maintain additional foods on hand to supplement children's meals as needed. The center must also adhere to the food preparation area requirements listed in the rules.

Emergency Plans

Each facility must have step-by-step procedures stating how emergencies are handled. Each item listed on the Operation Plan Checklist should be written out as a separate plan. When writing your emergency plans, your plans should be specific to your program and to your building.

- Start from the beginning of the emergency and continue until the emergency situation is over
- Make sure plans are step-by-step
- Give staff specific jobs
- Decide where you would go if you had to evacuate the building and grounds
- Ensure that your plans are usable by your staff
- Include reporting the incident to DECAL within 24 hours or the next business day after the incident.

Emergency plans should be developed for the following:

- Fire
- Severe Weather
- Loss of Heating
- Loss of Cooling
- Loss of Water
- Loss of Electricity
- Structural Damage to the Building
- Serious Injury to a Child
- Death of a Child
- Loss of a Child From the Facility
- Loss of a Child From a Field Trip
- Threatening Event
- Natural Disaster

Transportation

If the center provides transportation, a written transportation plan must be included with the operation plan and be a part of its Policies and Procedures. Also include written procedures for any alternate transportation used, such as contracted transportation.

Types of transportation plans to be included:

- Routine transportation
- Field trip transportation

Each transportation plan must include:

- Name of licensed driver and evidence of current driver's license
- Written transportation agreement with the parent
- List of children to be transported
- Checklist for the accounting of children
- Transportation record
- Vehicle emergency medical information
- Annual vehicle inspection form
- Evidence of First Aid and CPR training for the driver
- Field trip permission form

Operation Plan Checklist

Facility Type: Child Care Learning Center (CCLC) serving seven (7) or more children

The Operation Plan Checklist has been created from the rules and regulations for use as a guide in the development of the center's Operation Plan. Sample forms have also been created based on the rules and regulations and are included in the Resource Section of this Applicant's Guide.

If using the sample forms developed by DECAL, indicate this on the checklist by writing SF on the top of the page, rather than sending copies of the sample forms.

Sample forms are provided only for items starred (*). The center must develop its own forms for items that are not starred and submit a copy for review and approval.

Applicant(s) Name _____

Contact Person _____

Address _____

Telephone Number(s) _____

Facility Name _____

Address _____

Telephone Number(s) _____

County _____

Instructions:

1. Submit copies of forms and/or documentation to show compliance with each item listed below along with this checklist to the Applicant Services Unit. Keep one copy of the checklist and attachments for your files.
2. Submit a self-addressed, stamped envelope, sufficient in size with adequate postage to receive a copy of the evaluated checklist.
3. All items listed below should be represented on the operation plan, or answered on the checklist, which is attached to your plan. Applicant services Unit will use the checklist to evaluate your plan using the following key:
 - **M** – Met
 - **NM** – Not Met
 - **NA** – Not Applicable
 - **D** – Discussed
 - **?** – Question/Further clarification needed

Forms

Forms & Checklists	65
Staff Forms	66
Children’s Records	68
Policies and Procedures Manuals	72
Policies and Procedures Manuals Checklist	73
Staff Policies Handbook.....	75
Staff Policies Handbook Checklist	76
Schedules, Lesson Plans, and Menus	77
Schedules, Lesson Plans, and Menus Checklists	78
Emergency Plans	79
Emergency Plans Checklist	80

Forms & Checklists

This section includes a list of forms and records required for the daily operations of a child care facility and checklists of the required contents.

Sample forms are available in this document and on the DECAL website for use as guides.

If a center does not use the sample forms provided and develops its own form(s), please write SF next to each heading, and include a sample copy for review with the checklist.

For forms the center develops on its own, do not write in the gray boxes and do not send copies of the DECAL sample forms.

Staff Forms

A record must be established for each center staff person, including the Director. In some cases, the Director will also be the licensee. Submit the forms you will use to capture the required information listed below.

Write SF on the top of the document if you are using the Sample Form from the Applicant Guide for this item. Only items with a star (*) have sample forms.

Office Use Only	Office Use Only	Office Use Only	
Review Date	Review Date	Review Date	
			*Staff Application Form
			Must include the following:
			Name
			Date of Birth
			Current address
			Current telephone number
			Employment History (10 year)
			Education (Copies/written verification of credential/degree is required for Directors and lead teachers)
			Qualifying work experience (commensurate with position)
			Proof that staff members do not have a criminal record.
			<p>The following three (3) statements are also required on staff applications:</p> <ol style="list-style-type: none"> 1. Staff has never been shown by credible evidence, e.g., a court or jury, a department's investigation, or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application. 2. Applicant has not made any false statements on the application regarding qualifications. <ul style="list-style-type: none"> • Under the American with Disabilities Act of 1991, all programs are required to reasonably accommodate individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment testing, interviews, and actual employment, but only if the program supervisor is made aware that an accommodation is required. If job applicants are disabled and require accommodation, they may request it at any time during the interview process. They are obligated to inform the program Director of their needs, if they will impact their ability to perform the job for which they are applying. 3. Applicants have read the description of the position for which they are applying, and they are, in all respects, able to adequately perform the duties as described.

			<p align="center">* Staff Daily Attendance Form</p> <p>Forms for each employee must be kept by the center for a six-month period.</p>
			<p align="center">*Orientation Form</p> <p>Orientation must be conducted with new staff member prior to assignment to children or task. Such instruction shall require new staff member to be generally familiar with the health and safety requirements that are set forth in the specified sections for caring for children.</p>
			Forms used to document staff orientation must include:
			Center policies and procedures
			Emergency weather plans
			Employee's assigned duties and responsibilities
			Reporting requirements for suspected cases of: <ul style="list-style-type: none"> • child abuse, neglect, or deprivation • communicable diseases • serious injuries
			All rules and regulations
			Childhood injury control
			Rules and procedures for administering medicine
			Practices to reduce the risk of Sudden Infant Death Syndrome (SIDS)
			Hand washing
			Fire safety
			Water safety
			Prevention of HIV/Aids and blood borne pathogens
			Child care training requirements
			Signature and date of person conducting orientation
			Signature and date of person receiving orientation

Children's Records

A record containing the following information must be maintained for each child enrolled. Submit a sample of your form for approval. It must include the five (5) items listed below, if all are applicable.

During the licensure visit, the organization of records will be evaluated. Forms must be available for parents to complete.

If sample forms from the Applicant's Guide are used, write SF next to each item covered by that form.

Office Use Only	Office Use Only	Office Use Only	Children's Records Checklists
Review Date	Review Date	Review Date	
			*Child Enrollment Form
			The form must include the following:
			Identifying information about the child to include: <ul style="list-style-type: none"> • Name • Date of birth • Gender • Address • Living arrangement, if not with both parents • Name of guardian, if applicable • Name of school
			Identifying information about the parents or guardian to include: <ul style="list-style-type: none"> • Names of both parents • Name of guardian, if applicable • Home and work addresses • Home and work telephone numbers
			Name(s) and information about the person(s) to whom the child may be released. Such information shall contain: <ul style="list-style-type: none"> • The authorized person's address • Telephone numbers • Relationship to child and to parent(s) or guardian • Other identifying information
			Emergency contact information to include: <ul style="list-style-type: none"> • Name and telephone number of person(s) to contact in emergencies when the parent or guardian cannot be reached
			Evidence of age-appropriate immunizations or a signed affidavit rejecting such immunizations
			Primary care physician's or clinic's name and telephone number
			Statement regarding: <ul style="list-style-type: none"> • Known allergies or other physical problems • Mental health disorders or developmental disabilities which would limit the child's participation in the center's program and activities
			Description of any special procedures to be followed in caring for the child, including any special services which the center agrees to provide to a child with special needs.
			*Parental Agreements with Child Care Facility Form
			Signed agreement between the center and the parent to include:

			Description of general services to be provided by the center to the child, including whether the center is providing meals and snacks
			Description of the information that will be required from the parent before the center will dispense any medication and the parents' acknowledgment that they will provide all the necessary information
			Note: Policies must be implemented which require staff to match identifying information provided by the parents to the person picking up the child.
			<p style="text-align: center;">*Authorization for Medication Form</p> <p>If center will not dispense routine medication write NA on the form. The information on this form must match the information in the parent handbook. Include the following information:</p> <ul style="list-style-type: none"> • Date • Full name of the child • Name of medication • Prescription number, if any • Dosage • Dates medication is to be given • Time of day medication is to be dispensed • Signature of parent • Verification that medication was dispensed according to the parents' authorization, shall include: <ul style="list-style-type: none"> • Date, time, and amount of medicine given • Adverse reactions noted, if applicable • Signature/initials of persons administering the medication
			<p style="text-align: center;">*Report of Incident Requiring Professional Medical Attention Form</p> <p>This form must include:</p> <ul style="list-style-type: none"> • Child's name • Type of illness or injury • Date of illness or injury • Details of how illness or injury occurred • Names of staff present • Method of notifying parent • Services provided to the child
			<p style="text-align: center;">*Transportation/Field Trip Forms</p> <p>If transportation is not provided by the center, write NA on the top of this form and submit plan for emergency transportation. Form must include description of all transportation services provided from this list, include plans if none of the services are provided:</p> <ul style="list-style-type: none"> • Routine (school, home pick-up delivery, etc.) • Field trips • Contractual transportation services • Emergency only • Facility owned/leasing vehicle • Staff members' vehicle • Parents' vehicle • None provided (submit plan for emergency transportation, such as personal vehicle, ambulance/911)

			<p style="text-align: center;">*Transportation Agreement Form</p> <p>This form is required if the center will provide routine transportation for the child to or from school, home, or center. It is not required for field trips. The form must specify the following:</p> <ul style="list-style-type: none"> • Routine pick up location • Routine pick up time • Routine delivery location • Routine delivery time • Name of any person authorized to receive the child and the procedure to be followed if the authorized person is not present at the drop-off site to receive the child
			<p style="text-align: center;">*Transportation Record Form</p> <p>This form must include:</p> <ul style="list-style-type: none"> • A checklist for accounting for the loading and unloading of children at any location • The signature of person conducting the check • Facility's checklist including staff signature and date that the vehicle used for regular transportation is: <ul style="list-style-type: none"> • Clean • Free of hazards • In safe repair • Equipped with a recommended dry chemical, type 1a-10bc fire extinguisher, required first aid supplies, and functioning heater.
			<p style="text-align: center;">*Vehicle Emergency Medical Information Form</p> <p>This form must be placed in the vehicle for each child being transported by the center. For each child it must include:</p> <ul style="list-style-type: none"> • List of the child's allergies, special medical needs, and conditions • Current prescribed medications that the child is required to take daily for a chronic condition • Name and phone number of the child's doctor, the local medical facility that the center uses in the area where the center is located • Telephone numbers where the parents can be reached.
			<p style="text-align: center;">*Weekly Transportation Checklist for Accounting of Children Form</p> <p>This form must include this information for each child:</p> <ul style="list-style-type: none"> • Names of child transported • Pick up location • Pick up time • Delivery location • Delivery time • Length of time on the vehicle • Alternate delivery location if parent is not at home • Name of person to receive child • Identification of the center's <ul style="list-style-type: none"> • Name • Driver • Telephone

			<p>*Annual Transportation Vehicle Safety Inspection Certification</p> <p>You must submit a completed inspection form with Application Part B. This form must include verification of a satisfactory annual safety check of:</p> <ul style="list-style-type: none"> • Tires • Headlights • Horn • Tail suspension • Exhaust system • Steering • Windshield and windshield wipers
			<p>*Field Trip Permission Form</p> <p>*If field trips are not provided, write NA on this form. If trips are provided, this form must be completed and include:</p> <ul style="list-style-type: none"> • Name/address of the trip destination • Date of the trip • Time of departure • Estimated arrival time back at the center • Parent's signature and date of approval
			<p>*Transportation Training</p> <p>Child Care Learning Centers that provide any type of transportation shall obtain two (2) clock hours of transportation training, biannually, for the Director and for each staff person responsible for or who participates in the transportation of children. The training shall include, but is not limited to:</p> <ul style="list-style-type: none"> • A review of the transportation rules as stated in 591-1-1-.36 • A review of approved transportation forms and procedures • Instruction on the usage and completion of the forms and procedures
			<p>*Infant Feeding Plan Form</p> <p>This form is required for children under the age of 1 and must include:</p> <ul style="list-style-type: none"> • Amount of formula to be given • Instructions for the introduction of solid foods • Amount of food to be given • Notation of any type(s) of commercial premixed formula that may not be used in an emergency because of food allergies • Parent's signature and date
			<p>*Safety Drill Information Form</p> <p>Center must prepare and provide a copy of a form to be used to document drills for fire, tornado and other emergency situations.</p> <ul style="list-style-type: none"> • Fire drills must be conducted monthly • Tornado and other emergency situation drills must be conducted every six months • Document must show the dates and times of the drills • Document must be kept on file for two years

Policies and Procedures Manuals

This section provides instructions and a checklist for the program's written Policies and Procedures Manual. The Manual will also be the Parent Handbook given to parents during enrollment.

- All information that is included must be specific to your program.
- Please indicate on the checklist the page number (PG) where each item can be found in the Parent Handbook.
- No sample form is available for the Policies and Procedures for Parents section.

Policies and Procedures Manuals Checklist

Policies and Procedures must be written, because they govern the operations of the center. They should match Application Part A for the ages served, and the months, days, and hours of operation. Everything in this checklist table must be also be covered in the policy documents available to parents (i.e., Parent Handbook, Policy Manual). The information must be kept current, be available to parents, and show the page number where it's found in the Policy and Procedures Manual. Please indicate on the checklist the page number (**PG**) where each item can be found in the Parent Handbook.

Office Use Only	Office Use Only	Office Use Only	Policies and Procedures Required Information
Review Date	Review Date	Review Date	The information listed below must be included in the center's Policies and Procedures
			Ages of children served; should match information on Application A PG :
			Months of operation; should match Application A PG :
			Days of operation; should match Application A PG :
			Hours/time of operation; should match Application A PG :
			Days/times center is closed; including holidays PG :
			Description of enrollment and admission requirements specifying parents' responsibilities for: <ul style="list-style-type: none"> • Supplying & updating needed information to the center • Escorting the child to and from the center; PG:
			Fee and payment schedule that specifies <ul style="list-style-type: none"> • Standard fees • Fees related to absences and vacations • Other charges and fees, such as transportation and late fees; PG:
			Description of the facility's transportation and field trip services. <ul style="list-style-type: none"> • If transportation/field trips are not provided, clearly state in the document what forms of transportation will not be provided at the program • If a public school bus picks up and delivers to the facility, state it • If transportation is provided to or from school or home, include the details and procedures to be followed if no one is at drop-off site to receive child • If program offers field trips, tell parents what vehicle their child will ride in such as parent cars or center van PG:
			Description of behavior management and discipline actions used by the center. PG :
			Description of meals and snacks served, including guidelines for food brought from the child's home; should match Application A and the sample menu PG :
			Statement granting permission to the child's parents to access all areas in the facility used by the child. PG :
			Summary of child abuse reporting law requirements PG :
			Nondiscrimination statement PG :
			Description of center-sponsored religious/cultural activities, if any PG :
			Description of facility's safe sleep policy PG :
			Description of center's diapering procedures, if it is licensed for infant/toddler care; write N/A if not applicable PG :

			Description of center's toilet training procedures, if it is licensed for infant/toddler care; write N/A if not applicable PG:
			Description of center's feeding procedures, if it is licensed for infant/toddler care; write N/A if not applicable PG:
			Description of procedures for handling emergency medical care, including place(s) the children will be taken for emergency medical care PG:
			Description of procedures for administering medication and recording noticeable adverse reactions to the medication PG: <ul style="list-style-type: none"> • If the program will not administer routine medication clearly state it
			Description of procedures for how center will notify parents of: <ul style="list-style-type: none"> • Illness PG: <ul style="list-style-type: none"> • Clearly state that a child shall not be accepted nor allowed to remain at the center if the child has an oral temperature that is the equivalent of 101 degrees or higher and another contagious symptom, such as, but not limited to, a rash or diarrhea or a sore throat • Injury PG: <ul style="list-style-type: none"> • Include minor injuries that do not require professional medical attention • Include serious injuries that do require professional medical attention) • Exposure to a notifiable communicable disease, such as chicken pox PG: <ul style="list-style-type: none"> • Explain how and what form of communication center will use to notify parents that their child was exposed <ul style="list-style-type: none"> • Letter • Sign on door • Noticeable adverse reactions to prescribed medication(s) PG: • Policy on exclusion of sick children PG: • Protection of children during emergencies PG: <ul style="list-style-type: none"> • Stating that "emergency plans have been developed and are posted for parent viewing" is acceptable • Severe weather/tornado PG: • Fire PG: • Physical plant problems, such as power failure, that affects climate control or causes structural damage PG:

Staff Policies Handbook

Centers must prepare and provide a complete, organized copy of the Staff Policies Handbook. This section provides descriptions and a checklist of the items that must be included in a center's Staff Handbook.

Additionally, the Handbook can include information about other policies, such as dress code, time-off, and child care rate reductions.

Please indicate on the checklist the page number (PG) where each item can be found in the Staff Handbook.

Staff Policies Handbook Checklist

The following seven (7) policies are specified by the rules and must be included in the Policies and Procedures Manual and the Staff Handbook so that staff members are aware of them. Other information relevant to staff also can be included. Please indicate on the checklist the page number (PG) where each item can be found in the Staff Handbook.

For Office Use Only	For Office Use Only	For Office Use Only	Staff Policies Handbook Checklist
Review Date	Review Date	Review Date	
			Hygiene/ Contagious Diseases Staff, or any other persons being supervised by the staff, shall not be allowed in the center that knowingly have, or present symptoms of a fever or diarrhea. PG:
			Tobacco Use/Smoking Staff, or other persons, shall not smoke or use tobacco within the center premises, on the center playgrounds, or in any vehicle being used to transport children during the hours that the center is in operation. PG:
			Alcohol/Illegal Drugs/Prohibited Substances Staff, chaperones and students in training shall not be under the influence of or consume alcohol, marijuana, or other controlled substances on the center premises during the hours of operation or any other time or place where there are children present for whom the center staff is responsible. PG:
			Diapering Area Rules/Hygiene Practices Staff with diaper changing responsibilities shall not be simultaneously assigned to kitchen food preparation duties. PG:
			Staff Work Schedules Staff shall not regularly be scheduled to perform child care duties for more than twelve (12) hours within any twenty-four (24) hour period. PG:
			Substitute Staff The center shall provide for substitute staff when regular staff is absent from work. All substitute employees shall be at least eighteen (18) years of age. Substitute caregiver staff shall be informed of these rules and the center’s policies for the age group for which they will be providing care. Substitute service staff shall be informed of the center’s policies and procedures necessary to ensure the proper performance of their job duties in compliance with these rules. PG:
			Staff First Aid and CPR Training At least fifty percent (50%) of the caregiver staff shall have current evidence of first aid training and cardiopulmonary resuscitation. There must always be an employee with current evidence of first aid training and CPR on the center premises whenever children are present and on any center-sponsored field trip. PG:

Schedules, Lesson Plans, and Menus

This section covers a program's daily schedules, classroom lesson plans, and menus. The content must be specific to the program. There are sample forms for use as templates. Centers must complete the sample forms to reflect the plans for developmentally appropriate activities, schedules, and menus accurately, and submit them for review and approval.

Daily Schedules: Please provide a daily schedule for each classroom in the facility, including a full-day after-school schedule, a half-day after-school schedule, and an infant schedule.

The full day after-school schedule must cover the times children attend the program when they are out of school for holidays and during spring/summer breaks.

Outdoor Play Schedules: Please ensure that outdoor play times allow for each classroom to meet the minimum time required by the rules, without overcrowding the playground. Therefore, programs with limited playground space must ensure that outdoor times are staggered so that the playground capacity is not exceeded by having multiple classrooms outside at the same time.

Lesson Plans: Please provide a sample lesson plan for each age group in the program. This will include a full-day after-school lesson plan, a half-day after-school lesson plan, and an infant lesson plan. If there are multiple classrooms with children of the same ages, please submit one lesson plan for that age group—if each room will be doing the same activities.

Menu: Please use the sample meal planner form provided. Complete and submit it with sample menu of foods to be served for one full week. Be sure to meet all required components for each meal and snack. The submitted sample menu must include the meal times that are indicated in the center's Parent Handbook and on Application Part A, such as breakfast, morning snack, lunch, and afternoon snack.

Schedules, Lesson Plans, and Menu Checklists

For Office Use Only	For Office Use Only	For Office Use Only	Schedules, Lesson Plans & Menu Checklist
Review Date	Review Date	Review Date	
			Daily Schedules
			Submit daily schedules for all classrooms and all ages served, beginning when center opens and ending at time center closes. Information must match times listed on Application Part A for opening and closing. They must include:
			<ul style="list-style-type: none"> • Age-appropriate activities for all hours of operation, from center opening until closing. Schedules are to include a balance of quiet and active periods, free choice and teacher-directed activities, large and small muscle activities, language experiences, arts and crafts, dramatic play, rhythm and music, and nature and science experiences.
			<ul style="list-style-type: none"> • Required amount of outdoor play: <ul style="list-style-type: none"> • One-and-a-half hours for one year and older. • At least one hour for children under one year. Ensure that groups rotate appropriately so that playgrounds are not over capacity.
			<ul style="list-style-type: none"> • At least two hours required between meals and snacks
			<ul style="list-style-type: none"> • Part-day/full-day schedules for school age, if applicable. <ul style="list-style-type: none"> • Half-day schedule for after-school • Full-day schedule for summer or holidays when children are present all day
			Lesson Plans
			Submit samples of completed lesson plans for each age group that:
			<ul style="list-style-type: none"> • Represent a daily planned program of varied and developmentally appropriate activities that promote the following areas of development: <ul style="list-style-type: none"> • Physical development (fine & large motor) • Emotional and social development • Language and literacy development • Cognitive development
			<ul style="list-style-type: none"> • Show that staff members use a variety of teaching methods to accommodate the needs of children with different learning styles and abilities, such as knobbed puzzles, chunky paint brushes, and diverse types of materials to meet various physical abilities.
			Weekly Menus
			Submit menus that include:
			<ul style="list-style-type: none"> • Clearly identified, specific food items and drinks, such as apple, orange, or banana—not just “fruit”; vegetable, chicken noodle, or tomato soup—not just “soup.”
			<ul style="list-style-type: none"> • Required components and creditable food items, drinks, and quantities described in USDA guidelines. Refer to Applicant Guide and use the meal planner form to meet USDA guidelines, for example meat/protein, bread, milk, and 2 vegetables or 1 fruit and 1 vegetable for lunch.
			<ul style="list-style-type: none"> • Morning snack, lunch, afternoon snack, and any other meals or snacks served.

Emergency Plans

This section covers instructions, content, and checklists for a program's Emergency Plans covering these nine (9) required categories:

- Fire
- Tornado/Severe Weather
- Serious Injury/Death
- Loss of Child
- Bomb Threat
- Chemical or Radiation Exposure
- Presence of Dangerous Person
- Relocation Procedures Following Emergencies
- Communication with Families During Emergencies
- Plans for Continuing Operation Following Emergencies

The plans must be written and specific for the program. No sample forms are available. Write them now, train staff with them, and use them as reference when an emergency happens.

The emergency plans for fire and severe weather must be posted on the parent information board near the entrance to the building. If they are also provided in your Policies and Procedures document, they should be the same.

Please make sure the plans for each area are specific and complete. They should cover the plan from the beginning of the emergency until the end. They should list the responsible parties for each action, for example:

- The Director will pull the fire alarm
- Each lead staff will grab their classroom roster, etc.

Emergency Plans Checklist

Written plans for emergency situations should be detailed and specific to your center. You will write them now, train your staff with them, and use them as a reference when an emergency happens.

These should include step-by-step procedures to include graphics and written procedures for the following:

Office Use Only	Office Use Only	Office Use Only	Emergency Plans Checklist
Review Date	Review Date	Review Date	
			Fire and Building Evacuation
			Tornado/Severe Weather , including protection inside the building
			Physical Plant Problems , including: ___ loss of heating ___ loss of cooling system ___ loss of water ___ loss of electricity ___ structural damage ___ place(s) children may be taken in emergency until parents can be notified, if applicable
			Child Serious Injury or Death
			Loss of Child who wanders away from facility or on field trip
			Bomb Threat
			Chemical or Radiation Exposure
			Dangerous Person
			Relocation Procedures Following Emergencies , including ___ transporting infants and toddlers ___ transporting children with disabilities ___ transporting children with chronic medical conditions
			Communication with Families During Emergencies , including ___ plans to reunite if unable to return to the center
			Plans for Continuing Operation Following Emergencies if unable to return to the center for a period of time

OFFICE USE ONLY: PLEASE DO NOT WRITE BELOW THIS LINE

Operation Plan approval is based on submission of written materials. Final approval will be based on the on-site inspection.

- PLAN APPROVED
- PLAN APPROVED WITH THE FOLLOWING STIPULATIONS
- PLAN NOT APPROVED: Address all items marked NM or ? Return revised plan & applicable forms with this original checklist and a self-addressed, stamped envelope

COMMENTS: _____

REVIEWED BY: _____ **DATE:** _____
REVIEWED BY: _____ **DATE:** _____
REVIEWED BY: _____ **DATE:** _____

License Application Part B

License Application Part B Checklist.....	82
License Application Part B	83
License Fees	86
Staff Profile Form.....	87

License Application Part B Checklist

Please include the following information on all application materials:

Applicant's Name: _____

Facility Name: _____ **County:** _____

Check off as you obtain each of the following to be sent in:

- ___1 Completed Application Part B with correct name, address, signatures (Note: Should match information on Application Part A)
- ___2 Completed vehicle inspection (Sample form included in the Applicant Guide) Date _____
- ___3 Proof of completion of transportation training for Director and all staff assisting with the transportation of children Date _____
- ___4 State Fire Marshall's (404-656-0659) report showing the recommendation for a certificate of occupancy (CO) Date _____ Limit _____ (dated within past 12 months)
- ___5 Building Inspector's Report or Certificate of Occupancy or Letter stating you have met the building codes for your city or county or Letter stating that your city or county does not have building codes Date _____ Limit _____ (dated within past 12 months)
- ___6 Results of Criminal Background Check on Director and all staff (**Clearances must be dated within the past 12 months**) (Minimum of three staff required)
- ___7 Map or directions to the Child Care Learning Center
- ___8 Confirmation of water and sewer service (Copy of the bill accepted) Date _____
- ___9 If there is no city water and sewer service, confirm water approval and septic tank capacity by attaching written verification from health department of the number of persons the septic tank can accommodate Date _____ Limit _____
- ___10 Certificate of Completion of a Department-approved 40-hour Director's training course
- ___11 If food is catered:
 - a. A copy of food service permit; and
 - b. Copy of current health inspection with graded score
- ___12 Copy of Director's Application for qualifications (Director's employment application)
- ___13 Copy of Director's educational credential (i.e., copy of Degree, CDA, etc.)
- ___14 Completed Initial Licensing Study Staff Profile Form listing all staff ready for operation (Note: Sample form included in Part B section of Applicant's Guide)
- ___15 Proof of Zoning (This should have been submitted with Application Part A unless you have been in the application process for over 1 year)

License Application Part B



BRIGHT FROM THE START
Georgia Department of Early Care and Learning
2 Martin Luther King Jr. Drive, SE
Suite 670, East Tower
Atlanta, Georgia 30334
www.decal.ga.gov

License Application Part B

License or Commission (Check one):

Child Care Learning Center: _____ License _____ Commission

TO: Bright from the Start: Georgia Department of Early Care and Learning

Applicant Information

Name of Corporation/LLC/Individual,
Government, Unincorporated Association,
General Partnership, Limited Partnership

Mailing Address (City/Zip) (County)

Daytime Telephone Number

Facility E-mail Address

Director Information

Title (First, MI, Last Name)

(Social Security Number)

Facility Information

Name of Center

Site Address (City/Zip) (County)

Facility Telephone Number

Date of Birth

E-mail address

*Attach results of your Comprehensive Background Check

*Answer these questions:

Have you ever been involved in legal proceedings in which issues were raised regarding the care and treatment of your own children or any children for whom you were responsible?

Yes No

*If yes, please attach a statement providing:

- dates
- name and location of the court involved
- outcome of the proceedings
- a detailed description of the alleged facts giving rise to the court proceeding

Please answer Yes or No to the following questions:

Is the facility currently operating? Yes No

The responses to these questions will certify that applicant has met all applicable rules.

- Y N 1. All plans have been submitted and approved by local building and the governing fire safety authorities and DECAL's Child Care Learning Center Licensing Department. Verification of plans for approval for building and fire are attached. If there are no local building ordinances, attach a written statement from the local government official stating no building ordinances are needed for your location.
- Y N 2. Construction of outdoor areas have been completed according to my approved site plans and all work has been completed.
- Y N 3. I have taken all actions as outlined in my approved floor plans and all work has been completed.
- Y N 4. Zoning- If there is no ordinance, attach a written statement from the local government official confirming that no zoning ordinance is required for your location. (N/A if you have already submitted this with Application Part A.)
- Y N 5. Vehicle Inspection Form is included.
- Y N 6. Water approval, from Health Department if other than city/county is included.
- Y N 7. Sewer approval, from Health Department if other than city/county is included:
Septic Tank Capacity _____ (attach written verification from Health Department)
Approved for _____ # of Persons
- Y N 8. Fire Inspection including certificate of occupancy or written approval from governing fire safety agency is included.
- Y N 9. Caterer's Food Inspection Permit (if applicable) and copy of current inspection report are included
- Y N 10. Satisfactory Comprehensive Background Check results on all employees from COGENT Livescan and all were completed within the past 12 months.
- Y N 11. A completed Initial Licensing Study Staff Profile form is attached.
- Y N 12. Child care rooms are equipped with furniture and toys as required.
- Y N 13. I have posted all required written items in the front entrance of the child care facility.
- Y N 14. The outdoor play space is equipped and the correct area and depth of surfacing is in place.
- Y N 15. Certificate of completion for the 40-Hour Director's Training course is attached and director's education credentials are attached.

False or misleading statements made on any part of the application shall void this application and lead to the denial or revocation of a license issued on the basis thereof. I/We hereby apply for a license. I/We understand and agree to the above statements and agree to submit a copy of the bill of sale.

Signature of Name of Corporation/LLC/Individual, Government,
Unincorporated Association, General Partnership, Limited Partnership

Signature of Director (if different)

Signature of Name of Corporation/LLC/Individual, Government,
Unincorporated Association, General Partnership, Limited Partnership

Date

License Fees

The Georgia Legislature passed House Bill 1055, which requires annual fees for applications for licensure or commission as a Child Care Learning Center. Under that law, the license fee must be submitted before DECAL will issue a program's official license.

Specifically, the license fee must be paid after the Initial Licensing Study has been conducted and within 30 calendar days of the Permission to Operate being issued. **Failure to pay the license fee required under law will result in revocation of that license to operate the child care center.** License fees are non-refundable.

The following fees apply, based on a facility's anticipated capacity:

Facility Capacity	Fee Amount	Late Fee Amount
Fewer than 25 children	\$50.00	\$25.00
26 to 50 children	\$100.00	\$50.00
51 to 100 children	\$150.00	\$75.00
101 to 200 children	\$200.00	\$100.00
201 or more children	\$250.00	\$125.00

Payments can be made online through www.decalkoala.com once a KOALA account is set up, or by mailing a money order or certified check, payable to Bright from the Start: Georgia Department of Early Care and Learning to:

Bright from the Start: Georgia Department of Early Care and Learning
2 Martin Luther King Jr. Drive SE, 670 East Tower
Atlanta, Georgia 30334

Staff Profile Form

Initial Licensing Study Staff Profile Form

NAME OF CENTER _____

ADDRESS _____ CITY & ZIP _____ COUNTY _____

TELEPHONE NUMBER _____ DIRECTOR _____ TOTAL STAFF _____

DAYS/HOURS OF OPERATION _____

PERSONNEL INFORMATION				INFORMATION ON FILE? Check if Yes					QUALIFICATIONS Check If Met or Explain in Last Column				TRAINING/DRIVER INFO			
NAME	Date Hired	Job Title	Birth Date	SSN	Address	Phone	10 Yr. Work History	Completed Orientation	CRC	Not on Sex Offender Registry	Education Attained / Work Experience	Qualifying Statement	40-hour Director's Training (NA if not applicable)	CPR Date	First Aid Date	Driver License Number / Class / Expiration Date

Sample Forms

Sample Forms Directory	89
Sample Staff Forms	90
Sample Children’s Record Forms	97
Sample Food Service Forms	107

Sample Forms Directory

Sample Staff Forms	90
Staff Application	91
10-Year Employment History	92
10-Year Employment History	93
Documentation of Center Orientation	94
Daily Staff Attendance Record.....	95
Additional Staff Policies & Procedures.....	96
Sample Children’s Record Forms	97
Sample Children’s Enrollment Form	98
Emergency Medical Authorization	100
Parental Agreement with Child Care Facility	101
Safe Sleep Practices Policy	102
Medication Authorization	103
Infant Feeding Plan.....	104
Daily Attendance/ Arrival & Departure Record	105
Required Report of Incident.....	106
Sample Food Service Forms	107
Food Service Rules	108
USDA Meal Standards	109
Weekly Menu Forms	110
Manual Dishwashing Guidelines – Chemical Method	112
Criteria for Sack Lunches	113
Meal Pattern Resources	114

Sample Staff Forms

Staff Application.....	91
10-Year Employment History	92
10-Year Employment History	93
Documentation of Center Orientation	94
Daily Staff Attendance Record.....	95
Additional Staff Policies & Procedures	96

Staff Application

(Center Name)

DATE _____

POSITION DESIRED _____

DATE AVAILABLE _____

INTERVIEWED BY _____

NAME (FIRST) (MIDDLE) (LAST)

SPOUSE'S NAME _____

HOME ADDRESS _____

PHONE NUMBER _____

SOCIAL SECURITY NUMBER _____

(Circle One)

If you are under age 18, can you submit a work permit if hired? YES NO

If you are not a US citizen, do you have a VISA to work in the US? YES NO

If yes, what kind of Visa classification do you have?

Visa Registration Number: _____ Expiration Date _____

Has bond or security clearance ever been denied and/or canceled? YES NO

If yes, please explain:

EDUCATION (Attach documentation of qualifying education)

PLACE

DATES

DIPLOMA, CERTIFICATE,
DEGREE

SECONDARY

--	--	--

COLLEGE

--	--	--

OTHER

--	--	--

Experience with groups of children? YES NO

If yes, list below. Indicate ages of children, your duties, dates of time you worked in this position, reasons for leaving.

10-Year Employment History

Please list employment history for the past 10 years, beginning with your most recent/last employer. If you have been unemployed during any time within the past ten years, list how you spent your time, e.g., student, housewife, unemployed, etc. If you need additional space, please use separate employment history form.

MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION
FROM		
TO		
FROM		
TO		
FROM		
TO		
FROM		
TO		
FROM		
TO		
FROM		
TO		

Have you attended/completed any child care training courses? YES NO
 Do you have a criminal record? YES NO
 If yes, explain: _____

Have you ever been shown by credible evidence, e.g., a court order or jury, a department's investigation or other reliable evidence to have abused, neglected, or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct? YES NO

Under the American with Disabilities Act of 1991, this program is required to reasonably accommodate individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment testing, interviews and actual employment, but only if the program supervisor is made aware that an accommodation is required. If you are disabled and require accommodation, you may request it at any time during the interview process. You are obligated to inform the program Director of your needs if it will impact your ability to perform the job for which you are applying.

Having read the job description for the position for which you are applying, are you in all respects, able to adequately perform the duties as described? YES NO
 If no, please explain _____

Do you have a valid driver's license? YES NO
 If yes, give license number and class of license: _____

Have you had CPR training within the past two years? YES NO
 If yes, give expiration date: _____

Have you had first aid training within the past three years? YES NO
 If yes, give expiration date: _____

Georgia Department of Early Care Learning requires annual child care training, are you willing to participate? YES NO

I certify that all information on this application is correct. I have not given any false statement concerning my qualification requirements.

SIGNATURE _____ DATE _____

10-Year Employment History

Social Security Number _____

Name _____

Address _____

Please list all jobs for the past 10 years, beginning with your current or most recent employer. If unemployed between 2 jobs/dates, write "no work". Leave no gaps.

MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM:			
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Documentation of Center Orientation

(Conducted prior to assignment to children or task and to be placed in each employee's file)

Employee's Name _____ Date of Employment _____

Employee received center orientation in the following:

Facility's Policies and Procedures

Review of State's Health and Safety Requirements regarding:

- 1. Operations, health, safety, activities
- 2. Physical environment and equipment
- 3. Emergency situations
- 4. Food service and nutrition

Employee's Assigned Duties and Responsibilities

Reporting Requirements for:

- 1. Suspected Child Abuse, Neglect, or Deprivation
- 2. Communicable Diseases
- 3. Serious Injuries
- 4. Missing/Lost Children

Emergency Preparedness Plans

Childhood Injury Control

The Administration of Medication

Reducing the Risk of Sudden Infant

Death Syndrome (SIDS)

Hand Washing

Fire Safety

Water Safety

Prevention of HIV/Aids and blood borne pathogens

Approved Child Care Training Requirements

Other (list below)

Signature of Person Providing Orientation

Signature of Employee Receiving Orientation

Date

Date

Additional Staff Policies & Procedures

A page devoted to these additional staff policies and procedures must be added to the Staff Policies/Staff Handbook.

Hygiene/Contagious Diseases: Staff or any other persons being supervised by staff, shall not be allowed in the center that knowingly have, or present symptoms of, a fever or diarrhea.

Prohibited Substances/No Smoking: Staff, or other persons, shall not smoke or use tobacco within the center premises, on the center playgrounds, or in any vehicle being used to transport children during the hours that the center is in operation.

Prohibited Substances/Alcohol and Illegal Drugs: Staff, chaperones, and students in training shall not be under the influence of or consume alcohol, marijuana, or other controlled substances on the center premises during the hours of operation or any other time or place where there are children present for whom the center staff is responsible.

Diapering Areas and Practices/Hygiene: Staff with diaper changing responsibilities shall not be simultaneously assigned to kitchen food preparation duties.

Staff/Work Schedules: Staff shall not be scheduled to perform child care duties for more than twelve (12) hours within any twenty-four (24) hour period.

Staff/Substitute Employees: The center shall provide for substitute staff when regular staff is absent from work. All substitute employees shall be at least eighteen (18) years of age. Substitute caregiver staff shall be informed of these rules and the center's policies for the age group for which they will be providing care. Substitute service staff shall be informed of the center's policies and procedures necessary to the proper performance of their job duties in compliance with these rules.

Staff/First Aid and CPR: At least fifty percent (50%) of the caregiver staff shall have current evidence of first aid training and cardiopulmonary resuscitation. There must always be an employee with current evidence of first aid training and CPR on the center premises whenever children are present and on any center-sponsored field trip.

Sample Children’s Record Forms

Sample Children’s Enrollment Form.....	98
Emergency Medical Authorization	100
Parental Agreement with Child Care Facility.....	101
Safe Sleep Practices Policy	102
Medication Authorization	103
Infant Feeding Plan.....	104
Daily Attendance/ Arrival & Departure Record.....	105
Required Report of Incident.....	106

Sample Children's Enrollment Form

Entrance Date _____ Withdrawal Date _____

Child's Name _____ Sex _____ Age _____ Date of birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Home Phone Number _____

Father's Name _____ Home Phone _____

Father's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____ Zip _____

Mother's Name _____ Home Phone _____

Mother's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____ Zip _____

Child's Living Arrangements: (check one) () Both Parents () Mother () Father () Other

Child's Legal Guardian(s): (check one) () Both Parents () Mother () Father () Other

The child may be released to the person(s) signing this agreement or to the following:

*Name _____ Address _____
Street-City-State-Zip

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

*Name _____ Address _____
Street-City-State-Zip

Phone _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name _____ Phone(s) _____

Name _____ Phone(s) _____

Name _____ Phone(s) _____

Name of Public or Private School child attends, if any: _____

Child's Doctor or Clinic Name _____

Doctor/Clinic Phone _____

My child has the following special needs _____

The following special accommodation(s) may be required to meet my child's needs most effectively while at the center: _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____

Emergency Medical Authorization

Should _____, _____
Child's Name Date of Birth

suffer an injury or illness while in the care of _____
Facility Name

and the facility is unable to contact me (us) immediately, facility shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian: _____

Signature

Date: _____

Facility Administrator/Person-In-Charge _____

Signature

Date: _____

Parental Agreement with Child Care Facility

The _____ agrees to provide day care for
Facility Name
_____ from _____ to _____
Name of Child Month Month
on _____ to _____, _____ a.m. to _____ p.m.
Day of Week Day of Week Time Time

My child will participate in the following meal plan (circle applicable meals and snacks):

Breakfast
Morning Snack
Lunch
Afternoon Snack
Evening Snack
Dinner
Bedtime Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes:

- Date
- Name of child
- Name of medication
- Prescription number, if any
- Dosages
- Date and time of day medication is to be given

Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans, and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The _____ agrees to obtain written authorization from me before my child
Facility Name
participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I am not available. I have received a copy and agree to abide by the Policies and Procedures for _____
Facility Name

I understand that the center will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: _____ Date: _____
Parent/Guardian

Signed: _____ Date: _____
Facility Administrator/Person-In-Charge

Safe Sleep Practices Policy

Child's name: _____ Date of birth: _____

Parent/Guardian Name: _____

Safe Sleep Practices/Policies: _____

1. Infants will be placed on their backs in a crib to sleep unless a physician's written statement authorizing another sleep position for that infant is provided. The written statement must include how the infant shall be placed to sleep and a time frame during which the instructions are to be followed.
2. Cribs shall be in compliance with CPU and **MTV!** safety standards. They will be maintained in good repair and free from hazards.
3. No objects will be placed in or on the crib with an infant. This includes, but is not limited to, covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.
4. No objects will be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors, and mobiles.
5. Only sleepers, sleep sacks, and wearable blankets provided by the parent/guardian and that fit according to the commercial manufacturer's guidelines and will not slip up around the infant's face may be worn for the comfort of the sleeping infant.
6. Individual crib bedding will be changed daily, or more often as needed, according to the rules. Bedding for cots and mats will be laundered daily or marked for individual use. If marked for individual use, the **sheemkovers** must be laundered weekly or more frequently if needed. This facility will adhere to the following practice: _____.
7. Infants who arrive at the center asleep or fall asleep in other equipment, on the floor or elsewhere, will be moved to a safety-approved crib for sleeping.
8. Swaddling will not be permitted, unless a physician's written statement authorizing it for a particular infant is provided. The written statement must include instructions and a time frame for swaddling the infant.
9. Wedges, other infant positioning devices, and monitors will not be permitted unless a physician's written statement authorizing their use for a particular infant is provided. The written statement must include instructions on how to use the device and a time frame for using it.
10. I acknowledge that the Director or designee has advised me of the facility's safe sleep practices.

Signature _____ Date _____

Infant Feeding Plan

Child's Full Name _____ Date _____ Birth Date _____

Does child take bottle? Yes No
 Is the bottle warmed? Yes No
 Does the child hold own bottle? Yes No
 Can the child feed self? Yes No

Does the child eat: (Check all that apply)
 Strained foods Whole milk
 Baby foods Table foods
 Formula Other
 Breast Milk

What type of formula used? _____
 Amount of formula/breast milk to be given? _____

Updated amounts of formula/breast milk:

Amount:	Date:

Does the child take a pacifier? Yes No If yes, when? _____

Food likes _____

Dislikes _____

Allergies? (Include any premixed formula) _____

FORMULA/BREAST MILK		
Time	Amount	Type

FOOD		
Time	Amount	Type

Instructions for the introduction of solid foods _____

List updated instructions regarding adding new foods or other dietary changes as needed _____

Parents' Signature _____

Date _____

Daily Attendance/ Arrival & Departure Record

Rule 591-1-1-.08(o-p) covering Attendance & Arrival/Departure Records requires that a child's daily attendance and arrival and departure records for the twelve (12) preceding months must be maintained.

Facility name: _____

Classroom / Ages served: _____

Date: _____

Staff Name	Sign-in	Sign-out	Sign-in	Sign-out

Child's Name	Birthdate	Age	Arrival Time	Parent/Guardian Signature	Departure Time	Parent/Guardian Signature	Notes on Daily Attendance:
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
Total							

KEY: X-Absent / T-Transition to another Room (attendance in other room must be recorded on the record for that room)

Required Report of Incident

Rule 591-1-1-.29 for Child Care Learning Centers requires that any death, serious injury requiring hospitalization or professional medical attention, or any situation where a child becomes missing while in care must be reported to DECAL **within twenty-four (24) hours** or the next business day following the reportable situation.

Name of Facility/Provider _____ Phone _____

Address _____

City _____ County _____

Name of Child _____ DOB _____ Sex _____

Name of Parent/Guardian of Child _____

Address _____

Work Phone _____ Home Phone _____ Cell Phone _____

Date, Place and Time of Incident _____ (am/pm)

Describe the activity the child was engaged in at the time of the incident _____

Name(s) of staff present at the activity _____ Total # staff/children present _____

Name(s) of other witnesses _____

Parent/Guardian Notified Yes No Time Notified _____ Method of Notification _____

When did child receive professional medical attention? NA _____

Name of facility/physician that provided medical care. NA _____

Describe medical attention/care/steps to locate child by facility _____

Describe care provided by medical facility/physician NA _____

Describe the child's injury NA _____

Does the child remain enrolled in the facility? Yes No

Describe action(s) taken to prevent reoccurrence _____

Additional Comments _____

Signature of Director/Provider _____ Date _____

(Make 2 copies of this form: copy #1 to child's record; copy #2 to consultant)

Signature of Parent/Guardian _____ Date _____

Signature of Staff Person _____ Date _____

**** Please notify your consultant that the incident report is being faxed to ensure that it is received.****

**** Form may be submitted without parent's signature to ensure it is submitted within 24 hours or the next business day.**

FOR CONSULTANT USE ONLY:

Diapering	Infant Sleep Safety	Playground	Swimming Pools & water-related activities
Discipline	Medication	Staff:Child Ratios	Transportation/Field Trips
Hygiene	Physical Plant-Hazards	Supervision	Other

Sample Food Service Forms

Food Service Rules.....	108
USDA Meal Standards	109
Weekly Menu Forms	110
Manual Dishwashing Guidelines – Chemical Method.....	112
Criteria for Sack Lunches	113
Meal Pattern Resources	114

Food Service Rules

- Children must receive nutritious meals and snacks while at the facility.
- These meals and snack can be provided by the facility or by parents.
- All meals and snacks provided at the facility must comply with USDA standards.
- Weekly menus must clearly identify all foods for meals and snacks the facility plans to serve.
- Two hours are required between each required meal and snack.

USDA Meal Standards



MyPyramid

Eat Right. Exercise Have Fun.
MyPyramid.gov



Grains	Vegetables	Fruits	Milk	Meat & Beans
<p>Make half your grains whole</p> <p>Start smart with breakfast. Look for whole-grain cereals.</p> <p>Just because bread is brown doesn't mean it's whole-grain. Search the ingredients list to make sure the first word is "whole" (like "whole wheat").</p>	<p>Vary your veggies</p> <p>Color your plate with all kinds of great-tasting veggies.</p> <p>What's green and orange and tastes good? Veggies! Go dark green with broccoli and spinach, or try orange ones like carrots and sweet potatoes.</p>	<p>Focus on fruits</p> <p>Fruits are nature's treats – sweet and delicious.</p> <p>Go easy on juice and make sure it's 100%.</p>	<p>Get your calcium-rich foods</p> <p>Move to the milk group to get your calcium. Calcium builds strong bones.</p> <p>Look at the carton or container to make sure your milk, yogurt, or cheese is lowfat or fat-free.</p>	<p>Go lean with protein</p> <p>Eat lean or lowfat meat, chicken, turkey, and fish. Ask for it baked, broiled, or grilled – not fried.</p> <p>It's nutty, but true. Nuts, seeds, peas, and beans are all great sources of protein, too.</p>
<p>For an 1,800-calorie diet, you need the amounts below from each food group. To find the amounts that are right for you, go to MyPyramid.gov.</p>				
<p>Eat 6 oz. every day: <small>at least half should be whole</small></p>	<p>Eat 2 1/2 cups every day</p>	<p>Eat 1 1/2 cups every day</p>	<p>Get 3 cups every day: <small>for kids ages 2 to 4, it's 2 cups</small></p>	<p>Eat 5 oz. every day</p>
<p>Oils Oils are not a food group, but you need some for good health. Get your oils from fish, nuts, and liquid oils such as corn oil, soybean oil, and canola oil.</p>				
<p>Find your balance between food and fun</p> <ul style="list-style-type: none"> Move more. Aim for at least 60 minutes everyday, or most days. Walk, dance, bike, rollerblade – it all counts. How great is that! 		<p>Fats and sugars – know your limits</p> <ul style="list-style-type: none"> Get your fat facts and sugar smarts from the Nutrition Facts label. Limit solid fats as well as foods that contain them. Choose food and beverages low in added sugars and other caloric sweeteners. 		








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Weekly Menu Forms

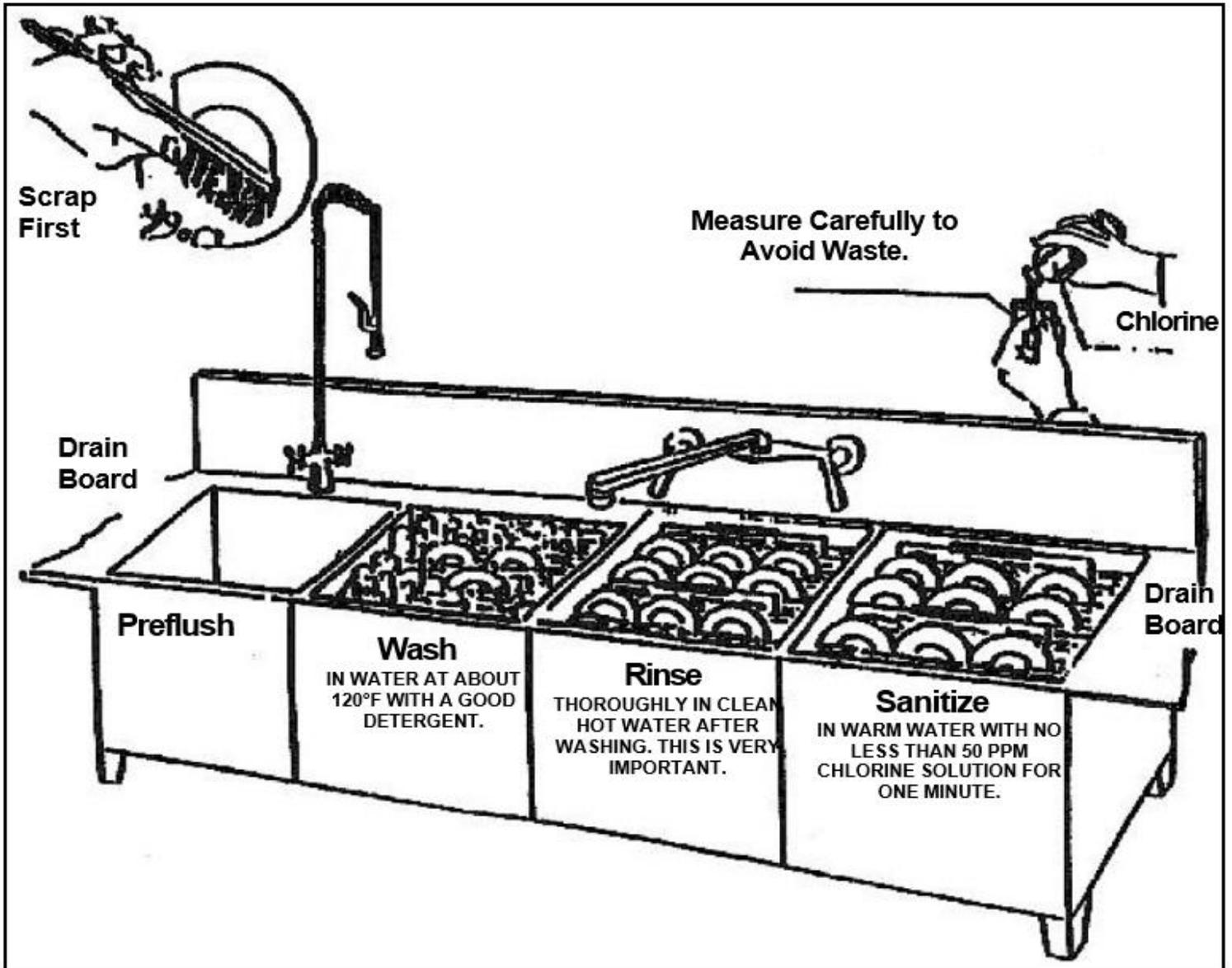
Provider's Name _____							
Month/Year _____							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Calendar Date							
Breakfast	Fluid Milk						
	Fruit, Vegetable or Full Strength Juice						
	Bread or Bread Alternate(s)						
	*Additional Food (Optional)						
AM Snack	Choose 2 of these 4: Fluid Milk						
	Fruit, Vegetable or Full Strength Juice						
	Bread or Bread Alternate						
	Meat or Meat Alternate						
	Fluid Milk						
	Meat or Meat Alternate						
	Vegetable or Fruit						
	Vegetable or Fruit						
Lunch	Bread or Bread Alternate(s)						
	*Additional Food (Optional)						
	Choose 2 of these 4: Fluid Milk						
	Fruit, Vegetable or Full Strength Juice						
	Bread or Bread Alternate						
	Meat or Meat Alternate						
PM Snack							

Weekly Menu Form

Provider's Name _____							
Month/Year _____							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Calendar Date							
PM Snack	Choose 2 of these 4: Fluid Milk						
	Fruit, Vegetable or Full Strength Juice						
	Bread or Bread Alternate(s)						
	Meat or Meat						
Supper	Fluid Milk						
	Meat or Meat						
	Vegetable or Fruit						
	Vegetable or Fruit						
	Bread or Bread Alternate(s)						
	*Additional Food (Optional)						
Evening Snack	Choose 2 of these 4: Fluid Milk						
	Fruit, Vegetable or Full Strength Juice						
	Bread or Bread Alternate						
	Meat or Meat Alternate						

Manual Dishwashing Guidelines – Chemical Method

Approved Procedure - Preflush, Wash, Rinse, Sanitize





2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower, Atlanta, GA 30334
(404) 656-5957

Brian P. Kemp
Governor

Amy M. Jacobs
Commissioner

Criteria for Sack Lunches

1. Nutritional requirements as presently listed in 591-1-1-.15 of the DECAL Rules for Child Care Learning Centers must be met.
2. The center shall have a written agreement with parents as to the parent's responsibility to provide the child with a nutritious sack lunch.
3. The center shall provide all parents with written nutritional information concerning the content of sack lunches.
4. Food brought into the center shall be evaluated each day and if the child's lunch does not meet the nutritional requirements of 591-1-1-.15(1), the center must provide the child with the additional food necessary to meet the requirements.
5. Individual lunches shall be labeled and children monitored to assure that there is no swapping of home-prepared food.
6. The center shall provide for proper storage and refrigeration of sack lunches; all perishable and potentially hazardous foods shall be refrigerated at a temperature of 40 degrees or below. [591-1-1-.15(10)]

"Potentially hazardous food" means any perishable food, which consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish or other ingredients capable of supporting rapid and progressive growth of infectious microorganisms.

7. If there is any food preparation done in the center, all related requirements in 591-1-1-.15 of the DECAL Rules for Child Care Learning Centers must be met.
8. Each child shall be served at least four (4) ounces of milk each day if not contraindicated by special diets. [591-1-1-.15(1)]

Meal Pattern Resources

On April 25, 2016, United States Department of Agriculture's Food and Nutrition Service (FNS) published the final rule "Child and Adult Care Food Program: Meal Pattern Revisions Related to the Healthy, Hunger-Free Kids Act of 2010".

The final rule amended the CACFP regulations at 226.20 to update the meal pattern requirements. CACFP centers and day care homes had to start complying with the updated meal pattern requirements on October 1, 2017.

Overall, the updated meal patterns strengthen the nutritional quality of the meals served, allow CACFP institutions to serve more diverse and culturally appropriate foods, and address dietary needs of Program participants.

The Meal Patterns Resources Page in the Nutrition Section of the DECAL website provides full information and guidance for institutions on implementing the CACFP Updated Meal Patterns, including forms, policy memos, menus, training materials, and resources. To access the Resources Page go to: <http://dec.al.ga.gov/CACFP/UpdatedMealPatterns.aspx> .

Items To Be Posted

All Items To Be Posted	116
Hand Washing Instructions.....	117
Guide to Childhood Infectious Illnesses.....	118
Notices.....	121

All Items To Be Posted

Each facility shall post in a designated area for public viewing near the front entrance the following:

- Current Child Care Learning Center license or commission
- Copy of state rules and regulations
- Notice, included on the Parents Rights Poster, which advises parents of their right to review a copy of the center's most recent license or commission evaluation report upon request to the center Director
- Current Communicable Disease Chart
- Statement allowing parental access to all child care areas upon notifying any staff member of his or her presence, also included on the Parents Rights Poster
- Names of persons responsible for the administration of the center in the administrator's absence
- Current week's menu for meals and snacks
- Emergency plans for severe weather, fire, and other emergency situations
- Statement requiring visitors to check in with staff when entering the center
- No Smoking sign
- Consumer Product Safety Poster
- No Liability Insurance notice, if facility does not carry liability insurance

Each Center shall post in other areas:

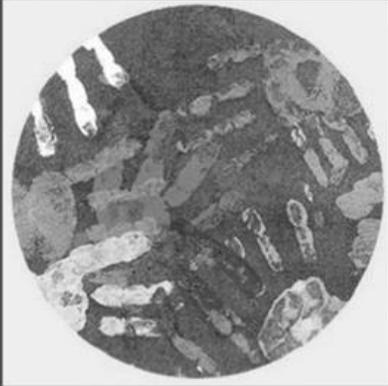
- Daily schedules and lesson plans in each classroom

There must be an operable telephone in the facility. Each phone should have the following numbers posted by it:

- Regional Poison Control Center
- Local Hospital/Medical Office/Physician
- County Health Department
- Ambulance/ Rescue Squad Services/911
- Local Fire Department/911
- Local Police Department/911

Hand Washing Instructions

**GOOD HEALTH IS
IN YOUR HANDS!**



- Washing your hands is the simplest and most effective thing you can do to reduce the spread of colds, flu, skin infections and diarrhea.
- Every time you touch your hands to your mouth you can get sick.
- Eating, nail biting, thumb sucking, handling food, and touching toys are all ways germs can spread.
- Even shaking a hand or opening a door can transfer germs to your hands.

Always wash your hands...

Before

- preparing or eating food
- treating a cut or wound

- tending to someone who is sick
- inserting or removing contact lenses

After

- using the bathroom
- changing a diaper or helping a child use the bathroom (don't forget the child's hands!)
- handling raw meats, poultry or eggs

- touching pets, especially reptiles
- sneezing or blowing your nose, or helping a child blow his/her nose
- handling garbage
- tending to someone who is sick or injured



Guide to Childhood Infectious Illnesses

COMMON INFECTIOUS ILLNESSES

From birth to age 18

	Disease, illness or organism	Incubation period (How long after contact does illness develop?)	How is it spread?	When is child most contagious?	When can child return to center or school?	Report to county health department*	How to prevent spreading infection (management of conditions)
	To prevent spreading infection for all eye, ear, nose, throat and chest diseases: Good hand-washing and hygiene, proper disposal of soiled tissues, avoid sharing linens, proper disinfection of surfaces and toys, cough into elbow or clothing when tissues unavailable						
Eye, ear, nose, throat and chest	Bronchiolitis, bronchitis, common cold, croup, ear infection, pneumonia, sinus infection and most sore throats (respiratory diseases caused by many different viruses and occasionally bacteria)	Variable	Contact with droplets from nose, eyes or mouth of infected person; some viruses can live on surfaces (toys, tissues, doorknobs) for several hours	Variable, often from the day before symptoms begin to 5 days after onset	No restriction unless child has fever, or is too uncomfortable, fatigued or ill to participate in activities (center unable to accommodate child's increased need for comfort and rest)	NO	
	Cold sore (Herpes simplex virus)	2 days to 2 weeks	Direct contact with infected lesions or oral secretions (drooling, kissing, thumb sucking)	While lesions are present	When active lesions are no longer present in children who do not have control of oral secretions (drooling); no exclusions for other children	NO	Avoid kissing and sharing drinks or utensils.
	Conjunctivitis (Pink eye)	Variable, usually 24 to 72 hours	Highly contagious; contact with secretions from eyes of an infected person or contaminated surfaces	During course of active infection	Once treatment begins	NO	
	Diphtheria (Corynebacterium diphtheriae bacteria)	1 to 10 days (usually 2 to 5 days)	Contact with droplets and discharge from nose, eyes or mouth of infected person; contact with discharge from skin lesions of infected individual; rarely through contaminated objects and raw milk or milk products	Onset of sore throat 2 days after treatment has begun, but may vary; if untreated, 2 to 6 weeks after infection	After 2 negative cultures are taken at least 24 hours apart	YES	Timely immunization beginning at age 2 months; booster dose of Tdap is recommended at age 11 years; all adults should receive a booster of Tdap. Close contacts, regardless of immunization status, should be monitored for 7 days for evidence of disease and started on antimicrobial prophylaxis; immunizations should be brought up to date, if necessary.
	Influenza (The flu) (Influenza virus)	1 to 4 days	Highly contagious; contact with droplets from nose, eyes or mouth of infected person; virus can live on surfaces (toys, tissues, doorknobs) for several hours	Variable; from 24 hours before onset of symptoms to 7 days after onset; can be prolonged in young children	No fever for 24 hours without the use of fever-reducing medications	NO for individual cases; YES for influenza-associated deaths or novel influenza A virus infections	Annual influenza vaccine recommended for everyone 6 months and older (with rare exception).
	Mononucleosis (Mono) (Epstein-Barr virus)	30 to 50 days	Contact with the infected person's saliva	Indeterminate	No restriction unless child has fever or is too uncomfortable, fatigued or ill to participate in activities (center unable to accommodate child's increased need for comfort and rest)	NO	Avoid kissing and sharing drinks or utensils.
	Mumps (Mumps virus)	12 to 25 days (usually 16 to 18 days)	Contact with droplets from eyes or mouth of infected person	Peak infectious time begins 1 to 2 days before swelling to 5 days after, but may range from 7 to 8 days after	5 days after onset of parotid gland (neck) swelling	YES	Timely immunization beginning at age 12 months; if outbreak occurs, unimmunized people should be immunized or excluded for at least 26 days following onset of parotitis in last case.
	Respiratory syncytial virus (RSV)	2 to 8 days (4 to 6 days is most common)	Highly contagious; contact with droplets from nose, eyes or mouth of infected person; virus can live on surfaces (toys, tissues, doorknobs) for several hours	Variable; from the day before onset of symptoms until 3 to 8 days after or longer, may last up to 3 to 4 weeks	No fever for 24 hours without the use of fever-reducing medication	NO	Avoid sharing linens or toys.
	Strep throat (Group A Streptococcus bacteria)	2 to 5 days	Contact with droplets from nose and mouth; close crowded contact	Highest during acute infection; no longer contagious within 24 hours after antibiotics	After 24 hours of antibiotic treatment	NO	Avoid kissing and sharing drinks or utensils; exclude infected adults from food handling; symptomatic contacts of documented cases should be tested and treated if results are positive.
	Tuberculosis (TB) (Mycobacterium tuberculosis)	2 to 10 weeks; risk of developing disease is highest 6 months to 2 years after infection	Airborne inhalation of droplets from nose and mouth of diseased person (children usually contract TB from close contact with a diseased adult)	Usually only a few days to a week after effective drug therapy. Children younger than 10 years are rarely contagious	For active disease, once determined to be non-infectious, therapy started, symptoms diminished and adherence documented; no exclusion for latent infection	YES	Routine TB skin testing is not recommended at this time for children; however, it is recommended that all adults who have contact with children in a child care setting are screened for TB; local health department personnel should be informed for contact investigation.
Whooping cough** (Pertussis) (Bordetella pertussis bacteria)	5 to 21 days (usually 7 to 10 days)	Contact with droplets from nose, eyes or mouth of infected person	Before cough onset (with onset of cold-like symptoms) continuing until child has been on antibiotics for 5 days. If untreated, infectious for 3 weeks after cough begins.	After 5 days of appropriate antibiotic treatment; if untreated, 3 weeks after onset of cough	YES	Timely immunization beginning at age 2 months; booster dose of Tdap is recommended at 11 years. All adults should receive a booster dose of Tdap. Close contacts that are unimmunized should have pertussis immunization initiated. Chemoprophylaxis is recommended for all close contacts.	

To prevent spreading infection for all gastrointestinal diseases: Good hand-washing and hygiene; proper disposal of dirty diapers; proper disinfection of changing tables, toys and food preparation areas. Avoid potentially contaminated beverages, food and water; divide food preparation and diapering responsibilities among staff							
Gastrointestinal	Gastroenteritis – bacterial (vomiting and/or diarrhea) Campylobacter, C. diff (Clostridium difficile), E. coli (Escheichia coli), salmonella, Shigella	Varies with pathogen (from 10 hours to 7 days)	Contact with stool from infected individual (or, occasionally, pets); contaminated food, beverages or water (especially raw eggs and improperly cooked meats)	When diarrhea is present; pathogenic E. coli and Shigella highly infectious in small doses.	No fever for 24 hours; no diarrhea present, pathogenic E. coli and Shigella require 2 negative stool cultures; salmonella serotype Typhi requires 3 negative stool cultures.	YES for E. coli, salmonella and Shigella; NO for others	Proper cooking and handling of meats and raw eggs. Reptiles should not be permitted in child care centers. Alcohol-based hand hygiene products do not inactivate C. difficile spores; soap and water must be used; bleach wipes are an effective agent against C. difficile.
	Gastroenteritis – viral (vomiting and/or diarrhea) Adenovirus, norovirus	Varies with pathogen (from 12 hours to 10 days)	Contact with stool, saliva or vomit from infected individual directly or from infected surfaces, especially toys; contaminated food or water. Norovirus is highly contagious and is a frequent cause of outbreaks.	Variable; most contagious from 2 days before illness until vomiting and diarrhea improve; can be contagious for up to 21 days after symptoms	No fever or vomiting for 24 hours; no diarrhea present	NO	
	Giardia (parasite)	1 to 4 weeks (usually 7 to 10 days)	Contact with infected stool; consuming contaminated water or food	When diarrhea is present	No diarrhea present	YES	
	Hepatitis A (virus)	15 to 50 days (average 28 days)	Eating contaminated food or water; close contact with infected individuals; contact with infected stool	From 1 to 2 weeks before illness until 1 week after onset of illness or after jaundice appears; can be longer in newborn infants	After 1 week from onset of illness or appearance of jaundice	YES	Timely immunization at 12 months of age; consider hepatitis A vaccine for caregivers; infected caregivers should not prepare meals for others. If at least one case is confirmed, hepatitis A vaccine or immunoglobulin should be administered within 14 days of exposure to unimmunized contacts.
	Pinworms (Enterobius vermicularis)	1 to 2 months or longer	Pinworms lay microscopic eggs near rectum, causing itching; infection spreads through ingestion of pinworm eggs after contamination of hands by scratching	Eggs may survive up to 2 weeks after appropriate therapy and resolution of rectal itching; reinfection is common	No restriction, but treatment should be given to reduce spread	NO	Frequent, good hand-washing, particularly by infected child and any caregivers assisting with toileting; keep fingernails clean and short; prevent fingers in mouth; bed linen and underclothing of infected children should be handled carefully, not shaken and laundered promptly.
	Rotavirus	1 to 3 days	Contact with stool from infected individual	Virus is present in stools of infected children several days before the onset of diarrhea to several days after onset of diarrhea	No diarrhea present	NO	Timely immunization beginning at 2 months.
To prevent spreading infection for all meningitis diseases: Good hand-washing and hygiene; proper disposal of soiled tissues; cover coughs and sneezes; avoid sharing drinks and utensils							
Meningitis	Haemophilus influenzae type B (Hib; bacteria)	Unknown (usually 1 to 10 days)	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state	After at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state; child well enough to participate	YES	Timely immunization beginning at age 2 months; ensure vaccination of contacts after exposure is up to date.
	Neisseria meningitidis (Meningococcal bacteria)	1 to 10 days (usually less than 4 days)	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state	After at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state; child well enough to participate	YES	Timely immunization at 11 to 12 years of age; booster dose of MCIV4 is recommended at 16 years of age.
	Streptococcus pneumoniae (Pneumococcal bacteria)	Variable (usually less than 4 days)	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment	After at least 24 hours of antibiotic treatment; child well enough to participate	YES	Timely immunization beginning at age 2 months; treatment of contacts not necessary and not beneficial.
	Viral meningitis (usually enterovirus)	3 to 6 days	Contact with droplets from nose, eyes or mouth or fecal material, often from healthy people	From the day before illness until up to 2 weeks after onset	After 24 hours without fever; child well enough to participate	YES	Proper disinfection of surfaces such as changing tables with soap, water and bleach-containing solution; treatment of contacts not necessary; no specific treatment.
To prevent spreading infection for all skin or rash diseases: Good hand-washing and hygiene; proper disposal of soiled tissues							
	Chickenpox** (Varicella zoster virus)	10 to 21 days (usually 14 to 16 days)	Airborne or direct contact with droplets from nose, mouth or skin lesions (varicella and herpes zoster) of infected individuals or freshly contaminated objects.	From 2 days before skin lesions develop until all lesions are crusted	When all lesions have crusted	YES	Timely immunization beginning at age 12 months; contacts who are ages 12 months and older without documentation of immunity should be vaccinated.
	Fifth disease** (Human parvovirus B19)	4 to 21 days (usually 4 to 14 days)	Contact with droplets from nose, eyes or mouth of infected person; percutaneous exposure to blood.	Only during the week before the rash develops	No need to restrict once rash has appeared	NO	
	German measles** (Rubella virus)	14 to 21 days (usually 16 to 18 days)	Contact with droplets from nose, eyes or mouth of infected person; may be transmitted to fetus across the placenta	From 7 days before until 7 days after the rash appears	7 days after the rash appears	YES	Timely immunization beginning at age 12 months.
	Hand, foot and mouth disease (Coxsackievirus)	3 to 6 days	Contact with fecal, oral or respiratory secretions	Usually 1 to 2 weeks before onset of infection	After 24 hours without fever and child well enough to participate	NO	Proper disinfection of changing tables, surfaces and toys.
	Head lice (parasite)	Eggs (nits) hatch in 7 to 12 days	Direct contact with infested individuals' hair and sharing combs, brushes, hats or bedding	When there are live insects on the head	No restrictions necessary	NO	Should be watched closely for 2 weeks for new head lice. Close contacts need to be examined and treated for crawling lice. At home: wash bedding and clothes in hot water or dry-clean or seal in plastic bag for 10 days. Avoid sharing beds, combs and brushes. At school: avoid sharing headgear; hang coats separately; use individual pillow and sleep mat.

Skin or Rash	Impetigo (Staphylococcus or Streptococcus bacteria)	7 to 10 days	Direct skin contact (especially through contaminated hands), nasal discharge or contaminated surfaces	Until active lesions are gone or after 24 hours on antibiotics	After at least 24 hours of antibiotics	NO	Keep fingernails clean and short.
	Measles (Rubella virus)	7 to 21 days (usually 8 to 12 days)	Airborne or direct contact with droplets from nose, eyes or mouth of infected person	From 4 days before the rash begins until 4 days after the start of the rash	At least 5 days after start of rash	YES	Timely immunization beginning at age 12 months; contacts without documented immunity (2 doses of measles-containing vaccine) should be vaccinated.
	MRSA (Methicillin-resistant Staphylococcus Aureus) (bacterial cause of skin boils and abscesses)	Variable; at times initially mistaken as spider bite	Direct skin contact with infected person, wound drainage or contaminated surfaces; increase risk in crowded conditions; occasional transmission by droplet over short distances	Draining wounds are very contagious and should be covered at all times	If wound drainage can be well contained under a dressing; exclude from high-risk activities such as contact team sports until completely healed	NO	Cover skin lesions; avoid contact with wound drainage; proper disposal of dressings; do not share personal items (towels, personal care items); clean and disinfect athletic equipment between use; wash and dry laundry on "hot" setting.
	Molluscum (Molluscum contagiosum virus)	2 to 7 weeks, as long as 6 months	Direct skin contact with wound or contaminated surfaces	When lesions are present	No restriction, keep lesions covered with clothing or bandages	NO	Avoid contact sports; during outbreaks, further restrict person-to-person contact.
	Ringworm on body and Ringworm on scalp (fungus)	Typically 4 to 14 days after exposure	Direct skin contact with infected person or animal, or to surfaces or objects contaminated with fungus	From onset of lesions until treatment begins	Once treatment begins; ringworm on scalp requires oral medication	NO	Avoid direct contact with infected individuals; avoid sharing of combs, brushes, hats; proper disinfection of surfaces and toys.
	Roseola (virus)	9 to 10 days	Secretions, often from healthy people	During fever	No restriction unless child has fever or is too ill to participate	NO	Proper disinfection of surfaces and toys.
	Scabies (parasite)	4 to 6 weeks, 1 to 4 days after reexposure	Skin contact with infested individual; contact with bedding or clothes of infested person	From up to 8 weeks before skin rash appears until it has been treated with a scabidical cream	After treatment has been completed	NO; if two or more documented cases in one center, treatment of center contacts may be necessary.	All household members and caregivers with prolonged direct contact should be treated simultaneously to prevent reinfection; bedding and clothing worn next to skin during the 4 days before the start of treatment should be washed in hot water; clothing that cannot be laundered should be removed and stored for several days to a week.

To report an illness, call your local or district public health office or 1-866-PUB-HITH (1-866-782-4585). Exceptions to the exclusion/return to school guidelines listed on this chart may be made by local health department personnel and/or primary care physician on a case-by-case basis.
 *To reduce the spread of diseases in the classroom or child care center, it is recommended that similar illnesses (more than three in the child care center or classroom) be reported to your county health department.
 **These diseases may be of concern to staff members who are pregnant or who are trying to become pregnant. Follow-up with obstetric healthcare provider is recommended after known or suspected contact.
 Reference: American Academy of Pediatrics. Red Book: 2015. Report of the Committee on Infectious Diseases. 30th ed.

For more information visit www.choa.org/schoolhealth



A downloadable version of this table is available at:

<http://www.decal.ga.gov/documents/attachments/CommunicableDiseaseChart.pdf>

Notices

PARENTS

You Have The Right:

To access this facility anytime your child is in care. However, you need to make your presence known immediately to the person in charge of the facility.

To review a copy of the facility's latest licensure evaluation report, ask the facility Director for this report.

A copy of the rules and regulations, which apply to this facility, is posted near the front entrance. These rules establish minimum requirements for the health, safety, and well-being of all children in care.

Georgia Department of Early Care and Learning (DECAL) is required by law to investigate all complaints regarding rule violations. Such complaints should be directed to the Department's Licensing Office at (404) 657-5562.

VISITORS

Please check in with staff upon arrival to the facility

NOTICE TO PARENTS & GUARDIANS

**THIS FACILITY DOES NOT CARRY
LIABILITY INSURANCE COVERAGE
SUFFICIENT TO PROTECT YOUR
CHILD/CHILDREN IN THE EVENT
OF AN INJURY, ETC.**

NOTICE

TO PARENTS & VISITORS

The Consumer Product Safety Commission (CPSC) provides important safety information about recalled children's products.

Please Visit The CPSC Website:

www.cpsc.gov

or Call:

800-638-2772

TTY 800-638-8270

Transportation Guidelines

Transportation Plan Guidelines.....	126
Annual Transportation Vehicle Safety Inspection Certification.....	127
Transportation Agreement.....	128
Vehicle Emergency Medical Information	129
Child Care Transportation Vehicle Requirements	130
Child Care Transportation Vehicle Requirements FAQs.....	131

Transportation Plan Guidelines

If the center offers routine transportation services, a written Transportation Plan must be included with the Operation Plan to provide the details of the services provided:

- School pick-up and delivery
- Home pick-up and delivery
- Field trips

The written Transportation Plan must include:

- Name of the licensed driver and evidence of a current driver's license
- Manufacturer's rated seating capacity for each vehicle
- Checklist to account for the loading and unloading of children at each stop (See Children's Records)
- List of children to be transported (See Children's Records)
- Emergency medical information (See Children's Records)
- Annual Vehicle Inspection Form (must be completed for each vehicle used for routine and emergency purposes)
- Evidence of current first aid and CPR training for driver (See Staff Records)

Current transportation-related documents covering field trips, home, and school may be found on the decal website at:

<http://decal.ga.gov/BftS/FormList.aspx?cat=Child%20Care%20Learning%20Center>

Annual Transportation Vehicle Safety Inspection Certification

ITEMS TO BE INSPECTED	O.K.	DEFICIENT	CORRECTION OR ADJUSTMENTS MADE	REMARKS
Brakes				
Head Lights				
Tail Lights				
Stop Lights				
Turn Signals				
Tires				
Suspension				
Steering				
Windshield Wipers				
Windshield and Windows				
Exhaust System				
Horn				
Heating System				
Safety Alarm located at back of vehicle (If equipped)				
Safety Alarm functioning correctly (time delay to activation less than 1 minute) (If equipped)				

Owner/ Operator of Vehicle: _____

Address: _____

Make/Model: _____

Tag Number: _____

Odometer Reading: _____

Mechanic's Signature: _____

Date of Inspection: _____

Reproduce Forms as Needed (Updated 9-2019)

Transportation Agreement

This is to certify that I give _____
Facility name

permission to transport my child _____
Child's name

from _____ at _____ (a.m./p.m.)
Pick-up Location

to _____ at _____ (a.m./p.m.).
Delivery Location

My child will be transported from _____ at _____ (a.m./p.m.)
Pick-up Location

on the following days (check all that apply):

_____ Monday
_____ Tuesday
_____ Wednesday
_____ Thursday
_____ Friday

_____ is authorized to receive my child.
(Name of Authorized Person)

In the event the authorized person is not present to receive my child, the following procedures should be followed: _____

The _____ is approximately _____ miles from the center.
(Location) (Distance)

In the event that my child is not to be transported as outlined above, I agree to notify

(Facility Name)

Signature _____ Date _____
(Parent/Legal Guardian)

Vehicle Emergency Medical Information

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Mother's Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Person to notify in case of an emergency when parents cannot be reached:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Address of Medical Facility the Center Uses _____

Child's Allergies _____

Current Prescribed Medication _____

Child's Special Medical Needs And Conditions _____

In the event of an emergency involving my child, and if _____
(Facility Name)

cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during my child's treatment.

Child's Name _____

Printed name of Parent/Guardian _____

Signature of Parent/Guardian _____

Witnessed by _____ Date _____

Child Care Transportation Vehicle Requirements

THE GEORGIA DEPARTMENT OF COMMUNITY HEALTH

FACT SHEET

CHILD CARE TRANSPORTATION VEHICLE REQUIREMENTS

It is important to note that Child Care Providers compliance of the new law is effective July 1, 2012.

Exempt from Car Seat / Booster Seat Requirement	NOT Exempt (see details below)
 <p>Standard School Bus</p>	 <p>12 to 15 Passenger Van</p>
 <p>Multi-Function School Activity Bus (MFSAB)</p>	 <p>Shuttle Bus (does not meet School Bus Standards)</p>

For "Traditional" 12 or 15 Passenger Vans and Shuttle Buses

- All children under age 8 must be in a car seat or booster seat
- All children age 8 and older must be in seat belts

For School Buses and Multi-Function School Activity Buses (MFSAB)

- Children must be in a seat belt per child care licensing regulations
 - Car seats or booster seats are not required by law; however
- NOTE: In 1999, the National Highway Traffic Safety Administration (NHTSA) issued the, "Guideline for the Safe Transportation of Pre-School Age Children in School Buses." The NHTSA recommends using properly secured child restraint systems for pre-school age children. For more information, go to: <http://www.nhtsa.dot.gov/people/injury/buses/Guide1999/prekfinal.htm>

The law can be found online under the Official Code of Georgia Annotated (O.C.G.A.) Section 40-8-76.

2 PEACHTREE STREET, ATLANTA, GA 30303 • WWW.DCH.GEORGIA.GOV

Child Care Transportation Vehicle Requirements FAQs

CHILD CARE TRANSPORTATION VEHICLE REQUIREMENTS

Frequently Asked Questions about Child Care Transportation Vehicle Requirements

- 1. Define a 15-passenger van.**
A 15-passenger van has five rows of seats and is intended to transport up to 15 people including the driver.
- 2. Can I continue to use a 15-passenger van to transport children?**
Yes. You may continue to use vans to transport children. However, children under age 8 must be in an appropriate child restraint system (e.g. car seat or booster seat).
- 3. What is a Multi-Function School Activity Bus (MFSAB)?**
A MFSAB meets all of Federal Motor Vehicle Safety Standards (FMVSS) for a school bus, but it is not painted yellow and does not have the stop lights, stop "arm", etc.
- 4. Why do vans have to use car seats and booster seats, but buses and MFSAB's do not?**
School buses and MFSAB's must meet more stringent Federal Motor Vehicle Safety Standards for transporting children. They are designed to provide enhanced protection for their occupants in a crash. Features such as high-back padded seats, stronger seat mounts, and enhanced rollover protection significantly reduce injuries and fatalities.
- 5. What if my school bus (or Multi-Function School Activity Bus) does not have seat belts?**
You may continue to transport children in school buses and MFSAB's without seat belts. However, if seat belts are available, the children must be using them to be in compliance with licensing rules and regulations.
- 6. What is an "appropriate" child restraint system?**
There are hundreds of products designed to safely transport children. Always refer to the manufacturer's instructions and/or labels for the child restraint system for information on proper use of the restraint (i.e. age, height, and weight limitations) and how to install the restraint properly. Generally, car seats are more appropriate for smaller children, and booster seats should be used for larger children. Under Georgia law, an "appropriate" child restraint system is, *"appropriate for such child's height and weight and approved by the United States Department of Transportation under provisions of Federal Motor Vehicle Safety Standard 213 in effect on January 1, 1983, or at the time of manufacture."*
- 7. Are there any van exemptions based on the height or weight of the child?**
Yes. The following exceptions are:
 - If all other passenger seating positions with lap-shoulder belts are being used with an appropriate child restraint system, a child over 40 pounds may be in a lap belt only
 - If a parent or guardian provides a written physician's statement that a physical or medical condition of the child prevents placing him or her in a child restraint system, the child is exempt
 - If the child is over 4 feet 9 inches, the child may be placed in a seat belt only
- 8. What do I do about the seats in my van that do not have a shoulder belt?**
Most car seats can be properly installed using a lap belt only. However, most booster seats require both a lap and a shoulder belt. Unless the manufacturer's instructions state otherwise, you may not use a booster seat with a lap belt only. Doing so could increase the chances of an injury in a crash. Under the law, you must first properly secure the children in child restraint systems. If all seating positions with lap and shoulder belts are occupied, you may place children weighing over 40 pounds into a seat with a lap belt only.
- 9. Where can I learn more about the seat belt law?**
This law was enacted in July 2011 and can be found online under the Official Code of Georgia Annotated (O.C.G.A.) Section 40-8-78 at: <http://www.lexis-nexis.com/hottopics/gacode/Default.asp>.

CHILD CARE TRANSPORTATION VEHICLE REQUIREMENTS

10. How can I determine if a Bus is a School Bus or MFSAB?

All school buses and MFSAB's have a label from the manufacturer certifying that it is a school bus or MFSAB. The label is usually, "affixed to either the hinge pillar, door-latch post, or the door edge that meets the door-latch post, next to the driver's seating position, or to the left side of the instrument panel. If none of these locations are practicable, the label must be affixed to the inward-facing surface of the door next to the driver's seating position. A bus that meets the FMVSSs applicable to school buses will state "school bus" or "MFSAB" as its vehicle classification."

Thomas
BUILT BUSES
We Move People.

HIGH POINT, NORTH CAROLINA
MFD BY THOMAS BUILT BUSES INC.

MADE IN U.S.A 02-2003

INC VEH MFD BY: GMC DATE: 11-2002
GVWR: 4537 KG (10000 LB)
GAWR FRONT: 1860 KG (04100 LB) WITH 225/75R16 (D) TIRES
16X6 RIMS AT 448 KPA (065 PSI) COLD SINGLE
GAWR INTERMEDIATE:
GAWR REAR: 3403 KG (07500 LB) WITH 225/75R16 (D) TIRES
16X6 RIMS AT 448 KPA (065 PSI) COLD DUAL
THIS VEHICLE CONFORMS TO ALL APPLICABLE
FEDERAL MOTOR VEHICLE SAFETY STANDARDS
IN EFFECT IN: 11-2002
V.I.N.: 1G0HG31UX31144974 CHAS. ID. NO: 58332
VEH. TYPE: SCHOOL BUS (+DRIVER)- EQUIP. CAP: 014
BODY ID: 35107-0312573-041MS

Resources & Contact Information

Child Care & Preschool Pandemic Influenza Planning Checklist.....	134
Federal Crib Requirements	136
DECAL Contact Information.....	138

Child Care & Preschool Pandemic Influenza Planning Checklist

CHILD CARE AND PRESCHOOL PANDEMIC INFLUENZA PLANNING CHECKLIST



A pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges that people have little or no immunity to and for which there may be no vaccine. The disease spreads easily person-to-person and causes serious illness. It can sweep across the country and around the world very quickly. It is hard to predict when the next flu pandemic will occur or how bad it will be.

Child care and preschool programs can help protect the health of their staff and the children and families they serve. Interruptions in child care services during an influenza (flu) pandemic may cause conflicts for working parents that could result in high absenteeism in workplaces. Some of that absenteeism could be expected to affect personnel and workplaces that are critical to the emergency response system. The U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) offer this checklist to help programs prepare for the effects of a flu pandemic. Many of these steps can also help in other types of emergencies. More information on pandemic flu is available at www.pandemicflu.gov.

1. Planning and Coordination:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form a committee of staff members and parents to produce a plan for dealing with a flu pandemic. Include members from all different groups your program serves. Include parents who do not speak English who can help contact other non-English speakers in the community. Staff of very small programs might consider joining together with other similar programs for planning.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assign one person to identify reliable sources of information and watch for public health warnings about flu, school closings, and other actions taken to prevent the spread of flu.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Learn who in your area has legal authority to close child care programs if there is a flu emergency.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Learn whether the local/state health departments and agencies that regulate child care have plans. Be sure your flu plan is in line with their plans. Tell them if you can help support your community's plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify all the ways a flu pandemic might affect your program and develop a plan of action. (For example, you might have problems with food service, transportation, or staffing.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Encourage parents to have a "Plan B" for finding care for their children if the program is closed during a flu pandemic. Give them ideas about where they might seek help based on your knowledge of the local child care community.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with those in charge of your community's plan to find other sources of meals for low-income children who receive subsidized meals while in your care. (For example, locate food pantries and meals on wheels.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Learn about services in your area that can help your staff, children, and their families deal with stress and other problems caused by a flu pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stage a drill to test your plan and then improve it as needed. Repeat the drill from time to time. Consider volunteering to help in tests of community plans.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Talk to other child care and preschool programs in your area to share information that could make your plan better. Discuss ways programs could work together to produce a stronger plan and pool resources.

2. Student Learning and Program Operations:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan how you would deal with program closings, staff absences, and gaps in student learning that could occur during a flu pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan ways to help families continue their child's learning if your child care program or preschool is closed. (For example, give parents things they can teach at home. Tell them how to find ideas on the internet. Talk with child care resource referral agencies or other groups that could help parents continue their children's learning at home.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan ways to continue basic functions if your program is closed. (For example, continue meeting payroll and keeping in touch with staff and student's families.)

3. Infection Control Policies and Actions:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give special attention to teaching staff, children, and their parents on how to limit the spread of infection. (For example, use good hand washing; cover the mouth when coughing or sneezing; clean toys frequently.) Programs should already be teaching these things to build habits that protect children from disease. (See www.cdc.gov/flu/school/ and www.healthykids.us/cleanliness.htm .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Keep a good supply of things you will need to help control the spread of infection. (For example, keep on hand plenty of soap, paper towels, and tissues.) Store the supplies in easy-to-find places.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tell families that experts recommend yearly flu shots for all children 6 months to 5 years old and for anyone who cares of children in that age range. (See www.cdc.gov/od/oc/media/pressrel/r060223.htm .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Encourage staff to get flu shots each year. (See www.cdc.gov/flu/protect/preventing.htm .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tell parents to let your program know if their children are sick. Keep accurate records of when children or staff are absent. Include a record of the kind of illness that caused the absence (e.g., diarrhea/vomiting, coughing/breathing problems, rash, or other). (See http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter_3.xml .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teach staff a standard set of steps for checking children and adults each day as they arrive to see if they are sick. Make it clear that any child or adult who is ill will not be admitted. (See www.healthykids.us/chapters/sick_main.htm .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have a plan for keeping children who become sick at your program away from other children until the family arrives, such as a fixed place for a sick room. (See http://nrc.uchsc.edu/CFOC/XMLVersion/Chapter_3.xml .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Require staff members to stay home if they think they might be sick. If they become sick while at the program, require them to go home and stay home. Give staff paid sick leave so they can stay home without losing wages.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Require ill staff and students to stay at home until their flu symptoms are gone and they feel ready to come back to work.

4. Communications Planning:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have a plan for keeping in touch with staff members and students' families. Include several different methods of contacting them. (For example, you might use hotlines, telephone trees, text messaging, special Websites, local radio and/or TV stations.) Test the contact methods often to be sure they work.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make sure staff and families have seen and understand your flu pandemic plan. Explain why you need to have a plan. Give them a chance to ask questions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give staff and students' families reliable information on the issues listed below in their languages and at their reading levels. <ul style="list-style-type: none"> <input type="checkbox"/> How to help control the spread of flu by hand washing/cleansing and covering the mouth when coughing or sneezing. (See www.cdc.gov/flu/school/.) <input type="checkbox"/> How to recognize a person that may have the flu, and what to do if they think they have the flu. (See www.pandemicflu.gov.) <input type="checkbox"/> How to care for ill family members. (See www.hhs.gov/pandemicflu/plan/sup5.html#box4.) <input type="checkbox"/> How to develop a family plan for dealing with a flu pandemic. (See www.pandemicflu.gov/planguide/.)

March 20, 2006
Version 3.1



Federal Crib Requirements

U.S. Consumer Product Safety Commission

A SAFER GENERATION OF CRIBS

New Federal Requirements



5 New Federal Requirements:

- ☞ Traditional drop-side cribs cannot be made or sold; immobilizers and repair kits not allowed
- ☞ Wood slats must be made of stronger woods to prevent breakage
- ☞ Crib hardware must have anti-loosening devices to keep it from coming loose or falling off
- ☞ Mattress supports must be more durable
- ☞ Safety testing must be more rigorous

Beginning June 28, 2011 all cribs sold in the United States must meet new federal requirements for overall crib safety.

SafeSleep is a campaign of the U.S. Consumer Product Safety Commission.

www.cpsc.gov



NSN 11-2



www.cpsc.gov

Child Care Providers Your Guide to New Crib Standards

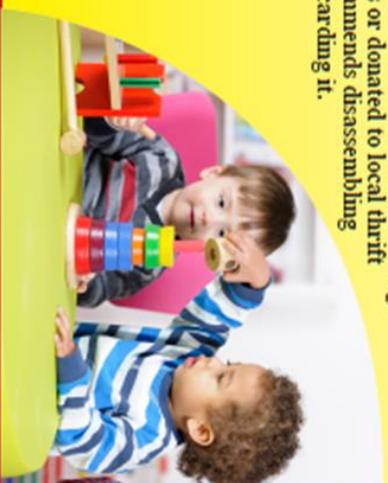
Beginning **December 28, 2012**, any crib provided by child care facilities and family child care homes must meet new and improved federal safety standards. The new standards take effect for manufacturers, retailers, importers and distributors on **June 28, 2011**, addressing deadly hazards previously seen with traditional drop-side rails, requiring more durable hardware and parts and mandating more rigorous testing.

What you should know...

- This is more than a drop side issue. Immobilizing your current crib will not make it compliant.
- You cannot determine compliance by looking at the product.
- The new standards apply to all full-size and non full-size cribs including wood, metal and stackable cribs.
- If you purchase a crib prior to the June 28, 2011 effective date and you are unsure it meets the new federal standard, CPSC recommends that you verify the crib meets the standard by asking for proof.
 - o Ask the manufacturer, retailer, importer or distributor to show a Certificate of Compliance. The document must:
 - Describe the product
 - Give name, full mailing address and telephone number for importer or domestic manufacturer
 - Identify the rule for which it complies (16 CFR 1219 or 1220)
 - Give name, full mailing address, email address and telephone number for the records keeper and location of testing lab
 - Give date and location of manufacture and testing
 - o The crib must also have a label attached with the date of manufacture

What you should do...

- All child care facilities, family child care homes, and places of public accommodation:
 - o Must prepare to replace their current cribs with new, compliant cribs before December 28, 2012.
 - o Should not resell, donate or give away a crib that does not meet the new crib standards.
- Dispose of older, noncompliant cribs in a manner that the cribs cannot be reassembled and used.
- Noncompliant cribs should not be resold through online auction sites or donated to local thrift stores. CPSC recommends disassembling the crib before discarding it.



DECAL Contact Information



2 Martin Luther King Jr. Drive, SE, Suite 670, East Tower, Atlanta, Georgia 30334
<http://www.dec.al.ga.gov/>

Mission

Bright from the Start: Georgia Department of Early Care and Learning delivers exemplary early care and education programs that improve the quality of early learning experiences, increase school readiness, and improve overall school performance.

Vision

Bright from the Start: Georgia Department of Early Care and Learning will increase the number of Georgia's children and families who have access to quality early care and learning programs. More of Georgia's early care and learning programs will achieve and maintain higher, measurable, research-based standards.

Directory of DECAL Programs and State Services

Child Care Licensing.....	404-657-5562
Complaints/Concerns.....	404-657-5562
Criminal Records.....	855-844-7444
Exemptions.....	770-293-5977
Head Start Collaboration.....	404-651-7425
Pre-K.....	404-656-5957
Nutrition Services.....	404-656-5987
Quality Rated.....	800-855-7747
Training.....	866-425-0220
Child and Parent Services (CAPS).....	833-442-2277
Maximus (CAPS payments).....	877-755-6522
State Fire Marshall	404-656-2056
Small Business Administration	404-331-0100
Insurance Commissioner.....	404-656-2070
Secretary of State	404-656-2881

CCLC Licensure Orientation Meeting Resources

Director Training Requirements	140
Child Caregiver Fire Safety Training Requirements	141
State Fire Marshal Code Regulations for Child Care Providers.....	142
Acceptable Plan Submittal Rules	146
Data on Fires That Occurred in Child Care Facilities	148
Child Care Resource and Referral Agencies in Georgia	149
Georgia Regional Map	151

Director Training Requirements

DECAL requires Directors of licensed childcare centers that are opening for the first time to take a 40-Hour Director Training class. Directors of licensed childcare facilities that are already operating are not affected by this new requirement—only newly opening centers. There are two ways to find a Director Training class:

Option 1: Search for Upcoming Sessions

- Go to the **Georgia Professional Development System (GaPDS) home page** at: <https://gapds.decal.ga.gov/Home> .
- Click the **Trainings** tab in the menu bar at the top of the home page.
- Choose the **Find Scheduled Training Sessions** option to search for upcoming approved classes.
- Fill in the boxes or scroll down to the **Popular Searches** list in the middle of the page and check the box next to **40-Hour Director Training**.
- Hit the **Search Training** button at the bottom of the page.
- A list of upcoming approved trainings and the approved trainers' contact information will be displayed.
- Contact any of the trainers listed to find out how to register.

Option 2: Search for Approved Trainers

- Go to the **Georgia Professional Development System (GaPDS) home page** at: <https://gapds.decal.ga.gov/Home> .
- Click the **Trainings** tab in the menu bar at the top of the home page.
- Choose the **Search Approved Training** option to search for **Approved Trainers**.
- Check the box next to **40-Hour Director Training** from the **Popular Searches** list.
- Hit the **Search** button.
- A list of approved trainers and their contact information will be displayed.
- Contact any of the trainers listed to find out when and where their next training will be held and how to register.

Note:

The Technical Certificate of Credit (TCC) in Program Administration that is available at most Technical Colleges will meet the 40-Hour Director Training requirement, in addition to qualifying as one of the education requirements for the 2012 rule changes.

Child Caregiver Fire Safety Training Requirements



Section 406.2

Child care-giver training. A minimum of five hours initial fire safety training and recommendation for receipt of a certificate of merit for successful completion of the training shall be required for all Directors, operators and all staff members of day-care centers and group day-care homes as defined by the Life Safety Code adopted by this Chapter. The curriculum for the fire safety training shall receive written approval by the State Fire Marshal's Office and be taught by an instructor registered with the Safety Fire Commissioner's Office. All staff members shall receive this training within 90 days from receipt of a license, being commissioned or the opening of a new center or home. Any new staff member shall receive a minimum of five hours initial fire safety training and recommendation for receipt of a certificate of merit for successful completion of the training within 90 days of employment. In addition, a minimum of two hours fire safety refresher training recommendation for receipt of a certificate of merit for successful completion of the training shall be required for all Directors, operators and all staff members of day-care centers and group day-care homes every three years from the date initial training is received. The curriculum for the fire safety refresher training shall receive written approval by the State Fire Marshal's Office and be taught by an instructor registered with the Safety Fire Commissioner's Office.

For information regarding fire safety training, please contact Ms. Wanda Butler at 404-656-7646 or by email at [**wbutler@sfm.ga.gov**](mailto:wbutler@sfm.ga.gov).

State Fire Marshal Code Regulations for Child Care Providers

Georgia State Fire Marshal's Office: Day Care Code Summary

Definitions:

1. Day-Care Home: Sub-classifications
 - a. Family Day-Care home: A building or portion of a building in which more than 3 but not more than 7 clients receive care, maintenance, and supervision, by other than their relative(s) or legal guardians(s), for less than 24 hours per day. (One staff member)
 - b. Group Day-Care home: A building or portion of a building in which not less than 7 but not more than 12 clients receive care, maintenance, and supervision, by other than their relative(s) or legal guardians(s), for less than 24 hours per day. (Two staff member)
2. Day-Care Center:
 - a. Group Day-Care home: A building or portion of a building in which more than 12 clients receive care, maintenance, and supervision, by other than their relative(s) or legal guardians(s), for less than 24 hours per day.
 - b. Exception: Places of religious worship where providing Day-Care while services are being held in the building shall not comply with day-care requirements.

Note: Georgia Department of Early Care and Learning (DECAL) Licensing may differ (e.g., DECAL consider 18 clients as group day-care).

Facilities under the jurisdiction of the State:

1. Group Day-Care home having **7** to **12** children.
2. Day-Care Center having more than **12** children.

Facilities not under the jurisdiction of the State:

1. Family Day-Care home having less than **7** children (Local Fire Marshal).

New Day-Care / Existing Day-Care

1. Interior floor finishes in existing day care has no requirements, new requires Class I or II for corridors and exits
2. Fire Alarm Emergency forces notification (Central Station Monitoring) in existing day care not required for 100 or less occupant load.
3. Corridor walls in Existing Day-Care = $\frac{1}{2}$ HR, New = 1-HR.

Who is required to submit Plans to the Fire Marshal's Office:

1. New buildings or portions thereof used as Day-Care.
2. Addition made to, or used as Day-Care.
3. Alterations, modernizations, or renovations of existing Day-Care.
4. Existing buildings or portions thereof upon change of occupancy to a Day-Care.

What to submit to the State Fire Marshal's Office

1. Day-Care plans (architectural, mechanical, plumbing, site, electrical).
2. 354 Plans Transmittal Letter.
3. Fees.

Architect/Engineer Seal Waiver:

OCGA § 25-2-4 Properly submitted plans shall include two (2) sets of architectural, mechanical, plumbing (if any gas piping is to be used), site (parking, fire hydrants, etc.), and electrical plans on minimum 22"x 34" (Engineering or ANSI D size) sheet of paper and one (1) set of specifications. All plans sheets must bear the seal of Georgia Registered Architect or Engineer. Each page must bear the seal. For minor additions and minor renovations a seal waiver is possible on a case-by-case basis (see OCGA § 43-15-24 for more information) provided the total completed construction cost (building, finishes, furnishings, electrical, mechanical, etc.) is less than \$100,000.

- Cost Estimates for NEW Construction can be based upon the total area of the facility times:
 - \$150.00 for 10,000 feet square and less
 - \$.015 x square footage for +10,000 square feet

Mixed Occupancies

Separation of 1 or 2-HR fire barrier fire-resistant walls between Day-Care and any other occupancies, as determined by the 2012 International Building Code are required.

Factors to determine if building requires a sprinkler system

1. Construction type of the building (any type if providing Exit doors leading to outside may exempt).
2. Number of Stories.
3. Age group of the children.

Occupant Load

1. Occupant Load = The floor area assigned for Day-Care usage / Occupant Load Factor (35 ft²).
2. Occupant Load = The floor area assigned for office usage / Occupant Load Factor (100 ft²).
3. Occupant Load = The floor area assigned for Kitchen usage / Occupant Load Factor (100 ft²).

Means of Egress Components:

1. Doors (clear width, panic hardware, etc.).
2. Stairs (handrail, guardrail, treads, risers, etc.).
3. Ramps (maximum elevation between landings, handrails, guardrails, etc.).
4. Corridor [width (mini. 36 in, and maneuvering type for Accessibility requirements 60 in), dead-end issue (20 ft, or 50 ft IF sprinklered), fire resistance (1-HR, or doors leading to outside), ADA requirements, etc.].
5. Number of Exits (minimum of two).
6. Arrangement of means of egress.
7. Travel distance (150 ft, or 200 ft IF sprinklered).
8. Common path (75 ft, or 100 ft IF sprinklered).

GA. Accessibility Code

1. Accessible parking space – regular AND Van accessible, including an accessible route
2. Ramps, Stairs (Change in elevation).
3. Handrail, Guards.
4. Detectable Warning at vehicular areas.
5. Sinks/lavatories shall be accessible.
6. New and renovated restrooms used primarily by children at least 3 years old must be made accessible for children's dimensions
 - Doors shall not swing into the clear floor space of any fixture).
 - Restrooms for children 2 years old and younger are considered diaper facilities
7. Water closets, Grab bars.
8. Drinking Fountains and Water Coolers

Protection from hazards

1. Areas considered as a Hazards area requiring 1-hour fire barrier *and/or* sprinklered.
 - Storage, Janitor closet (1-hour fire barrier *or* sprinklered).
 - Laundry room (1-hour fire barrier and sprinklered if more than 100-ft², or if less than).
 - Mechanical room [water heater, furnace, etc.] (1-hour fire barrier *or* sprinklered).
2. Kitchen Hood to comply with NFPA 96 (commercial or residential hood)

Interior Finish

1. Interior wall and Ceiling finish (Class A, or Class B) classified based on test result of NFPA 255.
2. Interior Floor Finish (Class I, or Class II) classified based on test result of NFPA 255.

Fire Alarm System

1. Day-Care Center shall be provided with fire alarm system, Day-Care Home only requires smoke alarm.
2. Initiation of fire alarm shall be by manual means, by operation of smoke detectors, or any sprinkler system.
3. Notification devices (horn, strobe).
4. Installation of smoke detectors in all corridors, front of doors to stairways, sleeping room (classrooms), and any recreation or lounge areas.

Group Day-Care Home

1. Every story occupied by client shall have not less than two remotely located means of escape. Primary must be a door.
2. Emergency light (No requirements, but recommended).
3. Marking of means of egress (No requirements, but recommended).
4. Protection from Hazards (No requirements).
5. Interior Floor Finish (No requirements).
6. Fire Alarm System (No requirements).

Fire Emergency Response Plan

The facility shall have a comprehensive written fire emergency response plans. Copies of the plan shall be made available to all employees.

Inspections

Fire prevention inspections shall be conducted monthly by a trained senior member of the staff. A copy of the latest inspection report shall be posted in a conspicuous place in the Day-Care facility.

Furnishing and Decorations

Artwork and teaching materials shall be permitted to be attached directly to the walls and shall not exceed 20 percent of the wall area.

Staffing

Staff-to-Client Ratio	Age (months)
1:3	0-24
1:4	25-36
1:7	37-60
1:10	61-96
1:12	97+
1:3	Client incapable of self-preservation

Note: Georgia Department of Early Care and Learning (DECAL) staffing requirements may differ from the above. Typically, they are more restrictive. Exceeding the above or DECAL staffing requirements may subject the facility to additional fire safety requirements.

Also Note: This office highly recommends retaining the services of a Georgia Licensed Architect or Engineer for all projects involving new construction, construction of fire rated structural elements and/or substantial renovations to any existing facility. Though a seal waiver request may be entertained, it DOES NOT relieve the applicant of any and all legal and financial responsibility for compliance with applicable codes.

Contact Information

Allen LaBerteaux, Fire Safety Engineer
Georgia State Fire Marshal's Office Safety Fire Division
2 Martin Luther King Jr. Drive, West Tower Suite 920, Atlanta, GA 30334
Telephone: 404-656-2064
Toll Free: 800-656-2298
alaberteaux@sfm.ga.gov
<https://www.oci.ga.gov/home.aspx>

Georgia Accessibility (OCGA 120-3-20)
<http://www.gainsurance.org/DOCUMENTS/120-3-20.pdf>

Acceptable Plan Submittal Rules



Subject: Acceptable Plan Submittal
To: All Child Care Providers Seeking Licensure

A properly submitted plan review package **MUST** include two (2) sets of **scaled** architectural, mechanical, plumbing, site, and electrical drawings on minimum **22"x 34"** (Engineering or ANSI D size) sheet of paper. Furthermore, a 354 Plans Transmittal Letter (see enclosed) **MUST** be completely filled out. You must specify the occupant load and the capacity (number of children you will be licensed for by DHR) on this form. Any submittal received without a COMPLETED 354 Transmittal Letter will be returned. This includes addendum, resubmission, and any other item that requires an engineer's review.

In order to serve you in a timely fashion, the following information listed below is required as a minimum to be noted and shown on each set of plans submitted for review and approval by the Georgia State Fire Marshal's Office.

- Site plans noting driveway (show relative elevations), parking, handicap parking, proximity of structure to other structures, distance of structures from other structures, walkways, ramps, stairs, fences, passenger loading zone, and location of air or heating unit on the outside
- Dimensions of **all** rooms
- Label all rooms and their use
- Dimensions of bathrooms (New construction must meet **GA Accessibility Code 120-3-20** requirements. Include elevations of all fixtures)
- Location and sizes of all doors, door width, corridors, and windows with **sill** height. Note which direction door swings, length of halls and corridors
- Location of fire alarm components which include pull stations, horn/strobe units, and fire alarm control panel (**Note Location Where Installed or Plan to Install**)
- Location of all smoke detectors (**Note Location Where Installed or Plan to Install**)
- Location of all exit signs (**Note Location Where Installed or Plan to Install**)
- Location of emergency lighting (**Note Location Where Installed or Plan to Install**)
- Location of portable fire extinguishers (Note size, type, and rating)
- Location of furnace and water heater. If unit is in attic, note location. Note BTU input rating of hot water heater and note CFM and BTU of furnace
- Location and type of stove (residential or commercial appliance)
- Location of all stairs (inside or outside), ramps, and slope of ramps
- Construction type on 354 Submittal Form. **Note: construction materials and components of the structure on the plans** (i.e., load bearing walls, interior walls, columns, etc.)
- Show building cross section (drawing of outside of structure) with elevation(s) related to grade
- Location and size of laundry room (residential or commercial appliances)
- If facility has a storage room, note size of room and what will be stored
- Location of fixed fire protection devices (i.e., cooking hood systems and fire sprinklers)

- Construction type on 354 Submittal Form. **Note: construction materials and components of the structure on the plans** (i.e., load bearing walls, interior walls, columns, etc.)
- Show building cross section (drawing of outside of structure) with elevation(s) related to grade
- Location and size of laundry room (residential or commercial appliances)
- If facility has a storage room, note size of room and what will be stored
- Location of fixed fire protection devices (i.e., cooking hood systems and fire sprinklers)

In addition to the information above, properly submitted plans **MUST** bear the seal of a Georgia Registered Architect. An engineer's seal is acceptable as provided under Chapter 15 of Title 43, as applicable under the engineer's license. If plans are not sealed, a written waiver request must be submitted to the Commissioner. (Please be advised that waiver of the seal is not an option for construction projects/alterations which costs are greater than \$100,000 per OCG 43-15-24b). ***This request letter must state construction/alteration cost as justification for omission of the seal of a Georgia registered architect/engineer on the submitted plans.*** Also, if the required seal is waived, **YOU** become responsible for **knowing and meeting** all code requirements. ***The letter must also state that you will assume responsibility for compliance with the code requirements.*** This office enforces NFPA 101-Life Safety Code, 2000 edition with Georgia State Modifications 120-3-3 (the office enforced the 1997 edition NFPA 101 before September 10, 2003), and the Georgia Accessibility Code 120-3-20.

Once plans are submitted to this office they are reviewed in the order they are received. Please be aware that this office reviews plans for the whole state. Therefore, please contact this office for the approximate return time for submitted plans. **Before any construction/ renovation work is started you must have a construction permit and approved plans from this office.**

When you submit your plans to this office they will be reviewed and comments will be made to inform you exactly what will need to be done in addition to what is drawn on the plans. The comments need to be addressed before a request for inspection is made. When your construction is 80% complete, you will need to request an inspection in writing.

At that time, a Fire Safety Compliance Officer will schedule an inspection with you. When you reach 100% completion and all code requirements are in compliance, the final inspection can be requested. If you are in compliance, you will be issued a certificate of occupancy, which in turn can be shown to DHR to complete licensure.

If you have any questions or require further assistance please call the Office of Commissioner of Insurance Safety Fire Division office at 404-656-2064.

Data on Fires That Occurred in Child Care Facilities

Type of Fire	2006	2007	2008	2009	2010
Building fire	7	11	12	17	12
Fires in structures other than a building	1	0	1	0	0
Cooking fire/grease, confined to a container	5	14	8	8	21
Fuel burner/boiler malfunction, fire contained	1	0	0	0	0
Passenger Vehicle fire	1	7	4	3	3
Brush, brush & grass mixture fire	1	4	3	0	0
Grassfire	1	2	1	0	2
Outside rubbish fire	1	1	2	1	1
Dumpster/outside trash receptacle	4	0	1	0	0
Outside Equipment fire	0	1	1	1	0
Fire, other	5	0	4	0	0
Total	27	40	37	30	39
Dollar Loss	\$36,610	\$28,817	\$135,150	\$929,800	\$261,697
Casualties (Fire Service & Civilian)	0	0	0	1 injury	1 fatality 4 injuries

Child Care Resource and Referral Agencies in Georgia

Region 1: Child Care Resource and Referral Agency of North Georgia-Quality Care for Children, Inc.

913 N. Tennessee Street, Suite 202
Cartersville, GA 30120

Contact Gloria Calhoun

(770) 387-0828

Toll Free 1-800-308-1825

Fax (678) 721-6676

gloria.calhoun@qualitycareforchildrenwga.org

<http://www.qualitycareforchildren.org>

Region 2: Child Care Resource and Referral Agency of Metro Atlanta-Quality Care for Children, Inc.

Druid Point- 2751 Buford Hwy
Suite 500 Atlanta, GA 30324

Contact Pam Runkle

(404) 479-4233

Toll Free 1-877-722-2445

Fax (404) 479-4166

pam.runkle@qualitycareforchildren.org

<http://www.qualitycareforchildren.org>

Region 3: Leap Early Learning Partners: Child Care Resource and Referral Agency of GRU

277 Martin Luther King Jr. Blvd, Suite 104
Macon, GA 31201

Contact Julie Phillips

(478) 751-3000

Toll Free 1-877-228-3566

Fax (478) 751-3010

jphillips@gru.edu

<http://www.leapccrr.org>

Region 4: Child Care Resource and Referral of Southwest Georgia at Albany-Darton College

2429 Gillionville Rd. Albany, GA 31701

Contact Soraya Kimbrel-Miller

(229) 317-6834

Toll Free 1-866-833-3552

Fax (229) 317-6968

soraya.kimbrel@darton.edu

<http://ccrr.darton.edu/>

Region 5: Child Care Resource and Referral Agency Of Southeast-Georgia at Savannah - Savannah Technical College

190 Crossroads Parkway Savannah, GA 31407

Contact Sherry Costa

(912) 443-3011

Toll Free 1-877-935-7575

Fax (912) 966-6735

scosta@savannahtech.edu

<http://www.ccrrofsoutheastga.org/>

Region 6: Child Care Resource and Referral Agency of East Georgia-Quality Care for Children, Inc.

3706 Atlanta Hwy, Suite 1 Athens, GA 30606

Contact Vicki Hawkins

Toll Free 1-877-722-2445

Fax (404) 479-4166

vicki.hawkins@qualitycareforchildren.org

<http://www.qualitycareforchildren.org>

Georgia Regional Map

