Applicant's Guide to Licensing

for

Child Care Learning Centers and Group Day Care Homes

Bright from the Start
Georgia Department of Early Care and Learning
2 Martin Luther King Jr. Drive, SE
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Atlanta, Georgia 30334
404-657-5562
www.decal.ga.gov

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Applicant's Guide to Licensing

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Section A: Introduction

Steps for Successful Application 1A
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STEPS FOR SUCCESSFUL APPLICATION

1. Obtain the licensing application package (Applicant's Guide to Licensing) and become familiar with appropriate rules for the type of facility you are planning. The package may be downloaded from Bright from the Start website www.decal.ga.gov

2. Attend a Licensure Orientation Meeting (LOM) conducted by Bright from the Start: Georgia Department of Early Care and Learning. Classes are held monthly and schedules are posted on the website at www.decal.ga.gov

3. Classes are free and no registration is required, but space is limited.

4. Determine what other 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/or requirements that will apply to the facility. Begin securing the appropriate approvals needed for the facility from these agencies.

5. Plan your facility for compliance with the rules and submit your completed application to the Applicant Services Unit (ASU) at Bright from the Start: 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.

Submit your Application Part A including a detailed and readable floor and site plan and the facility's detailed operation plan along with the applicable checklist for each. Each checklist should be very detailed and should provide all the information requested.

Part A application includes:

- Written zoning approval for the type of facility you are planning must be included with this initial application. This approval must state that property is zoned for the type of facility you are planning.
- 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.
- Specifically for corporations, a certificate of incorporation with the articles of incorporation must be included as well as by-laws, when applicable.
- Also for corporations, all information listed on the application regarding your corporation should match the information listed with Secretary of State. This can be verified at www.sos.ga.gov/corporations

6. 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.

Part B approvals include:

a. Complete Part B application
b. A certificate of completion of a 40-hour director's training course that has been approved by the Department. The director responsible for day-to-day operation of the center shall complete the training.
c. Results of satisfactory fingerprint record checks for staff completed via Live Scan.
d. 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
e. Final Certificate of Occupancy/Inspection from the agency who has jurisdiction for fire approval
f. Final Certificate of Occupancy/Inspection from the agency who has jurisdiction for building approval and occupancy or a letter stating no building inspection/approval needed for occupancy
g. Completed vehicle inspection
h. Completed Initial Licensing Study Staff Profile for facility staff
i. Map or directions to the facility
j. Director's application for employment

7. After approval of application Part B, your ASU consultant will contact you to review the 28 page Licensing Prep Checklist and to schedule an on-site inspection to determine compliance with the rules and regulations. If your facility is approved during the on-site inspection, post "**Permission to Operate**" notice, begin operation and pay your annual licensing fee within 30 days in order to receive your licensing certificate. License fee payments can be made at www.decalkoala.com once you have created an account.

APPLICATION DEFINITIONS

Child Care Learning Center:

- is operated by a person, society, agency, corporation, institution, or group that receives pay for care of children.
- children remain less than 24 hours per day.
- provides care for 19 or more children, under 18 years of age.

Group Day Care Home:

- is operated by any person, partnership, association, or corporation that receives pay for care of children.
- operates less than 24 hours per day.
- provides care for 7 to 18 children, under 18 years of age.

If you plan to operate a Family Day Care Home in a private residence to serve 3 to 6 children not related to you, you **do not** need to obtain a license through the process described in this manual. You **will** need to contact the Bright from the Start: Georgia Department of Early Care and Learning to obtain the necessary registration materials.

Section B:
Application for License
Part A

Application Part A……1B
Instructions for Completing Application Part A…….…..2B
Application Part A Checklist..……..……..…3B

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

APPLICATION FOR LICENSE PART A

License or Commission (**CHECK ONE**)
Child Care Learning Center: _____ License _____ Commission
Group Day Care Home: _____ License _____ Commission

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

Owner/Applicant Information:

_____
(Name of Corporation/LLC/Individual Owner/Board)

_____
(Mailing Address) (City/Zip) (County)

_____
(Daytime Telephone No.)

_____
(E-mail Address) **(required)**

Facility/Site Information:

_____
(Name of Center)

_____
(Site Address) (City/Zip) (County)

_____
(Facility Telephone No.)

_____
(Facility fax number)

Type of Ownership **(CHECK ONE)**
_____ Individual _____ Corporation
_____ Partnership _____ Board-Sponsored

Profit/Nonprofit **(CHECK ONE)**
_____ Profit
_____ Nonprofit

Location Change? ☐ Yes ☐ No (NOTE: If this is a change of ownership, a different application is required.)
If yes, this is a change in location, please provide the current address of the facility:
Facility Name/ Current Address_____
Is facility currently operating? ☐ Yes ☐ No
Corporation EIN#_____ or Individual Owner SSN#_____

A corporate owner must submit a copy of corporation papers including Certificate of Incorporation, Articles and By-Laws, when applicable. Board-sponsored facilities must submit a list of board members and minutes from the most recent board meeting approving the facility.

Person Legally Responsible for business and Official Address for all Correspondence:	For Corporations and LLCs Only: Name and Address of Agent for Service for Facility: (person registered with the Secretary of State's office as the agent)
Name	Name
Street or P.O. Box	Street or P.O. Box
City/State/Zip	City/State/Zip
E-mail Address	E-mail Address

Do you own any exempt child care facilities in the State of Georgia? ____ Yes _____ No

If yes, list the official name and address of the exempted program.

_____

(Name, Site Address, City, State, Zip and County)

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

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

Landlord's Name and 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:

___Infants & Toddlers (Ages 0-2)	___Transportation/Field Trips
___Preschoolers (ages 3-4)	___Evening Care (7:00 pm – 12 midnight)
___School Age (Ages 5+)	___Night Care (12 midnight – 6:00 am)
___School Age Only	___Mildly Ill Care
___ Subsidized Care	___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 ½ " x 11")

___ Two (2) copies of readable Site Plan (1 copy must be 8 ½ " 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

___ Signed "Affidavit Verifying Status for CCLC/GDCH License Application" form (owner completes)

___ Signed lease agreement for facility, if applicable

Has the center identified the facility director? ___ yes ___ no

If yes, please list director's name: _____

Please note that in order to obtain a valid license; the director, and required employees, must have received a satisfactory national fingerprint criminal record check clearance from Bright from the Start within the preceding twelve months. If your license application is completed more than twelve months from the date the director and employees received a satisfactory national fingerprint criminal record check clearance from Bright from the Start, you will not receive a valid license until you submit new national fingerprint criminal record check application for the director and required employees through Cogent.

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, an 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 nontransferable.

D. I will ensure that the center/group day care home adheres to all licensing requirements.

E. I assume responsibility for conducting the affairs of the center/group day care home herein described and for meeting all applicable regulations.

F. I understand that the center/group day care home is subject to unannounced inspections by Bright from the Start: Georgia Department of Early Care and Learning at any time during operation hours.

G. I understand that a license to operate a center/group day care home is not transferable to another individual or location.

H. I understand that remodeling or modification to the center/group day care home requires a plan review by Bright from the Start: Georgia Department of Early Care and Learning 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, if incorporated, I am required to retain an attorney to represent the corporation in any appeal or other litigation scheduled to be heard before the Office of State Administrative Hearings or any other judicial body. "(O)nly a licensed attorney is authorized to represent a corporation in a proceeding in a court of record, including any proceeding that may be transferred to a court of record from a court not of record." Eckles d/b/a/ Atlanta Technology Group v. Atlanta Technology Group, Inc., 267 GA. 801 (1977). See also Office of State Administrative Hearings Administrative Rules of Procedure, Ga. Comp. R & Regs. 616-1-2-.34(1).

K. I understand that, pursuant to O.C.G.A. § 49-5-12(t), 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.

False or misleading statements made on any part of the application will void this application and nullify any license issued on the basis thereof.

_____ _____

Signature of Corporation/LLC Name or individual owner Date

*_____ _____

Board Chairman /President/CEO Date

(*use this line only if you are a corporation/LLC/Board-sponsored)

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 Bright from the Start license or registration is a public benefit issued to the owner of a child care facility each year. Therefore, Bright from the Start 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 document **or** affirm that these documents were previously submitted. **You cannot pay your license fee or receive your 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?

Those owners who were previously verified as U.S. citizens does not have to re-submit lawful presence verification. Their 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 owner is the same.

Those 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 1st each year to owners who were previously submitted the documents as a legal permanent resident, qualified alien or non-immigrant.

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 Bright from the Start. Those 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

An entire 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@decal.ga.gov. Fax and e-mail are preferred and will allow the shortest processing time. If necessary, you may mail them to:

Bright from the Start
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 FAQ's, 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 the department to obtain the forms for each benefit that will be issued.

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

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

License Number _____

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 person*]

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:

1) _____ I am a United States citizen 18 years of age or older. **Submit a *legible* front and back copy of your current secure and verifiable document(s) such as a driver's license, passport, military ID or other document as listed below.**

2) _____ 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 document(s) such as a driver's license, passport, military ID or other document as listed below.**

3) _____ 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 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 document, as required by O.C.G.A. Sec. 50-36-1(e)(1), with this affidavit. **The secure and verifiable 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

Mailing Address: _____
Street or P.O. Box City State Zip

Contact Phone Number _____ E-mail Address _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20____

_____ My Commission Expires: _____
NOTARY PUBLIC

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR LICENSE – PART A

1. License or Commission: Check either Child Care Learning Center or Group Day Care Home. A Child Care Learning Center is defined as providing group care, for pay, without transfer of legal custody, for 19 or more children. Group Day Care is defined as providing group care, for pay, without transfer of legal custody, for 7-18 children.

   Commission: A certificate conferring authority to perform various acts or duties.

   **You are required to complete the same process whether you are seeking a license or commission to operate.

2. 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.)

   Sole Proprietorship: Complete this section if one person owns all the assets of the business and is solely liable for all debts of the business.

   Partnership: Complete this section if two or more people own the business. A partnership is a voluntary contract between two or more persons to carry on as co-owners, a business for profit.

   Corporation: Complete this section if a corporation owns the business. The **name of the corporation** will be shown as **applicant**.

   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 Registration, Articles of Incorporation, and the By-Laws must also be attached to the application.

   Board Sponsored: Complete this section if a board owns the business. The name of the Board will be shown as applicant. Minutes from the board meeting approving the facility's operation, and a list of board members must also be attached to the application.

   Association: Complete this section if an association such as a community association or parent association owns the business. An association is used to indicate a collection of 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.

   Limited Partnership: Complete this section if a limited partnership or Limited Liability Company owns the business. The name of the LLC/LLP will be shown as applicant. The

Articles of Organization are also required to be attached to the application. This information must be consistent with documents filed with the Secretary of State's Office.

3. Name of Center: Write the name of the center exactly as you want it to appear on the license/commission. Show the complete address for where the center will be located including the county and zip code. Effective 5/7/09 all centers are required to furnish the Department e-mail contact information so that this agency may contact the center and send information via e-mail. Please be sure to list your e-mail address accurately in this section. (Rule 290-2-1-.05(f) for GDCH and 591-1-1-.16(g) for CCLC)

4. Type of Ownership: Check the one that applies to your center. Remember to attach supporting documentation depending on the type of ownership.

5. 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 corporations or board-sponsored facilities, this would be the Chief Executive Officer (CEO) or Board Chairman.

6. 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. This information, such as name and address, must be consistent with documents filed with the Secretary of State's Office.

7. 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), and proposed days of operation (Monday-Friday), and 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, Site Plan, Operation Plan, completed checklists and self-addressed, stamped envelope to the application.

8. Owner(s) of Center: This information should be consistent with Page 1, Applicant Information. If owned by a corporation, the corporation name will go on Page 3 and the CEO will sign below and should be a signature-not a printed name.

9. Board Chairman/President: This information should be consistent with Page 1, Applicant Information and should be a signature-not a printed name.

Georgia Department of Early Care and Learning

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

Nathan Deal
Governor

Amy Jacobs
Commissioner

Formal Partnership Requirements

A license can only be issued to one individual, and cannot be shared. So, *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.

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 a copy of their partnership agreement is included with the application. Partnerships would not be required to have a registered agent.

A **partnership agreement** does not have to be done by an attorney. There are free forms on-line. 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 that had 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 and/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.

April 28, 2015

CHECKLIST – APPLICATION PART A

Applicant's Name: _____
Facility Name: _____ County: _____

Owner/Applicant information correct: _____

EIN Number or SSN: _____

Corporation/LLC information correct: _____
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 appropriate agency with local jurisdiction or a letter stating no zoning required _____(dated within last 12 months)

Agent for Service information complete _____ (Must match Sec. of State)

Owner of building is applicant: Yes or No, Landlord _____
Copy of lease agreement included _____

Center's proposed months, days, and hours of operation shown: _____

Months of operation: _____
Days of operation: _____
Hours of operation: _____

Age range of children to be served: _____

Application includes all appropriate signatures: _____

Large, self-addressed, stamped envelope included: _____

LOM certificate attached: _____

Zoning verification attached:_____

Completed "Affidavit Verifying Status" form from owner and Verifiable documents (front and back copy) attached:_____

ADDITIONAL COMMENT:
Please note: Your parent policies and daily schedules should match Application Part A for the months, days, hours, and age range of children to be served.

Section C:

Criminal Records Checks

Criminal Records Checks Guidelines…….……...1C
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CRIMINAL RECORDS CHECK GUIDELINES

Georgia law (O.C.G.A. Title 20-1A-30 et.seq.) requires 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.

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.

FINGERPRINT PROCESSING: The director and all employees are required to contact Cogent Systems to register for fingerprinting. They may register online at www.ga.cogentid.com or by calling 1-888-439-2512. They must also submit a notarized criminal records check application to Bright from the Start by fax to 404-657-8936 or mail to Criminal Records Check office; 2 Martin Luther King Jr. Drive, SE; Suite 754, East Tower; Atlanta, Georgia 30334.

Who must be fingerprinted?

a) Director of licensed facilities.
b) All employees in a licensed facility
c) 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 their last satisfactory fingerprint check results. If the fingerprint records check determination was processed less then (12) twelve months earlier, a copy of current results must be submitted for verification.

Please note that in order to obtain a valid license the director and all employees must have had a satisfactory national fingerprint criminal record check clearance from Bright from the Start within the preceding twelve months. If your application is completed more than twelve months from the date the director and employees received a satisfactory national fingerprint criminal record check clearance from Bright from the Start, you will not receive a valid license until you submit a new national fingerprint criminal record check application through Cogent.

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.

Who must have a criminal records check determination?
All Employees must have them.

An Employee is defined as anyone who:

A. Performs duties for the facility with or without compensation

AND

B. Involves personal contact with child(ren) in care

OR

C. Resides at the facility

LIVESCAN FINGERPRINTING PROCEDURE

For Childcare Directors, Employees, Volunteers

LiveScan fingerprinting is an electronic Georgia Applicant Processing Service (GAPS) managed by Cogent Systems, Inc. Your fingerprints will be scanned with a computer.

You DO NOT need inked fingerprint cards.

REGISTER with Cogent Systems, Inc. before you visit a fingerprinting location

STEP 1 Visit the Cogent Systems website at www.ga.cogentid.com

STEP 2 Select the **APPLICANT REGISTRATION** tab at the left bottom of screen

STEP 3 Choose the **Department of Early Care and Learning (DECAL)** tab to register

STEP 4 Choose **REGISTER TO BE FINGERPRINTED**

STEP 5 Non-Criminal Justice Applicant's Privacy Rights – if you read and accept the terms, check the box at the bottom of the page and press continue

Notes: All fields highlighted in yellow are required

The Reviewing Agency ID number is pre-populated. Do not change this number.

Do not add anything in the Requesting Agency Section.

STEP 6 **REASON:** In the drop down menu for **Reason**, select **"DECAL – Daycare Director/Employee**

STEP 7 **PAYMENT*:** In the drop down menu for **Payment**, select one of the following choices:

- **Credit Card** *Note: No unemployment cards, child support cards or gift cards accepted*;
- **Money Order** *Note: Money Orders can be used for Single Applicant Registration only, and the applicant must provide the money order payable to* **3M Cogent – GAPS** *at the GAPS Print Location before being fingerprinted;*
- **Agency** *Note: This option can only be selected if the employer has established a Billing Account with 3M Cogent and provided you with the appropriate billing codes and password.*

**Notes about Payments:*

- Payment by cash or personal check **WILL NOT BE ACCEPTED**.
- **The processing fee on or after April 1, 2015 is $51.00.**

STEP 8 If you selected **Agency** as the method of payment, fill in the Billing Code and Billing Password. If you are paying by credit card or money order, leave these fields blank.

STEP 9 Fill in required **PERSONAL AND ADDRESS INFORMATION** and click **CONTINUE.**

Note: If you did not enter your Social Security Number, you must take your registration receipt with you to the fingerprint site and use the Registration ID to be fingerprinted.

STEP 10 **VERIFY** your registration information and click the **SUBMIT** button to advance to the next page.

STEP 11 **RECORD** your Registration ID number on your Records Check Application to be mailed to Bright from the Start

STEP 12 **PRINT OR EMAIL** your Registration Receipt. Bring a copy of your receipt to the fingerprinting site and keep a copy for your records.

SELECT A FINGERPRINTING LOCATION:

STEP 13 Select the **FINGERPRINT LOCATIONS** link at the bottom of the COGENT web page.

STEP 14 Click a GAPS region to identify the GAPS Service Site nearest you.

ELECTRONIC FINGERPRINTING:

STEP 15 **Gather the following documents:**

- Registration Receipt listing your registration confirmation number
- Two copies of your valid and unexpired picture identification document (See next page for valid ID options). One copy is for STEP 16; the other copy is for STEP 22.
- Payment if you chose the Money Order option in STEP 7

STEP 16 **VISIT** the Print Site Location you chose and electronically **SCAN** your fingerprints.

(Your results will be transferred electronically to Bright from the Start for review)

RECORDS CHECK APPLICATION:

STEP 17 Complete the Records Check Application form. **BE SURE TO INCLUDE** your Cogent registration ID number.

STEP 18 Sign the completed Records Check Application form in front of a notary public and have the notary public also sign and stamp or seal.

STEP 19 Mail the completed, signed and notarized Records Check Application form along with a photocopy of your valid and unexpired picture identification document from STEP 15 to:

Bright from the Start: Georgia Department of Early Care and Learning
Criminal Records Unit
2 Martin Luther King Jr. Drive, SE
Suite 754, East Tower
Atlanta, GA 30334

(Do not send any payment with this application)

COGENT SYSTEMS APPROVED IDENTITY VERIFICATION DOCUMENTS

Cogent Systems requires current, valid and unexpired picture identification documents. As a primary form of picture identification one of the following will be accepted at the GAPS Print Locations:

Primary Documents:

- State Issued Driver's License with Photograph
- State Issued Identification Card with Photograph
- US Passport with Photograph
- US Active Duty/Retiree/Reservist Military ID Card (000 10-2) with Photograph
- Government Issued Employee Identification Card with Photograph (includes
- Federal, State, County, City, etc.)
- Tribal Identification Card with Photograph

However, in the absence of one of the above Primary identifications, applicants may provide **one** or more of the following Secondary Documents, **along with two** of the supporting documents listed below:

Secondary Documents:

- State Government Issued Certificate of Birth
- Social Security Card
- Certificate of Citizenship (N560)
- Certificate of Naturalization (N550)
- INS I-551 Resident Alien Card Issued since 1997
- NS 1-688 Temporary Resident Identification Card
- INS I-688B, I-766 Employment Authorization Card

Secondary Documentation must be supported by *at least two* of the following:

- Utility Bill (with current address)
- Voter Registration Card
- Vehicle Registration Card/Title
- Certificate of Naturalization (N550)
- Current Paycheck Stub with Name/Address
- Cancelled Check or Ban

BRIGHT FROM THE START

Georgia Department of Early Care and Learning

RECORDS CHECK APPLICATION FOR CHILD CARE FACILITIES

TO BE COMPLETED BY APPLICANT: **COGENT Registration ID:**_____

(Please read instructions on back before completing this application.)

1. APPLICANT TYPE:
- ☐ Owner (present in facility)
- ☐ Director
- ☐ Lead Teacher
- ☐ Current Employee /Resident/Volunteer
- ☐ Potential Employee/Resident/Volunteer

2. FACILITY TYPE:
- ☐ Family Day Care Home
- ☐ Group Day Care Home
- ☐ Childcare Learning Center

3. PRINT FULL NAME: _____ _____
(LAST FIRST MIDDLE MAIDEN) (DATE OF BIRTH)

_____ _____ _____ _____
(GENDER) (RACE) (SOCIAL SECURITY NUMBER) (PLACE OF BIRTH)

_____ _____ _____ _____ (_____) _____
(HEIGHT) (WEIGHT) (EYES) (HAIR) (HOME TELEPHONE NUMBER)

(_____) _____ _____
(CELL PHONE NUMBER) (PERSONAL E-MAIL ADDRESS)

_____
(HOME ADDRESS: STREET CITY STATE ZIP)

_____
(MAILING ADDRESS: STREET/P.O. BOX CITY STATE ZIP)

4. IDENTIFICATION #: _____; *OR* _____ **AND** _____ **AND** _____
(PRIMARY) (SECONDARY) (SUPPORTING #1) (SUPPORTING #2)

5. I hereby authorize Bright from the Start: Georgia Department of Early Care and Learning ("Department") to receive any criminal history record information pertaining to me which may be on file with any criminal justice agency in the United States and its territories. I further authorize the Department to release a fitness determination to the child care provider named below. I understand that this authorization is valid for up to and including 180 days from the date of signature. Georgia law authorizes the Department to require additional fingerprint records checks when the department has reason to believe that I have a criminal record that renders me ineligible to have contact with children in the center or during the course of a child abuse investigation.

_____ _____
(NOTARY SIGNATURE) (APPLICANT'S SIGNATURE)

Notary Public_____, Georgia My Commission Expires:_____
(COUNTY) (DATE)

6. TO BE COMPLETED BY FAMILY DAY CARE HOME PROVIDER or FACILITY DIRECTOR:

_____ _____
(NAME OF PROVIDER OR FACILITY) (LICENSE, REGISTRATION OR APPLICATION NUMBER)*

_____ _____
(FACILITY STREET ADDRESS) (CITY, STATE, ZIP)

_____ _____
(MAILING ADDRESS) (CITY, STATE, ZIP)

7. My signature indicates that I am the Director and that I have verified the above information on the applicant.

_____ _____ _____
(DIRECTOR'S SIGNATURE) (DATE) (TELEPHONE NUMBER OF CENTER)

_____
(DIRECTOR'S NAME – PLEASE PRINT)

*Required

MAIL TO:
BRIGHT FROM THE START: GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING
2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower
Atlanta, Georgia 30334
(404) 656-5957
(SEE INSTRUCTIONS ON BACK OF FORM)

Revised 05/22/13

BRIGHT FROM THE START

Georgia Department of Early Care and Learning

RECORDS CHECK APPLICATION FOR CHILD CARE FACILITIES

INSTRUCTIONS FOR COMPLETING RECORDS CHECK APPLICATION

(Be sure to complete the fingerprinting process before sending in this application.)

Please use a blue or black ball point pen, press firmly, and PRINT legibly.

APPLICANT WILL COMPLETE THE FOLLOWING:

First, write your COGENT ID number at the top of the form in the space provided.

1. **Check the correct box that identifies the criminal records check applicant.**
2. **Check the box for the type of child care facility.**
3. **Print your full name, including your MAIDEN name. DO NOT use initials if you have a given name.**
   Print your date of birth.
   Print your gender.
   Print your race.
   Print your Social Security Number.
   Print your place of birth: City or County, State and Country if not USA.
   Print your height.
   Print your weight.
   Print the color of your eyes: DO NOT abbreviate: Brown, Black, Grey, Blue, Green, Hazel, or Other.
   Print the color of your hair: DO NOT abbreviate: Brown, Black, Grey, Red, Blonde, Bald, or Other.
   Print your home and cell telephone numbers with area code.
   Print your complete home address.
   Print your complete mailing address if different than your home address. If your mailing address is the same as your home address, print "SAME AS ABOVE" on that line. *Note that record check results will be mailed both to the center and to the mailing address entered here.*
4. **DECAL requires valid and unexpired photograph identification documents to process this application. See the following page for acceptable forms of ID. Attach a photocopy of the picture identification document(s) that you provided to the LIVE SCAN fingerprinting facility to this application. In the space provided, please indicate the number of the ID document you submit according to the list on the following page.**
5. **ALL APPLICATIONS MUST BE NOTARIZED.**
   Read the consent statement.
   In front of a Notary Public, sign your name as you would on a bank check or business letter.
   Obtain Notary's signature, county and commission expiration date.

DIRECTOR WILL COMPLETE THE FOLLOWING:

6. **Print clearly and give complete mailing address.**
   Print the name of your center as it appears on your license application.
   Print the license, registration or application number of your facility.
   Print the county.
   Print the mailing address of your center.
   Print the city/state/zip.
   Note that record check results will be mailed to the address that is entered here.
7. **Director must sign his/her name as it would appear on a bank check or business letter.**
   Print your name below your signature.
   Print date signed.
   Print center's telephone number.
8. **Submit the completed, witnessed and signed form to:**

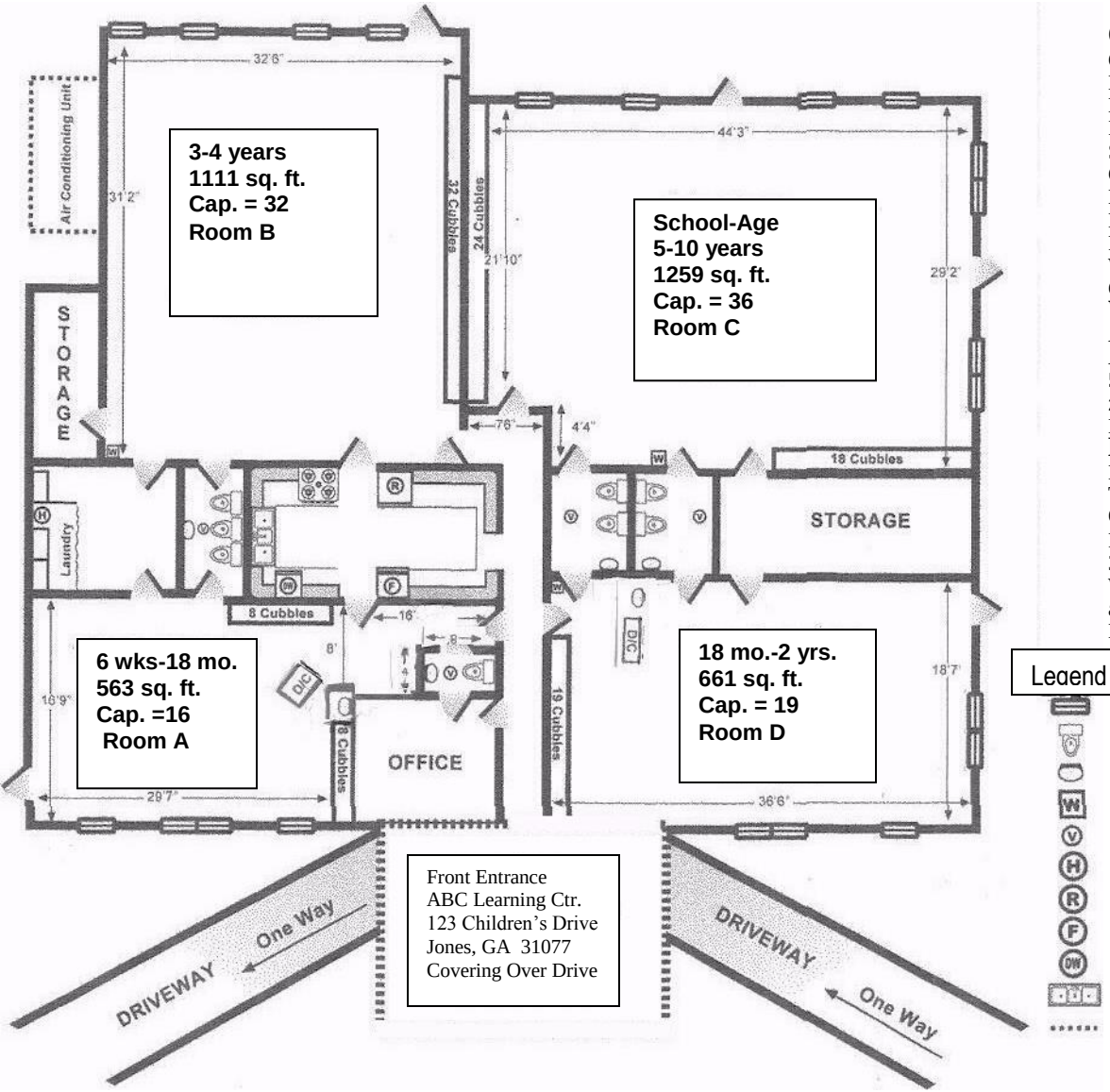
BRIGHT FROM THE START:
GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING
Records Unit
2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower
Atlanta, Georgia 30334

Revised 05/22/13

Section D: Physical Plant Requirements

Sample Floor Plan 1D
Licensed Capacity Requirements/Conversion Table 2D
Example 3D
Windows 4D
Staff: Child Ratios 5D
Mixed Age Groups 6D
Diaper Changing Area 7D
Storage Space/ Bathrooms 8D
Kitchen/Laundry/ Building Safety and Repair 9D
Floor Plan Checklist 10D

SAMPLE FLOOR PLAN



General

Ceiling Height = 8'
Built in Diaper Change Table (D/C) size = 8' \ 2'
Hot and Cold Water at Diaper Change Tables.
Ill children will stay in office.
Six Double lights (fluorescent) in each room.
Gas heat/cooling units located outside building.
Hot Water Heater (gas)located in laundry room.
Building on ground level.
Floor: Carpet/Vinyl.
Walls: Painted Sheetrock
Ceiling: Acoustical Tile

Windows

All Windows are 5' x 2'6" = 13 sq. ft.
All Windows 38' from floor.
50% of Windows screened and operable (S/) portion 2°8"x 2'8").
Blinds at Windows to dim light during nap.

Kitchen

Electric Stove, domestic.
Three-Compartment Sink.
One Dishwasher.
Formica Counters.
35' Linear foot of' counters with Storage Area.
Wall hung cupboards over all counters for food storage, dishes and glasses.
Kitchen light shielded with glass protector.

Legend

=Two Windows
=Toilet
=Sink
=Water Fountain
=Vent
=Hot Water
=Heater
=Refrigerator
=Freezer
=Dishwasher
=3 compartment sink
=4' Chain Link Fence

LICENSED CAPACITY REQUIREMENTS

Intent: 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.

The licensed capacity of each child care room is figured in the following way:

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

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

- 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.

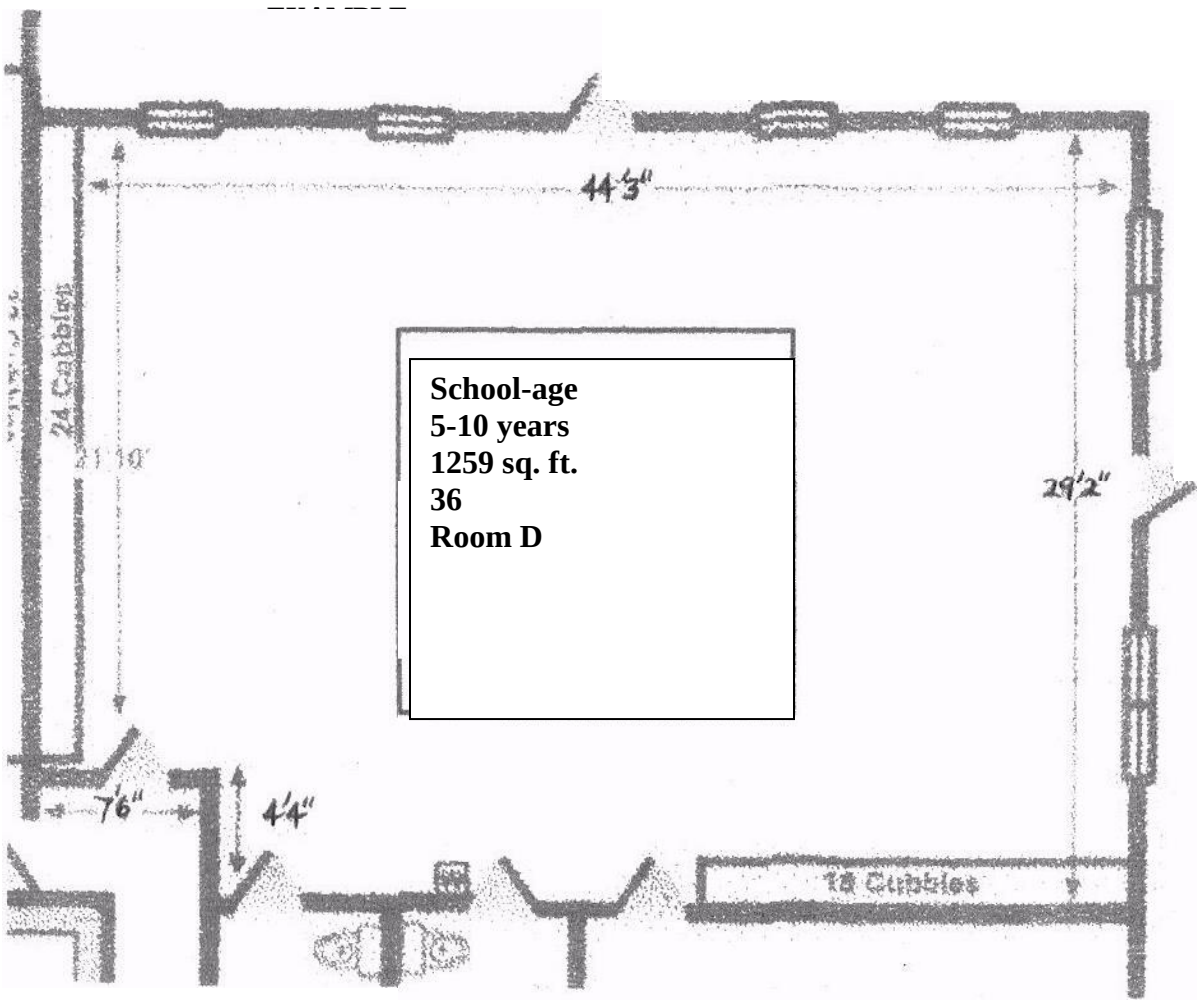
- To determine the capacity of the room divide the useable floor space by 35 square feet. Express the figure as a whole number by rounding decimals of .50 and above up, and those of .49 and below down.

- 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	



School-age
5-10 years
1259 sq. ft.
36
Room D

ROOM SPACE: 1291-32=1259 divided by 35 =35.9 = (round up) **36 children**

29'2" x 44'3"
(2"=.17)(3"=.25)
29.17 x 44.25= 1290.7 (round up)=**1291** square feet
Less the entrance protrusion:
7'6" x 4'4*
(6"=.50) (4"=.33)
7.50 X 4.33=32.4 (round down)=**32**

WINDOWS

WINDOW SPACE REQUIREMENTS FOR CENTERS <u>WITHOUT CENTRAL HEAT & AIR</u>

(NOTE: THIS ONLY APPLIES IF YOU DO NOT HAVE A CENTRAL UNIT OR AIR CONDITIONER UNITS.)

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.
- 50% of required window space must be screened and operable.
- To determine amount of space of the window multiply the length times (X) the width of the window to obtain the total square footage.

WINDOW SPACE REQUIREMENTS FOR CENTERS HAVING NO VENT FANS OVER THE DIAPERING SURFACES

- If no exhaust/ventilation fan is over the diapering area, operable window space must equal 2.5% of the useable floor space.

Example: A room in the center has 1,259 square feet of usable floor space and will house diapered children.

1,259 X 2.5%=31 square feet of screened and operable window space needed.

To measure screened and operable window space:

Open the window to the maximum opening position.

Measure the screened open area.

(Ex. 2’2” X 2’0”=4.3(round down) = 4 square feet of screened and operable space for this window.

If this room needs 31 square feet of screened and operable space, then you would need 8 windows screened and operable.

Note: Screens should fit tightly to prevent insects.

STAFF:CHILD RATIOS

CHILD CARE LEARNING CENTER

AGE	# ADULTS	# CHILDREN
Birth to 18 months (not walking)	1	6
One (1) year olds	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 and older	1	25

GROUP DAY CARE HOME

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

MIXED-AGE GROUPS FOR CHILD CARE LEARNING CENTERS

Children may be combined in mixed-age groups provided that infants and children younger than three (3) years are not grouped with children three (3) years and older except as set forth below. In mixed-age groups, the required staff:child ratios shall be based on the ages of the youngest children in the group if more than twenty percent (20%) of the children in the mixed-age group belongs to younger age grouping(s).

During first hour of the center's operation and last hour of operation, infants and children younger than three (3) years may be grouped with older children so long as staff:child ratios and group size are met based upon the age of the youngest child present 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 written agreement of the older child's parents and is developmentally appropriate for the child.

MIXED-AGE GROUPS FOR GROUP DAY CARE HOMES

When children of different ages (including children less than 3 years) are housed together in one room, the ratio shall be based on the age of the youngest child present.

When children of different ages (3 year olds and older) are housed together in one room, the ratio shall be based on the age of the majority of the children in the group.

DIAPER CHANGING AREAS

The rules require 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 crawling or pulling up in this room.
- have ventilation. This can be provided by a functioning exhaust fan or by the required amount of operable/screened windows.

<u>Note</u>: Position diaper changing tables so that staff members can see the whole classroom as they diaper. This will help greatly with supervision. If diapering tables do not face the room 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 classroom.

- Personal storage (coats, personal belongings, etc.) must be accessible (within reach) of children (age 1 yr. and older). Storage should also be large enough to accommodate the size of the child's belongings.

- Diaper bags must be out of reach of children and should be accessible to diaper changing area.

- Sleeping equipment (mats, cots) can be in classroom, safe from children's access.

- Allow maximum use of play space.

TEACHERS' SUPPLIES

- Must be kept out of reach of children. (Examples: Teachers' purses, White-out, large teacher/adult scissors, staplers.)

HAZARDOUS ITEMS

- First aid supplies, cleaning tools, supplies and medicines must be kept out of reach of children in 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.

- If you install any toilet or lavatory of adult height that would be used by children in any room of your facility, you must provide steps or a platform.

- Refer to your copy of the rules for the required sink/toilet ratios. Note that all applications received after 12/22/09 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.

- Your 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 and a written supervision plan must be on file.

- Toilet facilities for four-year-old children and older must be screened for privacy (for example: partitions or dividers between toilets).

- Supplies should be in children's reach: tissue should be in the child's reach when seated on the toilet; liquid soap and paper towels must be in 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.

KITCHEN/LAUNDRY/BUILDING SAFETY & REPAIR

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

- This includes either a 3 compartment sink or a 2 compartment sink with a dishwasher that meets sanitizing criteria.

- An approved dishwasher has a sani-cycle or maintains rinse water of 150 degrees.

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

- Refrigerator must be 40 degrees or lower and the freezer must be 0 degrees.

- Areas for food preparation must be non-porous, easily cleaned and have no unsealed cracks or seams.

- Areas for storage of food, eating utensils and cookware must be provided.

- If your facility plans to have 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.

LAUNDRY

- Must be separate from child care areas.

- Must contain covered storage for soiled linens.

Note: Children cannot pass through kitchens or laundry areas to reach other parts of the facility or 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 maintaining the building in good repair.

FACILITY TYPE:

☐ (CCLC) Child Care Learning Center (19+ children)

☐ (GDCH) Group Day Care Home (7-18 children)

FLOOR PLAN CHECKLIST

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 this checklist.

1. 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 8½" by 11" for the Bright from the Start: Georgia Department of Early Care and Learning file. An evaluated copy will be returned to you.

2. Submit a copy of this completed Floor Plan Checklist.

3. Submit a self-addressed, stamped envelope (sufficient in size with adequate postage) for you 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
   CCLC = Rules and Regulations for Child Care Learning Centers
   GDCH = Rules and Regulations for Group Day Care Homes

Will the program operate in a private residence? ____Yes ____No

Office Use Only	Office Use Only	Office Use Only	**Please draw / clearly indicate the following information marked with a "✎" on your floor plan drawing AND answer questions noted on each item.** **<u>Do not skip any item on this checklist.</u> 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 wks. to 12 months) Please draw the entrance to the facility. (Account for all ages listed on Appl. 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. (Ex. 16'2" x 9'7"= 155 sq. ft.) ✎ CCLC #591-1-1-.19 GDCH #290-2-.12(i)
			5. Are there any parts of the building or residence that will not be used for the child care program? If yes, explain the use of the other areas and draw in on your plan. (Group day care homes need to show child care room(s) in relation to private residence.) (Church or school centers should show child care rooms in relation to other rooms within the building and in relation to buildings/offices on the grounds.) (If none, write N/A) ✎ _____ _____ CCLC #591-1-1-19
			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. ✎ CCLC #591-1-1-.06(2) GCDH #290-2-1-.12(m)
			7. Are bathrooms fully enclosed? _____ Yes _____No Bathrooms need to be fully enclosed (ie no partial walls and no half doors) CCLC #591-1-1-.06(4) GCDH #290-2-1.12(p)
			✎ 8. Draw the location of each flush toilet, each potty chair and sink to be used by children. There are a total of _____ flush toilets _____ potty chairs and _____ sinks. (Fill in total numbers to be provided.)

			Do the sinks for children have warm, running water? ____ Yes _____ No CCLC #591-1-1-06(1) GDCH #290-2-1-.12(m)
			9. Are the toilets and sinks child-sized? _____Yes _____ No (draw on plan) If not, explain your plan to make them accessible to children. (Ex. stools/ platforms) _____ CCLC #591-1-1-06(5) GDCH #290-2-1-.12(o)
			10. If you **<u>do not</u>** have central heat and air, draw the location of all windows. Give the measurements for the screened area of the window. If you **do** have central heat/ air, write N/A._____ CCLC #591-1-1-.25(4) GDCH #290-2-1-.12(k)
			11. Are there any windows with glass 24" or less from the floor? ____ Yes ____No 12. Are there any full length glass doors in the building?____ Yes ____No If yes, do those windows/doors have an etching/label indicating they are "tempered/ safety glass"? ____ Yes _____ No If not, indicate the method used to provide a protective barrier over the windows/doors (Ex. plastic lattice, Plexiglas) _____ CCLC #591-1-1-.25(21) GDCH #290-2-1-.12(i)11
			13. Draw the location of the hot water heater(s). If accessible to children, describe the barrier that will be used. (Ex. In a latched closet, or cabinet with a latch) CCLC #591-1-1-.25(12) GDCH #290-2-1-.12(i)6
			14. Draw the location of laundry areas. If accessible to children, describe the barrier that will be used (Ex. Latch/ lock on door) . (If no laundry area is on site, describe your **plan** for laundry.) _____ CCLC #591-1-1-17(9) GDCH #290-2-1-.12(e)26
			15. Draw the location of diaper changing area in <u>each room</u> housing children 2 years of age and younger. Regulations state that children's diaper or disposable pull-ups may be changed in their own crib or on a non-porous diapering surface with guards or rails. Describe which surface you will use and indicate what type of safety barrier you will have to prevent falls. Note-It is recommended that diapering tables be positioned so that staff can see the classroom while diapering._____ _____ _____ Do your diaper changing tables face a wall? ___Yes ____No If yes, please provide a written supervision plan which requires additional staff in the classroom during diaper changing periods.

			CCLC #591-1-1-.10(3) GDCH #290-2-1-.12(r)
			16. A sink is required next to each diapering area for hand washing. Draw the location of the diapering sink on the plan. <u>The sink for diapering must be in the classroom and not inside the bathroom</u>. Do the diapering sinks have running <u>heated</u> water? ____Yes _____No Are the diapering sinks within arm's reach from diapering surface? ____Yes _____No CCLC #591-1-1-.10(2) GDCH #290-2-1-.12(t)
			17. Are there any child care areas situated in a basement? ____Yes _____No Note: The rules prohibit the use of any basement areas more than 25 linear feet from a window as well as the use of rooms with floor levels lower than three feet or more below ground level on all sides. CCLC #591-1-1-25(19) GDCH #290-2-1.12(f)(1,2)
			18. Draw the location of the kitchen; label kitchen sink and all major appliances. (Such as stove, microwave, refrigerator). What method of dishwashing will you use? (check one) ____ Triple basin sink ____ Two basin sink <u>and</u> dishwasher with Sani-cycle or capability of maintaining a rinse water temperature of 150 degrees Fahrenheit ____ Two basin sink <u>and</u> use of all disposable service items for children's use (dishes, cups/glasses, utensils) CCLC #591-1-1-.18(4) GDCH #290-2-1.14(nn)
			19. Are any ceiling heights less than 7 feet? ____ Yes ____ No If yes, specify which rooms and indicate the height: _____ CCLC #591-1-1-.25 (1) GDCH #290-2-1-.12(i)
			20. 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. Describe the barriers that will be used to prohibit the children's accessibility (Barriers should not get hot to the touch.) _____ CCLC #591-1-1-.25(12) GDCH #290-2-1-.12(h)1
			21. What type of cooling system (i.e. central, window unit) is used? _____ If window unit or fans, please draw on plans where these are located. Describe the barriers that will be used to prohibit the children's accessibility. (Children should not be able to touch control knobs) _____

			CCLC #591-1-1-.25(12) GDCH #290-2-1-.12(h)1
			22. 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. Describe below the type of ventilation to be provided in each area. (<u>If windows are used in the diapering areas, please give the number of windows and measurements of the operable, screened portion of each window. Ex. Screened portion</u>) 1. Diaper rooms | Exhaust fan or windows? CCLC #591-1-1-25(4) GDCH #290-2-1.12(k)2 2. Bathrooms | Exhaust fan or windows? CCLC #591-1-1-.25(4) GDCH #290-2-1-.12(h)3 & .12(p) 3. Kitchen | Exhaust fan or windows? CCLC #591-1-1-.18(2) GDCH #290-2-1-.14(y)
			23. Do you have any water fountains in the building? ____ Yes ____ No If yes, list below the manufacturer's name and the <u>model</u> # of the water fountains. _____ _____ If no, please describe how you will offer water to children. (Ex. Water pitcher& disposable cups) _____ CCLC #591-1-1-.17(5) GDCH #290-2-1-.11(e)34
			24. Describe the type of materials used for: A. Floors (Ex. Carpet/tile) |
			25. Describe the individual storage areas/cubbies for each child's possessions and draw their location <u>in</u> each room. Children's individual storage for outer garments and personal possessions must be within children's reach. Diaper bags must be stored <u>out</u> of children's reach. (The number of storage bins/cubbies must match the capacity of each room.) _____ _____ CCLC #591-1-1-.25(6) GDCH #290-2-1-.11(e)32(i),12(v)

			26. Where will you store hazardous/bulk/seasonal supplies? These must be inaccessible to children in a locked or latched storage area. (Draw on plan if in the building.)_____ ✎ _____ CCLC #591-1-1-.25(13) GDCH #290-2-1-.12(w)
			27. Describe below your plan for food service (Ex. Cooking done on-site, parent provided, catered). _____ 28. 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. Give the name of the food service facility. _____ CCLC #591-1-1-.15(10) GDCH #290-2-1-.14(bb)
			29. What type of counter surface (Ex. Formica, stainless steel) will be used for food preparation? _____ CCLC #591-1-1-.18(2) GDCH #290-2-1-.14(u),(v)
			30. Where will supplies of food be stored? (Draw on plan-shelves or pantry) _____ ✎ _____ CCLC #591-1-1-.18(5) GDCH #290-2-1-.14 (u), (ff)
			31. Where will food service equipment (i.e. pots, pans) be stored? _____ _____ CCLC #591-1-1-18(2) GDCH #290-2-1-.14(mm)
			32. Describe type of protective shield or guard on kitchen lights and stove hood light(s). (This shield would prevent glass from falling into food if a bulb breaks.) _____ _____ CCLC #591-1-1-.18(2) GDCH #290-2-1-.14(u),(f)
			33. Indicate the source of water supply: _____ County/City If not on city or county water, you will be required to submit written approval from local county health department officials with Part B of your application. If county officials will not give you written approval, follow their instructions to obtain approval from the agency having jurisdiction over the well. (Ex. Environmental Protection Division) CCLC #591-1-1-.25(20) GDCH #290-2-1-.14(z)

			34. Indicate the source of sewage disposal: _____ County/City _____ Septic Tank. If septic tank is used you will be required to submit written approval from local county health department officials with Part B of your application. Ask the health official to document the number of children the septic tank will accommodate. CCLC #591-1-1-.25(20) GDCH #290-2-1-.14(z)

_____(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** _____

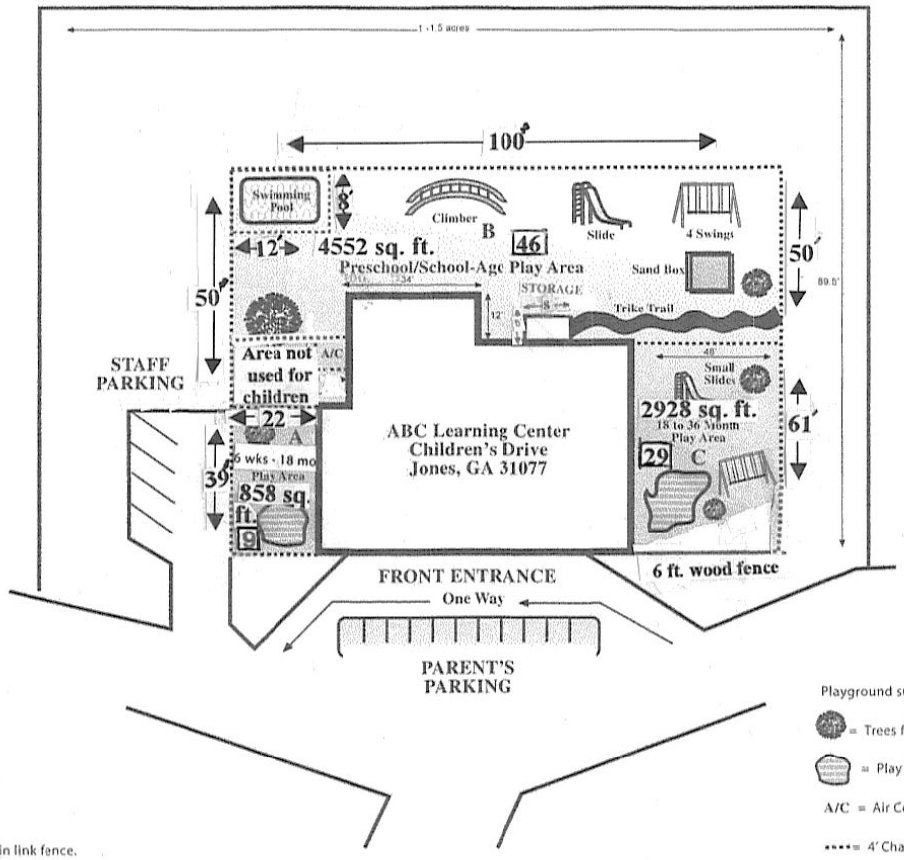
REVIEWED BY: _____ **DATE** _____

REVIEWED BY: _____ **DATE** _____

Section E:
Site Requirements

Sample Site Plan…… 1E
Playground Location/Size 2E
Ground Covering/Shade..... 3E
Fencing……..... 4E
Play Equipment and Surfaces 5E
Fall Zone Swings..……... .6E
Fall Zone Slides……... 7E
Fall Zone Revolving Devices …… 8E
Playground Maintenance Checklist…….9E
Site Plan
Checklist……10E

SAMPLE SITE PLAN



Paved riding
area is 12' x 10'.

Swimming Pool is
surrounded by a 6' high chain link fence.

Playground surface is grass and sand.

= Trees for shade

= Play Area

A/C = Air Conditioner Unit

= 4' Chain Link Fence

Swings, climber, slide anchored with cement.
Sand used under all equipment

PLAYGROUND LOCATION

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
How to calculate useable playground space

- Child care learning centers and group day care homes are required to have 100 square feet of useable play space per child for each group using the play area at any one time.
    - Child care learning centers must plan enough playground space to accommodate at least 1/3 of the center's total licensed capacity.
    - Group day care homes 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 area for storage buildings, swimming pool, heating or cooling units.
- If 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 could not be adequately supervised on a

playground that has hidden areas or 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 ¼ of the total outside surface. Therefore, <u>your playground may not be constructed over concrete or asphalt without first removing this hard surface.</u>

- Play area must not contain any hazards, such as, but not limited to:

  - Uneven turf
  - Holes
  - Exposed tree roots
  - Sharp rocks
  - Briars/thorny plants
  - Mushrooms
  - Active red ant beds

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.**

- **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)
Wooden (no gaps between boards, no splinters)
PVC/plastic picket fence (if gaps between pickets, must be less than 3 ½ inches)
Wrought Iron (if gaps between rails, must be less than 3 ½ inches)

Materials <u>not</u> 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 bolt 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.

- All screws around the entrance gate or divider fences can present a problem on either side.

- Any barrier other than fencing must be approved by the Department.

- Location of gas meter and/or heating and cooling equipment must be marked on site plan.

  - The type of barrier/fence used to prevent children from coming in contact with this equipment must be noted on the site plan.

******If barriers (i.e. landscape timbers, PVC perimeters) are added to the outdoor area to contain loose fill materials like sand/mulch, be sure that these barriers are not installed close to the fence line. The height of the barrier would reduce the overall fence height possibly causing it to be less than the minimum height of 4 feet.

PLAY EQUIPMENT AND SURFACES

- Provide enough outdoor play equipment that is age appropriate to offer a variety of activities.

- Equipment must be in safe operating condition with no rusted, broken or missing parts and no protruding nails or screws.

- Tires used for play must have holes bored in them so 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.

    - Require a resilient or bouncy surface such as wood chips, sand, mulch, or pea gravel underneath and in the fall zone.

    - Height of the equipment determines the depth of the resilient surface.

    - Six inches of resilient surface is required underneath and within the fall zone of equipment five feet or higher.

    - If less than five feet, the required depth of the resilient surface is three inches.

    - Borders may be needed to maintain loose fill materials at the proper depth.

    - Any border, such as timbers or PVC pipes, built to contain the resilient surface must be installed outside of the fall zone.

- If synthetic material is used, 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 measure resilient surface regularly to assure that both are maintained adequately.

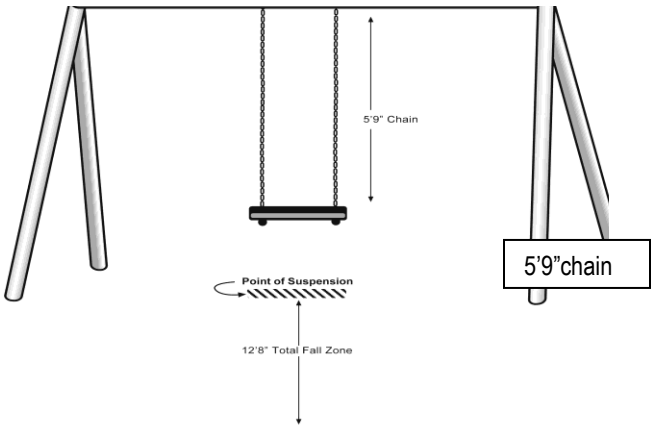
- Safety or encroachment zones of at least 6 feet should also be created between pieces of equipment as well as between the equipment and fencing.

FALL ZONE

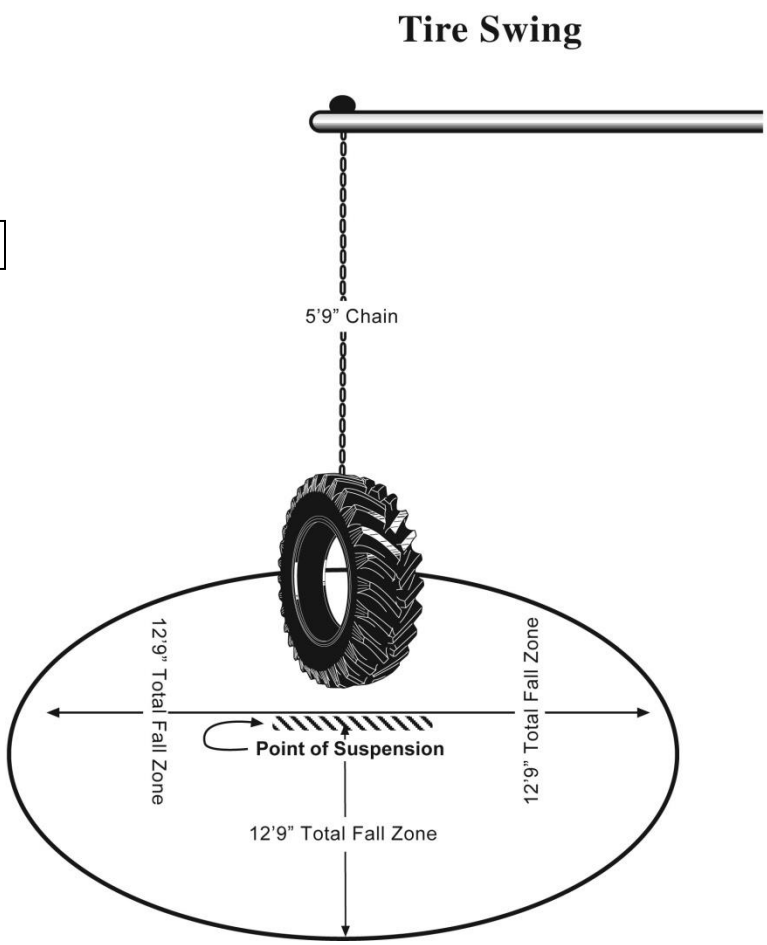
An area extending four feet from climbing structures; five feet from the bottom and side of exit area of a slide (other parts of the slide are climbing structures); seven feet plus the length of the chain from a swing's point of suspension in each direction; and seven feet from a merry-go-round and other revolving device.

Fall Zones – Swings

(Seven feet <u>plus</u> the length of the chain from swing's point of suspension, must extend in front and in back of the stationary swing)

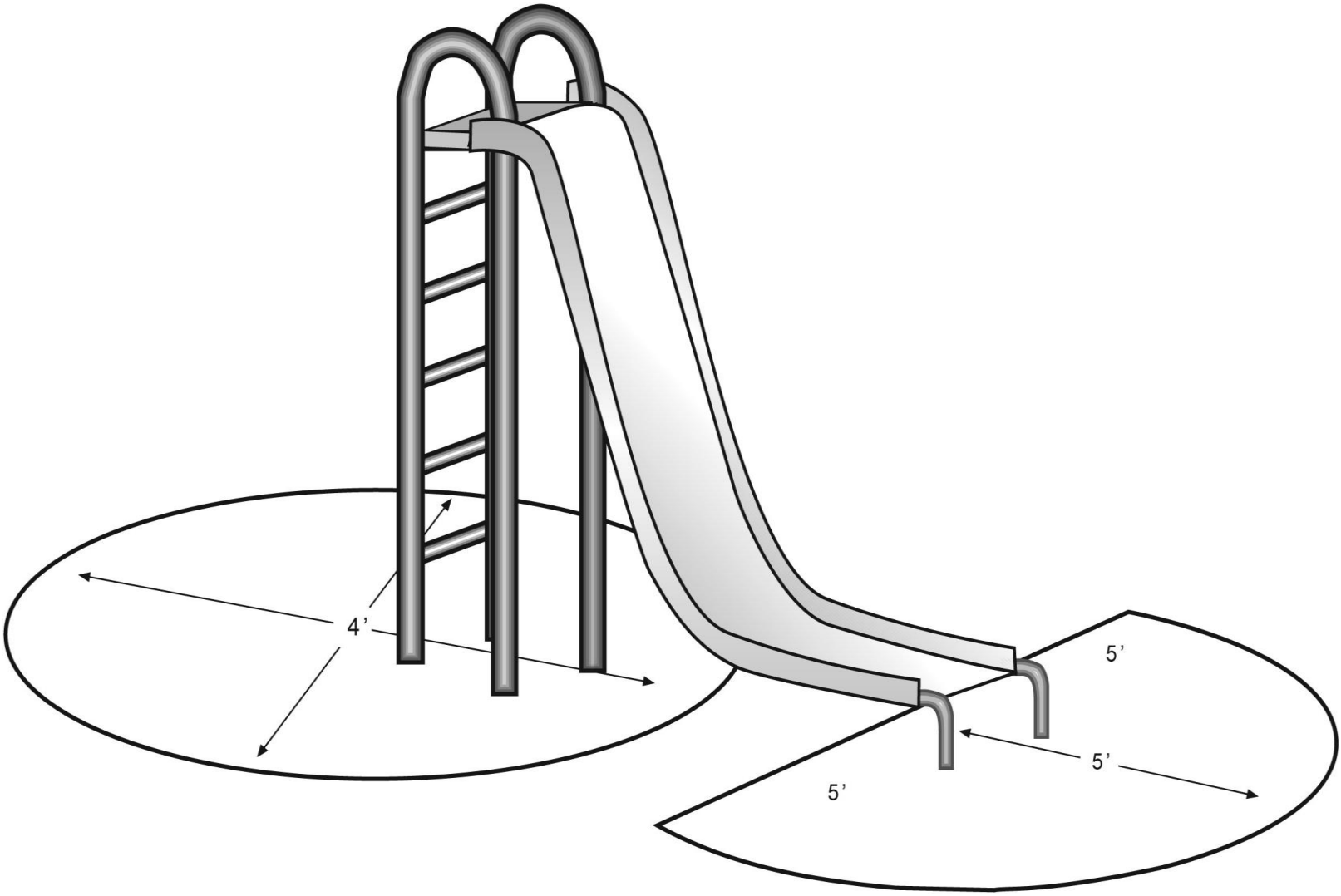


Example:
Chain = 5'9"
5'9" + 7'=12'9" fall zone
(Required in front & in back of stationary swing)



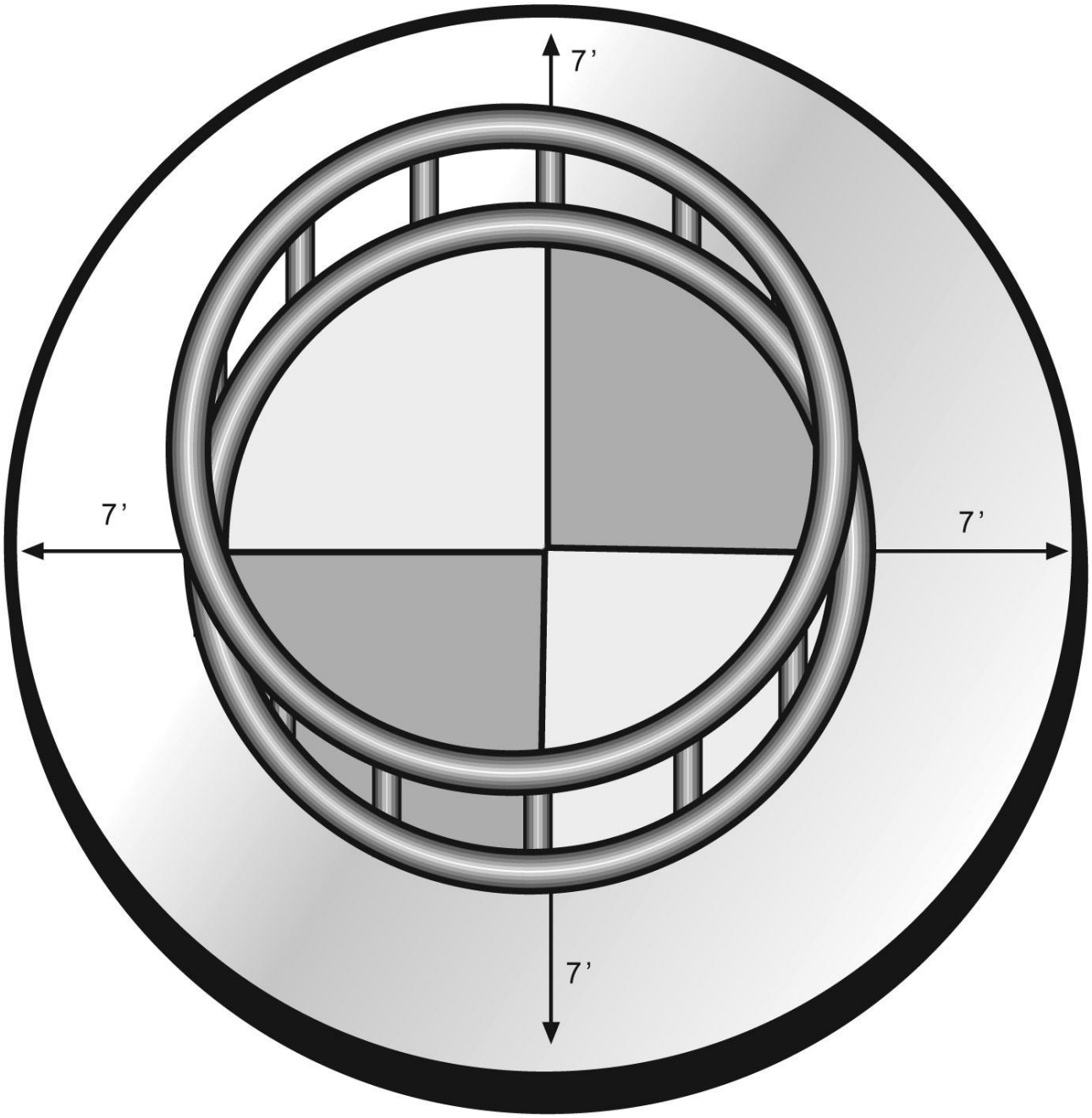
Entrapping Equipment
A component or group of components on play equipment that forms angles or openings that could entrap a child's head by being, (1) too small to allow the child to withdraw head easily, and (2) placed so that the child would be unable to support weight by means other than head or neck.

Fall Zones - Slides



(Area extending four feet from climbing structures; five feet from bottom and sides of the exit zone of the slide.)

Fall Zones - Revolving Devices



(Merry-Go-Rounds, rotating teeter totters, swing-on gates.)

PLAYGROUND MAINTENANCE CHECKLIST

Instructions: 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.	**Date Checked**	**Repair or Removal Needed**	**Date Repaired or Removed**
1. Is there at least six to ten inches of deep resilient ground cover (sand, pea, gravel, or shredded wood) under all swings, merry-go-rounds, slides, and climbing equipment? Is the resilient surface compacted or out of place?			
2. Is the entire outside play area free of hazards? Such as: 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 equip.____ Poor drainage areas _____ Ants/Bees/Spiders _____			
3. Are concrete supports of equipment sticking above the ground? Is equipment anchored securely?			
4. Are there outdoor equipment hazards such as: 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 _____			
5. Are there openings that could trap a child's head? (Gaps should be less than 3½ inches or greater than 9 inches.)			
6. Are timbers rotting, splitting, termite infested, excessively worn, or splintering?			
7. Are portable toys such as tricycles and wagons in good repair? (No sharp edges, no cracked plastic, etc.)			
8. Are there protrusions on any equipment that can catch clothing?			
9. Are there crush points or shearing actions such as hinges of seesaws and undercarriages of revolving equipment that children could reach or touch?			
10. Are swing seats excessively heavy? Do they have protruding parts that could pierce or catch part of a child's clothing?			
11. 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?			
12. Are there electrical hazards on the playground such as accessible air conditioners, switch boxes, or power lines?			
13. Do trees, grass, and shrubs need care/trimming?			
SIGNATURE OF PERSON CONDUCTING THE PLAYGROUND CHECK _____			

FACILITY TYPE:

☐ (CCLC) Child Care Learning Center (19+ children)

☐ (GDCH) Group Day Care Home (7 -18 children)

SITE PLAN CHECKLIST

Applicant(s) Name _____

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 on the sections of this checklist.

5. 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 8½" by 11" for the Bright from the Start: Georgia Department of Early Care and Learning file. A copy will be returned to you.

6. Submit a copy of this completed Site Plan Checklist.

7. Submit a self-addressed, stamped envelope, sufficient in size with adequate postage to receive a copy of your reviewed plans and checklist.

8. 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

   CCLC – Rules and Regulations for Child Care Learning Centers
   GDCH - Rules and Regulations for Group Day Care Homes

Office Use Only	Office Use Only	Office Use Only	**Please draw/clearly indicate the following information marked with a "✎" on your floor plan drawing AND 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. 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.) CCLC #591-1-1-.25(16) GDCH #290-2-1-.12(aa)
			✎ 2. 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 (CCLC), total playground capacity must accommodate at least 1/3 of overall capacity. For Group Day Care Homes (GDCH), playground capacity must match or exceed the total group day care capacity. CCLC #591-1-1-.26(1) GDCH #290-2-1-.12(y)
			✎ 3. Are there any buildings or storage areas on the playground? ____ Yes ____No If yes, please draw location on plan and give measurements of the building. Are these buildings able to be locked? ___ Yes ___ No Is access blocked both underneath and behind these buildings? ___ Yes ___ No CCLC #591-1-1-.26(1) GDCH #290-2-1-.12(z)
			4. Is there a swimming pool (in ground or above ground) on site? ____ Yes ____No ✎ If yes, please draw on plan and describe below the method used to make it inaccessible to children when not in use. (Ex.: locked fence.)_____ CCLC #591-1-1-.35(2) GDCH # 290-2-1-.11(i) & .15(i)
			✎ 5. 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: Children less than 3 years of age may not pass through older children's rooms to reach the playground, nor may children 3 years and older pass through the rooms of younger children. This applies to CCLC only.) CCLC #591-1-1-.26(3) GDCH #290-2-1-.12(y)
			✎ 6. 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.

			CCLC #591-1-1-.26(6) GDCH #290-2-1-.12(y)7
			7. 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 high. Fencing must be non-hazardous material and must have no gaps between rails or posts that measure larger than 3½ inches. Type of fence? _____ Height of fence? _____ CCLC #591-1-1-.26(4) GDCH #290-2-1-.12(y)3
			8. Describe below the type of ground covering that will be on the completed playground. (Ex. Grass & mulch) Draw any paved or concrete surface areas on the plan. Show the measurements of paved or concrete surfaces. NOTE: Rules require hard surface to be limited to no more than ¼ of the total outdoor play area. _____ Is there any concrete or asphalt beneath the grass/ground cover on your playground? _____ CCLC #591-1-1-.26(5) GDCH #290-2-1-.12(y)4(i)
			9. Shade will be provided on each playground by: _____ (Shade can be provided by trees, awnings, covered sandboxes, etc. Shade provided by the building cannot be the only shade.) CCLC #591-1-1-.26(3) GDCH #290-2-1-.12(y)6.
			10. State below the type and depth of resilient surfaces used beneath and in fall zones of swings and climbing equipment (i.e., sand, wood chips). 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. Borders may be needed to maintain the proper depth. Refer to Applicant's Guide for distances required for fall zones, resilient surface materials, and depth requirements. (Ex. Swing chain length- 4'2" plus 7' = 11'2" in front, and in back of swing at rest. Total swing fall zone area for this example would be 22'4".) TYPE _____ DEPTH _____ CCLC #591-1-1-.26(7) GDCH #290-2-1-.11(y)6
			11. Climbers and swings must be anchored. Describe below how you will do this (Ex. Concrete footings; Note: anchoring must stay securely covered): _____ _____ CCLC #591-1-1-.26(7) GDCH #290-2-1-12(y)8(i)
			12. Is the gas meter and/or heating and cooling equipment located on the playground? ____Yes ____ No If yes, please indicate the protective barrier to prevent children's access and draw on your plan. This barrier must be at least 4 feet tall. CCLC #591-1-1-.26(6) GDCH #290-2-1-.11(i) 6

			13. 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.) * *A sample playground checklist form is found in the resource section._____ _____ CCLC #591-1-1-.26(7-8) GDCH #290-2-1-.12(y)7(ii)

(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:** _____

Section F:
Operation Plan

Operation Plan Defined..... 1F
Operation Plan Checklist 2F

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

OPERATION PLAN DEFINED

Your Operation Plan covers the day-to-day operation of your center.

Items that are included in your operation plan are:

- 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 policies and procedures may state that emergency plans have been developed and are posted for parent viewing. Plans that must be submitted are your step-by-step plans for each of the emergency situations listed in your 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.
- Forms: Sample forms have been provided for many of the items required. Any forms that you will be using other than sample forms provided by Bright from the Start must be submitted for review.

PERSONNEL POLICIES

The following policies are stipulated in the rules and should be included in your personnel policies/ employee handbooks. These items 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 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 each employee file , including the director's file:

1) Application for Employment: There is a sample form for this. If not using the Bright from the Start sample, make sure that information on 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.

2) Ten Year Work History: There is a sample from for this. This should go back ten years, even if the person has not worked for ten years, (i.e., student, homemaker, unemployed), you want to know where they have been for ten years. If the person did not work between two jobs, have them write "no work" so that the whole ten years is covered.

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

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

5) CPR and First Aid verification: Must be geared towards infant/child, have dates and signatures of the instructor. Make sure that trainers are BFTS approved. A copy of this should be placed in each employee file. At least 50% are required at point of licensure and ongoing. Note-The director and person responsible for driving the vehicle is also required to have this current training. If driver does not have training, a certified person is required to be on the vehicle with them at all times.

6) CRC: This is an employee's criminal background check. A copy of this must be in each employee file.

7) Any Additional Training: Sample forms are available to keep track of training.

8) The director is required to have the same information in his/her file as other employees have in theirs. **Directors are required to have the approved 40 hour director's training class prior to licensure**.

GUIDELINES FOR CREATING POLICIES AND PROCEDURES

Use this form to assist you in writing your Center Policies and Procedures. If you have covered each item listed on this guide, you will have covered each of the topics required.

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 is (if any) to include procedure to be followed if no one is home or at the designated drop-off site to receive a transported child, i.e., school, home pickup/delivery, special events such as dance lessons, swim lessons, etc; (If you offer no transportation, state this in your policies so parents will know.)

__ 9. Guidance and discipline techniques (need to state 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 (i.e., limited to no more than two weeks unless written authorization from the physician, times medication will be administered, complete how to obtain medication form, how long authorization is in effect. Procedure for delivery and pickup of medication;

__ 12. 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; (Write the way you will notify parents of these things happening.)

__ 13. Exclusion of children with communicable disease as defined in the chart of communicable disease and their recommendation for re-admission (chart should be posted in the center);

__ 14. 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; need to describe steps to protect children while in the center or on the vehicle (these should be posted in the center);

__ 15. 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;

__ 16. 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;

__ 17. 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;

__ 18. Evidence of age-appropriate immunizations or a signed affidavit against such immunizations within 30 days of child's enrollment;

__ 19. Required to report any suspected child abuse, neglect, exploitation or deprivation to the Department of Family and Children Services;

__ 20. Required to report any suspected case of notifiable communicable disease to the local county Health Department;

__ 21. If infant care is provided, need to include 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;

__ 22. Information on facility's safe sleep policy.

__ 23. If you want parents to provide articles such as combs, toothbrushes, sheets, covers, change of clothing, you need to outline in your procedure;

__ 24. 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.

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 changing enrollment applications over to your facility information – please have completed by date of initial licensing study. Note: Children's files must be maintained for a period of one year after 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 blanks are left. 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, NO blanks and 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 to this agreement, for example: information about receiving, reading and understanding the parent handbook.

4. Parent Acknowledgement Page: Signed document that indicates that parents have been provided a copy of the facilities' 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.)

6. 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 rules to be posted in each classroom. These schedules should be age appropriate and individual to each classroom. One schedule is not appropriate for use for an entire center as 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 is opened until the center closes. (Refer to your Application A to make them match for times and ages served.)

Schedules are to include a balance of quiet and active periods, free choice and teacher-directed activities, large and small muscle activities, and cover the six interest areas (art and crafts, music and movement, language and reading, science and nature, dramatic play and manipulative). Schedules should show the activities of the children - not the teachers.

The required amount of outdoor time must be shown on your schedule. The rules require one and one-half (1 ½) hours of outdoor play daily for children age 1 year and older. One (1) hour is required for children under 12 months of age.

Snacks and meals must be shown on your schedules; a minimum of 2 hours between each meal and snack must be reflected.

If you provide care for school-age children, part-day (such as before and/or after school hours) and full day schedules are required (if applicable).

WEEKLY MENU

A weekly menu for meals and snacks is required by rules to be posted near the front entrance so as to be viewed by parents.

Your menu should include clearly identified food and drinks and fulfill required components and creditable food items described in U.S.D.A. 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 infant feeding plans completed by parents for children under 123 months of age. This plan should be updated by parents each time the child's feeding requirements change.

If your center will have food catered, a copy of the establishment's food service permit, as well as a copy of their most recent inspection, should be submitted. A menu will still be posted.

If parents will be providing meals, center must adhere to the "Criteria for Sack Lunches" memo, to include having additional foods on hand and a food preparation area.

EMERGENCY PLANS

Each facility must have step-by-step procedures stating how emergencies are handled. Each item listed in your checklist should be written out as a separate plan:

1. Fire
2. Severe Weather
3. Loss of Heating
4. Loss of Cooling
5. Loss of Water
6. Loss of Electricity
7. Structural damage to the building
8. Serious injury to a child
9. Death of a child
10. Loss of a child from the facility
11. Loss of a child from a field trip

- When writing your emergency plans, make your plans specific to your program and 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 Bright from the Start within 24 hours or the next business day after the incident.

TRANSPORTATION

A written transportation plan must be included with your operation plan and be a part of your policies and procedures.

Types of transportation include:

- Routine transportation
- Field trip transportation

Your written transportation plan includes:

1. Name of licensed driver and evidence of current driver's license
2. Written transportation agreement with the parent
3. List of children to be transported
4. Checklist for the accounting of children
5. Transportation record
6. Vehicle emergency medical information
7. Annual vehicle inspection form
8. Evidence of First Aid and CPR training for the driver
9. Field trip permission form

Include written procedures for any alternate transportation used, such as contracted transportation.

TYPE OF FACILITY (please check type you are applying for):

☐ Child Care Learning Centers (CCLC) (+19 children)

☐ Group Day Care Homes (GDCH) (7-18 children)

OPERATION PLAN CHECKLIST

Applicant(s) Name _____

Contact Person _____

Address _____

Telephone Number (s) _____

Program Name _____

Address _____

Telephone Number (s) _____

County _____

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 your copy of the evaluated checklist.

   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 this checklist to evaluate your plan using the following key:

   M – Met, **NM** – Not Met, **NA** – Not Applicable, **D**-Discussed,? - Question/Further clarification needed

   CCLC – Rules and Regulations for Child Care Learning Centers
   GDCH = Rules and Regulations for Group Day Care Homes

NOTE: If using sample forms, you may indicate this on your checklist by writing SF rather than sending copies of sample forms. Please be advised there are only sample forms for items starred (*); therefore, on items not starred you must develop your own forms for these items.

FORMS

- **The attached checklist is a list of forms required for the daily operations of a child care program.**
- **Please note that sample forms ARE available in this packet and on the website for you to use. If you choose to use the sample forms provided by the agency, please write "SF" next to each heading, but DO NOT write in the gray boxes.**
- **DO NOT send copies of the sample forms.**
- **If you choose to develop your own form(s) then please include a sample copy for review with the checklist.**

CHILD CARE LEARNING CENTERS **GROUP DAY CARE HOMES**

STAFF RECORDS:

A record must be established on each staff person including the director, which will be the licensee in some cases. Submit the forms you will use to capture the required information below. **Write SF if you are using the SAMPLE FORM from the Applicant Guide for this item. Please note that only items starred (*) have sample forms.**

Gray boxes	Office Use Only		**Staff Application Form / Staff attendance record**
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 (Eff. 12/2012- Copies/written verification of credential/degree will be required for directors and lead teachers)
			Qualifying work experience (commensurate with position)
			The following 3 statements are required on staff applications: 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. Staff has not made any false statements on their application regarding their qualifications**.**
			(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 <u>only</u> if the program supervisor is made aware that an accommodation is required.

			If a staff member is disabled and requires accommodation, they may request it at <u>any</u> time during the interview process. They are obligated to inform the program director of their needs <u>if</u> it will impact their ability to perform the job for which they are applying.) 3. Staff has read the job description for the position for which they are applying, staff members are in all respects, able to adequately perform the duties as described.
			Proof that staff members do not have a criminal record. Rule # References: CCLC# 591-1-1-.24; GDCH #290-2-1.09(b) 1-8, (c) 1-8, (d) 1-7, GDCH #290-2-1-.10 (a) 1-6
			* **Daily Attendance FORM** for <u>employees</u> which must be kept by the center for a six-month period. Rule # References: CCLC# 591-1-1-.24(g); GDCH #290-2-1-.10 (a) 1-6
			NOTE: Orientation must be conducted with new staff prior to assignment to children or task (CCLC 591-1-1 and GDCH 290-2-1-.09(e)1(i-iv)
			***Orientation FORM** used to document staff orientation is attached. It must include:
			The center's policies and procedures;
			Emergency weather plans;
			Employee's assigned duties and responsibilities;
			Reporting requirements for suspected cases of child abuse, neglect or deprivation; communicable diseases and serious injuries;
			The rules and regulations set forth in Rules #591-1-1. Such instruction shall require new staff to be generally familiar with the health and safety requirements for caring for the children that are set forth in the specified sections;
			Childhood injury control;
			The administration of medicine;
			Reducing 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 providing orientation;
			Signature and date of person receiving orientation. Rule # References: CCLC # 591-1-1-.24(d); GDCH #290-2-1-.09(e) 1 (i-vi)

CHILDREN'S RECORDS: A record containing the following information must be maintained for each child enrolled. Submit a sample of your FORM for children's enrollment. It must include the items listed below #1-5, if all are applicable.

NOTE: During licensure visit, organization of records will be evaluated. Forms must be available for parents to complete.
****If you use the sample forms from the Applicant's Guide, write SF by each item covered by that form.**

			1. ***Child Enrollment FORM** must include the following:
			Identifying information about the child to include: name, date of birth, sex, address, living arrangement if not with both parents, name of school, and name of guardian if applicable;
			Identifying information about the parents or guardian to include: names of both parents, guardian if applicable, home and work addresses, and home and work telephone numbers;
			Name (s) and information about the person(s) to whom the child may be released. Such information shall contain the authorized person's address, telephone numbers, relationship to child and to parent(s) or guardian, and other identifying information.
			Emergency contact information to include 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 against such immunizations.
			Primary care physician's or clinic's name and telephone number;
			Statement regarding known allergies or other physical problems, mental health disorders, mental retardation 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; Rule # references: CCLC #591-1-1-.08 (a-h) GDCH #290-2-1-.10(b) 1-5.
			2. *** 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;
			A description of the information that will be required of the parent before the center will dispense any medication and the parent's acknowledgment that they will provide all the necessary information.
			Parents' acknowledgment of the following: That when the parents, or persons authorized by the parents, pick up or drop off their child at the center, they will not allow their child to enter or leave the center without being escorted and that the

			center will not permit the child to enter or exit the center without an escort; and
			Parents' acknowledgment of the following: That the parents are responsible for keeping the center advised of significant changes as the changes occur in the information that the parents provided at the time of enrollment concerning phone numbers, work locations, emergency contacts, family physician, etc. Rule # references:CCLC #591-1-1-.08(j-m) GDCH #290-2-1-.10(b)(vii)
			a) Provided the parents a copy of the center's policies and procedures; b) Advised the parents of the child's progress, issues relating to the child's care and individual practices concerning the child's special needs; c) Encouraged parents' participation in center activities.
			3. *** Emergency Medical Authorization:** Signed Authorization to obtain emergency medical care Rule #references: #591-1-1-.23(a) GDCH #290-2-1-.10(b)5(iii)
			5. ***Parent/Guardian Notice of No Liability Insurance and Acknowledgment:** (**Note:** Only applicable to facilities which do not carry liability insurance. Mark N/A if you carry liability insurance.) Form must be signed by parent or guardian to acknowledge that they are aware that the facility does not carry liability insurance and form shall be maintained on file while the child is enrolled and for 12 months after the child's last date of attendance.
			Additional forms related to care of children:
			***Daily attendance record-** A child's daily attendance records for the twelve (12) preceding months must be maintained but need not be filed in each child's record. These records shall be made available to the Department in printed or written form upon request. **Submit a copy of your FORM or note "SF" if using sample.** Rule #references:#591-1-1-.08(o) GDCH#290-2-1-.10(b)10.
			***Arrival and Departure Records FORM** Records of a child's daily arrival and departure for the twelve (12) preceding months shall be maintained but need not be filed in each child's record. Records, in written or electronic format, must be completed by child's parent, guardian or person(s) authorized by the parent or guardian to drop off and pick up the child each time an individual drops off and picks up the child. **Documentation on the form must include: the date, child's name, arrival and departure times, and signature or initials of the individual(s) dropping off or picking up the child.** Note: Policies must be implemented which require staff to match

			identifying information provided by the parents to the person picking the child up.
			***Guide for Authorization for Medication FORM** to include the following: *If you will not dispense routine medication write NA. This must match the parent handbook
			Date;
			Full name of the child;
			Name of medication;
			Prescription number, if any;
			Dosage;
			The dates to be given;
			The time of day medication is to be dispensed;
			Signature of parent.
			Verification that medication was dispensed according to the parents' authorization, shall include:
			The date, time and amount of medicine given;
			Adverse reactions noted, if applicable;
			The signature/initials of persons administering the medication.
			Rule # References: CCLC # 591-1-1-.20; GDCH #290-2-1.09(b) 1-8, (c) 1-8, (d) 1-7; GDCH #290-2-1-.10 (a) 1-6
			*** Report of Incident Requiring Professional Medical Attention FORM**, to include:
			Child's Name;
			Type of illness or injury;
			Date of illness or injury;
			How illness or injury occurred;
			Staff present;
			Method of notifying parent; and
			Services provided to the child. Rule #references: CCLC #591-1-1-.08(i); GDCH #290-2-1-.10(b)6.
			TRANSPORTATION/FIELD TRIP FORMS ***if transportation is not provided write NA**
			Description of transportation services provided: (check all applicable)
			____Routine (school, home pick-up delivery, etc.);
			____Field trips;

			____**Contractual transportation services;**
			____**Emergency only;**
			____**Facility owned/leasing vehicle;**
			____Staffs' vehicle;
			____Parents' vehicle;
			____**None provided (If none provided, submit plan for emergency transportation. I.e. personal vehicle/ ambulance) (Ex. 911)**
			***Transportation Agreement FORM**, if the center is to provided routine transportation for the child to or from school, home or center. The authorization shall specify the following: Note: This form is required for home and school transportation, but not field trips.
			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. Rule #references: CCLC #591-1-1-.36(5); GDCH #290-2-1-.10(b)8.
			*** Transportation Record FORM**, to include:
			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's signature and date, ensuring vehicle use for regular transportation is clean, free of hazards, in safe repair and is equipped with a recommended dry chemical, Type lA-1OBC fire extinguisher, required first aid supplies, and functioning heater.
			*** Vehicle Emergency Medical Information FORM** in the vehicle on each child being transported by the center. The emergency medical information card for each child shall include a listing of the child's allergies, special medical needs and conditions, current prescribed medications that the child is required to take on a daily basis for a chronic condition, the 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 and the telephone numbers where the parents can be reached.
			*** Weekly Transportation Checklist for Accounting of Children FORM,** to include:
			Names of all children transported and each child's:

			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; and
			Name of person to receive child.
			Identification of the center's:
			Name;
			Driver;
			Telephone.
			***Annual Transportation Vehicle Safety Inspection Certification FORM** to include a satisfactory annual safety check of: tires, headlights, horn, tail suspension, exhaust system, steering, windshield and windshield wipers (NOTE: You will submit a completed inspection form with Application Part B.) Rule # References: CCLC #591-1-1-.36; GDCH #290-2-1-.11(a) 1-3
			*** Field trip permission FORM**, is to include: *** if field trips are not provided write NA**
			The name/address of the trip destination;
			The date of the trip;
			Time of departure; and
			Estimate arrival time back at the center; and
			Parent's signature and date of approval. Rule # References: CCLC # 591-1-1-.13(1); GDCH #290-2-1-.10 (a) 1-6
			INFANT FEEDING PLAN:
			***Infant feeding plan FORM** for children under one (1) year of age to include:
			The amount of formula to be given;
			Instructions for the introduction of solid foods;
			The amount of food to be given;
			Notation of any type(s) of commercial premixed formula which may not be used in an emergency because of food allergies;
			The parent shall sign and date the feeding plan. Rule # References: CCLC #591-1-1-.15(2); GDCH #290-2-1-.11 (a) 1-3

			***Safety drill information:** Provide a copy of the form which will be used to document drills for **Fire, Tornado and other emergency situations**. (Note: Fire drills must be conducted monthly. Tornado and other emergency situation drills must be conducted every six months. The documentation must show the dates and times of the drills and be kept on file for two years.

POLICIES AND PROCEDURES

- **The following checklist is for the program's written Policies and Procedures Manual.**
- **This will be the parent handbook you would give to parents during enrollment.**
- **Please make sure that all information included is specific for YOUR program.**
- **Please indicate on the checklist the page number (PG) of where each item can be found in the parent handbook.**
- **NOTE: NO sample form is available for this section.POLICIES AND PROCEDURES for Parents:**

Policies and procedures must be written since they govern the operations of the center or group home. They must be kept current, be made available to parents and must include at least the following:

Note: Everything on these two pages must be covered in your policies for parents. (i.e., handbook, policy manual). *Note*-Your policies should match Application Part A for the ages, months, days and hours.

			Ages of children served; (should be same as what you wrote on Appl. A) **PG:**
			Months of operation; (same as Appl. A) **PG:**
			Days of operation; (same as Appl. A) **PG:**
			Hours/ time of operation; (same as Appl. A) **PG:**
			Days/ times center is closed; (holidays) **PG:**
			Description of enrollment and admission requirements which specifies : 1.the parents' responsibilities for supplying & updating needed information to the center; and 2. escorting the child to and from the center; **PG:**
			A fee and payment schedule that specifies the standard fees, fees related to absences and vacations and other charges and fees such as transportation and late fees; **PG:**
			Full description of the facility's transportation and field trip services; -**If transportation/field trips are not provided, state this. (Routine transportation will not be provided at this program.)** -If a public school bus picks up and delivers to facility, state this. -If provided to or from school or home, include these details and procedures if no one is at drop-off site to receive child; -If you offer field trips, tell parents what vehicle their child will ride in like parent cars or center van **PG:**
			Description of behavior management and discipline actions used by the center. **PG:**
			A description of meals and snacks served, including guidelines for food brought from the child's home * This should match application A and the sample menu you provide. **PG:**
			Statement which expresses permission for access by the child's parents to all center areas used by the child. **PG:**
			Summary of child abuse reporting law requirements **PG:**
			Nondiscrimination statement **PG:**
			Description of center sponsored religious and cultural activities, if any **PG:**
			Description of facility's safe sleep policy **PG:**
			If licensed for care of infants/toddlers: (write N/A if not applicable) Center's diapering procedures **PG:**
			If licensed for care of infants/toddlers: (write N/A if not applicable) Center's toilet training procedures **PG:**
			If licensed for care of infants/toddlers: (write N/A if not applicable) Center's feeding procedures **PG:**

			Handling emergency medical care, including place(s) the children will be taken for emergency medical care; **PG:**
			Administering medication and recording noticeable adverse reactions to the medication.* If the program will not administer routine medication state this **PG:**
			Procedures for notifying parents of: (In each case include HOW you will notify parents) **PG:**
			Illness, (NOTE**: A child shall not be accepted nor allowed to remain at the center if the child has the equivalent of a one hundred and one (101) degrees or higher oral temperature and another contagious symptom, such as, but not limited to, a rash or diarrhea or a sore throat; PG:**
			Injury (to include minor injuries which do not require professional medical attention, and serious injuries which do require professional medical attention) **PG:**
			Exposure to a notifiable communicable disease; (Example: Chicken Pox. How will you let parents know their child was exposed? Letter? Sign on door? Etc.) **PG:**
			Noticeable adverse reactions to prescribed medication(s); **PG:**
			Policy on exclusion of sick children; **PG:**
			Protection of children in the event of emergencies. (You may simply state in procedures that "emergency plans have been developed and are posted for parent viewing"); **PG:**
			Severe weather/ tornado; **PG:**
			Fire; and **PG:**
			Physical plant problems, such as power failure, that affects climate control or structural damage. Rule # References:CCLC #591-1-1-.21; GDCH #290-2-1-.11(a)1-3 **PG:**

Staff Handbook

- **The following section includes items required in your staff handbook.**
- **Please provide a complete organized copy of the handbook.**
- **The checklist accounts for SEVEN statements that MUST BE included in the Staff Handbook.**
- **However, you may include additional information to your center's Staff Handbook, ie: Dress code, time off policy, reduction in childcare rates etc.**
- **Please indicate which page(s) of the Staff Handbook the seven required statements can be found on the checklist.**

Staff Policies

Staff Policies: The following seven (7) policies are specified by the rules. Please ensure staff members are aware of these policies by including them in your personnel policies or employee handbook in addition to other information you share with new staff.

			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:**
			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. **PG:**
			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. **PG:**
			Diapering Areas and Practices/ Hygiene: 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:**
			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. **PG:**
			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. **PG**:

Menus, Schedules and Lesson Plans

- **The following section covers the program's Menu, Daily Schedules and classroom Lesson Plans.**
- **These forms MUST BE specific to YOUR program.** There are sample blank forms for you to use as templates however you must complete these and submit to accurately reflect your center's plan for developmentally appropriate activities, schedules and menus.
- **Lesson Plans: Please provide a sample lesson plan for each age group in your program. This will include a full-day after-school lesson plan, a half-day after-school lesson plan and an infant lesson plan.**

  NOTE: If you have multiple classrooms of the same ages please submit one lesson plan for that age group, if each room will be doing the same activities.
- **Daily Schedules: Please provide a daily schedule for EACH classroom in your building, including a full-day after-school schedule, a half-day after-school schedule and an infant schedule.**

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

  Please ensure that outdoor play times allow for each classroom to meet the minimum time required by the rules without overcrowding the playground. Therefore, if you have limited playground space you will need to ensure your outdoor times are staggered so that the capacity of the playground is not exceeded by having multiple classrooms outside at the same time.
- **Menu: Please use the sample meal planner provided. Be sure that you have met all required components for each meal and snack. Send the meal planner form completed with sample foods you will serve for one week. The sample menu you submit must include the meal times that are indicated in your parent handbook and on Application Part A. ie: Breakfast, lunch and afternoon snack; Morning Snack, Lunch and Afternoon snack; Breakfast, morning snack, lunch and afternoon snack etc.**

ADDITIONAL INFORMATION TO BE SUBMITTED:

			DAILY SCHEDULES: **Note: Submit a copy of your schedule for <u>each</u> classroom**
			1. Daily schedule for <u>all</u> ages served, beginning when center opens and ending at time center closes, to include: (match times listed on Appl. A for opening & closing)
			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;
			Required amount of outdoor play. (One and a half hours for one year and older. At least one hour for children under one year.); (Assure that groups rotate appropriately so that playgrounds are not over capacity.)
			At least two hours required between meals and snacks;
			Part-day/full-day schedules for school age, if applicable. (Half day schedule for after-school, full day schedule for summer or holidays when children are present all day.) Rule # References: CCLC #591-1-1-.03; GDCH #290-2-1-.11(f) 1,2,3,5,6(g)
			LESSON PLANS: **Note: Submit samples of completed lesson plans for <u>each</u> age group.**
			Each lesson plan must represent a daily planned program of varied and developmentally appropriate activities that promote the following areas of development: ___ Physical development (fine & large motor) ___ Emotional and Social development ___ Language and Literacy development ___ Cognitive development
			Note: Lesson plans must reflect that staff members use a variety of teaching methods to accommodate the needs of children's different learning styles/abilities. (i.e. different types of materials to meet physical abilities- ex: knobbed puzzles, chunky paint brushes)

			PROPOSED WEEKLY MENU: **Menus submitted are to include:**
			Clearly identified food items and drinks. Example: apple, orange, banana – not “fruit;” vegetable, chicken noodle, tomato soup- not “soup;”
			Required components and creditable food items and drinks, quantities, etc. described in U.S.D.A guidelines. (Refer to Applicant Guide, Use the meal planner form to meet USDA guidelines. Ex. Lunch-Meat/protein, bread, milk, 2 veg. Or 1 fruit and 1 veg.);
			Morning snack, lunch, afternoon snack and any other meals or snacks served. Rule # References: CCLC # 591-1-1-.15(5-6); GDCH #290-2-1-.11(b) 7

Emergency Plans

- **The following section covers the program's Emergency Plans for nine specific categories.**
- **The plans MUST BE specific for YOUR program. NO sample forms are available.**
- **The emergency plans for fire and severe weather must be posted on the parent information board near the entrance to the building. If provided in your policy and procedures, 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 ie:**

  1. The director will pull the fire alarm

  2. Each lead staff will grab their classroom roster, etc.

Emergency Plans:

			Written plans for Emergency Situations: (These should be detailed and specific to your center. You will write them now, train your staff with them, and use them as reference when an emergency happens.) **NOTE: These should include step-by-step procedures to <u>include graphics</u> and written procedures for the following:**
			Fire (evacuation of building);
			Tornado/Severe weather (protection inside building);
			Physical plant problems, to include: ___ loss of **heating**, ___ loss of **cooling system**, ___ loss of **water**, ___ loss of **electricity** and, ___ **structural damage**. Include, if applicable, place (s) children may be taken in emergency until parents can be notified, etc;
			Serious injury/death;
			Loss of child (wanders away from facility or on field trip). Rule # References: CCLC #591-1-1-.21(i); GDCH #290-2-1-.11(a) 1-3

PLEASE DO NOT WRITE BELOW THIS LINE)

OFFICE USE ONLY: 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:** _____

Section G:
APPLICATION
PART B

Application Part B – Checklist 1G
Application Part B.....2G

CHECKLIST- APPLICATION PART B:

PLEASE INCLUDE THE FOLLOWING:

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: It should match Application Part A for many details.)

___2. Completed vehicle inspection (DECAL sample available). Date_____

___3. State Fire Marshall's (404-656-0659) report showing the recommendation for a certificate of occupancy (CO). Date_____Limit_____(dated within past 12 months)

___4. Building Inspector's Report or certificate of occupancy or letter stating you have met the building codes for your particular city or county or a letter stating that your particular city or county does not have building codes. Date_____ Limit_____(dated within past 12 months)

___5. Results of criminal records check on director and all staff Date_____ (Clearance must be dated within the past 12 months)

___6. Map or directions to the Child Care Learning Center/Group Day Care Home.

___7. Confirmation of city water and sewer (copy of the bill will suffice). Date_____

___8.If you do not have city water and sewer, water approval and septic tank capacity (attach written verification from health department indicating the number of persons the septic tank can accommodate). Date _____ Limit_____

___ 9.Certificate of Completion of a Department-approved 40-hour director's training course. (Applicable to CCLC)

___ 10. If food is catered:

1) A copy of food permit and;

2) Current health inspection with graded score.

___ 11. Copy of Director's Application for qualifications (Director's employment application)

___12. Copy of Director's Educational Credential (i.e. copy of Degree, CDA, etc.)

___ 13. Completed Initial Licensing Study- Staff Profile Form (listing all staff ready for operation) (Note: see last page of applicant guide for form)

___ 14. Proof of Zoning (This should have already been submitted with Application Part A unless you have been in the application process for over 1 year).

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

APPLICATION FOR LICENSE - PART B

License or Commission (Check one):
Child Care Learning Center: _____ License _____ Commission
Group Day Care Home: _____ License _____ Commission

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

Applicant Information:

_____
(Name of Corporation/LLC/Individual Owner/Board)

_____
(Mailing Address) (City/Zip) (County)

_____
(Daytime Telephone No.)

_____
(Date of Birth)

_____
(E-mail Address)

Facility Information:

_____
(Name of Center)

_____
(Site Address) (City/Zip) (County)

_____
(Facility Telephone No.)

_____
(Facility Fax No.)

_____
(E-mail Address- required for application approval)

Director Information:

_____
(Title) (First, MI, Last Name)

_____
(Date of Birth)

_____
(Social Security Number)

_____
Director's E-mail address

Attach preliminary results of the criminal records check.

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

Is the facility currently operating? ☐ Yes ☐ No

This is to certify that I have met all applicable rules as evidenced by the following:

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

I understand that if an on-site inspection is conducted and my facility is not in compliance with the rules, permission to operate may not be granted and my application to operate may be denied.

Under provision of the "Children and Youth Act" O.C.G.A. Sec. 49-5-1 et. Seq: I/We hereby apply for a license and hereby agree to adhere to the rules and regulations which apply to my facility and to the following conditions:

A. I/We have read and understand the application and the regulations for Child Care Learning Center facilities or Group Day Care Homes.

B. I/We assume responsibility for conducting the affairs of the facility herein described and for meeting the applicable regulations.

C. I/We understand that the facility is subject to inspection by Bright from the Start: Georgia Department of Early Care and Learning at any time during operating hours. To interfere with such inspections may subject me/us to misdemeanor charges and may also have an adverse impact on my/our license.

D. I/We understand that a license to operate a Child Care Learning Center/ Group Day Care Home is not transferable to another individual or location.

E. I/We understand that remodeling or modification to the facility requires a plan review from Bright from the Start: Georgia Department of Early Care and Learning before starting new construction, alterations or additions.

F. I am/We are responsible for compliance with the rules and regulations as set forth in the rules and regulations for Child Care Learning Centers, Group Day Care Homes, Chapter 591-1-1. I/We 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 subject me/us to civil penalties of up to $500 per violation for each day the violation exists.

G. I/We understand that failure to comply with the regulations may result in denial or revocation of the license to operate the facility.

H. I/We declare there have been no licensure/revocation proceedings initiated against me/us within one year of the date of this application.

I. I/We understand that before the official Bright from the Start: Georgia Department of Early Care and Learning (BFTS) initial license will be issued to the facility, a License Fee based on the facility's overall capacity must be submitted to www.decalkola.com . The License Fee is an annual fee that is due by December 31 of each year that the facility is in operation.

A map is enclosed with the directions to my center.

False or misleading statements made on any part of the application will void this application and nullify any license issued on the basis thereof.

_____	_____
Name of Corporation/LLC or individual owner	Director of Center, if different from Owner(s)
_____	_____
Board Chairman /President /CEO (signature)	Date

LICENSE FEE MUST BE SUBMITTED PRIOR TO YOUR OFFICAL LICENSE BEING ISSUED BY BRIGHT FROM THE START.

The Georgia Legislature passed House Bill 1055 which requires annual fees for applications for licensure or commission as a Child Care Learning Center or Group Day Care Home.

The following fees apply, based upon the facility's anticipated capacity :

FACILITY CAPACITY	FEE AMOUNT	LATE FEE AMOUNT
Capacity fewer than 25 children	$50.00	$25.00
Capacity 26 to 50 children	$100.00	$50.00
Capacity 51 to 100 children	$150.00	$75.00
Capacity 101 to 200 children	$200.00	$100.00
Capacity 201 or more children	$250.00	$125.00

License Fees are non-refundable.

A License will be revoked for failure to pay the License fee.

****NOTE: Fees are paid AFTER Initial Licensing Study and Permission to Operate has been given. Payment of this fee is due within 30 calendar days of issuance of Permission to Operate. Payments can be made online at:**

License fees can be made at www.decal.koala.com once you have set up an account.

or

by sending 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

INITIAL LICENSING STUDY
STAFF PROFILE

NAME OF CENTER _____

ADDRESS _____ CITY & ZIP _____ **COUNTY** _____

TELEPHONE NUMBER _____ DIRECTOR _____ TOTAL # STAFF_____

DAYS/HOURS OF OPERATION _____

Personal Data				Information on file? Place check in these columns					Qualifications				Training/Driver Info			
NAME	Date Hired	Job Title	Birth Date	SSN	Address	Phone	10 Yr. work History	Orienta tion	CRC	Not on Sex Off. Reg.	Educ. Attn'd/wo rk exp.	Qual. Stmts.	40-hour Director's Training (NA if not applicable)	CPR Date	1st Aid Date	D.L. Class/ Exp Date

Section H:
RESOURCE MATERIALS

Resource Forms

Sample Staff Forms

Staff Application…….…….1H
10 Year Employment History...……2H
Staff Policies.……3H
Employee's Documentation Record.……4H
Documentation of Orientation.…….…5H
Initial Staff Training Record.……6H
Livescan Fingerprinting Procedure…....……7H

Sample Children's Record Forms

Sample Children's Enrollment Form/Emergency Med. Auth./Parental Agreement (3 pgs.)....7-9H
Medication Authorization……..…….10H
Infant Feeding Plan……...……..11H
Children's Daily Attendance Record……..……12H
Incident Report Form…….……..……13H
Parent Acknowledgement of No Insurance...……14H

Food Service Forms

Food Service ……..……20H
USDA Food Guide Pyramid……..……..…29H
USDA Meal Pattern Requirements for Children……...……31H
Weekly Menu Form (2 pages)……...……32-33H
Manual Dishwashing diagram……...……34H
Sack Lunch Criteria……...……35H

Sample Transportation Forms

Transportation Guidelines…….……14H
Vehicle Safety Inspection ……..……15H
Transportation Agreement……..……16H
Field Trip Permission/Checklist…….……17H
Weekly Transportation Checklist (2 pages)……..……18-19H

Items to be Posted

Parents' Rights Poster ……36H
Handwashing Poster…… 37H
Common Infectious Diseases….…….……38H
Parent Notice that the center has No Insurance……39H

Other

Pandemic Flu Preparation Checklist……40H
Initial Licensing Study- Staff Profile..……41H

Sample Staff Forms

Staff Application .....
10 Year Employment History .....
Documentation of Orientation .....
Daily Staff Attendance Record……..

(CENTER NAME)

DATE

POSITION DESIRED

DATE AVAILABLE

INTERVIEWED BY

NAME (FIRST) (MIDDLE) (LAST) SPOUSE'S NAME

HOME ADDRESS PHONE NUMBER

BIRTH DATE 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
ELEMENTARY			
SECONDARY			
COLLEGE			
OTHER			

Experience with groups of children

(Indicate ages of children, your duties, dates of time you worked in this position, reasons for leaving)

Attach documentation of experience working with children.

(Circle One)

Have you attended/completed any child care training courses? YES NO

If yes list:

PLEASE LIST EMPLOYMENT HISTORY FOR THE PAST TEN YEARS, BEGINNING WITH YOUR MOST CURRENT OR 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 addition space please use separate employment record form.

MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION
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: _____

Bright from the Start: 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

Record of Employment: Past 10 Years (If unemployed between 2 jobs/dates, write "no work". Leave no gaps.

Month/Year	Name and Address of Employer	Position	Reason for Leaving
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			

DOCUMENTATION OF 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 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 Weather 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) ☐

_____

_____ _____
Signature of Person Providing Orientation Signature of Employee Receiving Orientation

_____ _____
Date Date

DAILY STAFF ATTENDANCE RECORD

Date

Class

Name of Staff	Time In	Time Out	Time In	Time Out	Staff Initials

Additional Staff Policies & Procedures
(Page to be added to 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……Page 1 of 4
Emergency Medical Authorization……Page 2 of 4
Parental Agreements with Child Care Facility……..Page 3 of 4
Safe Sleep Policy ……..Page 4 of 4
Medication Authorization .....
Infant Feeding Plan .....
Children's Daily Attendance Record .....
Report of Incident Requiring Professional Medical Attention .....
Parent Liability Acknowledgement (use when the center has no insurance)……

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 Number_____

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 Number_____

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)
Telephone Number_____ 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 most effectively meet my child's needs 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, it 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 Agreements with Child Care Facility

The _____ agrees to provide day care for
(Name of Facility)
_____ on _____ _____ a.m. to _____ p.m.
(Name of Child) (Days of Week)
from _____ to _____.
(Month) (Month)

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 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 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
_____.
(Name of Facility)

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)

DECAL SAMPLE

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 that the instructions are to be followed.

2) Cribs shall be in compliance with CPCS and ASTM 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/mats will be laundered daily or marked for individual use. If marked for individual use, the sheets/covers 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 moved to a safety-approved crib for sleep.

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 its 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.

I acknowledge that the director or designee has advised me of the safe sleep practices followed by the facility.

Signature_____ Date_____

MEDICATION AUTHORIZATION

Child's Full Name_____

Name of Medication_____

Prescription Number_____

Time Medication is to be Given_____

Amount of Medication to be Given_____

Date(s) to be Given_____

_____ _____
Signature of Parent or Guardian Date

For Center Use

	Date	Time Given	Amount	Any Adverse Reactions	Administered By
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

If noticeable adverse reaction to medication what action was taken? Describe.

_____

_____

_____

_____

INFANT FEEDING PLAN

Child's full name_____ Date_____Date of birth_____

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: _____Date: _____
Amount: _____Date: _____
Amount: _____Date: _____
Amount: _____Date: _____
Amount: _____Date: _____

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

_____

Food likes _____

Dislikes _____

Allergies? (Include any premixed formula)_____

FORMULA/ BREAST MILK			FOOD		
Time	Amount	Type	Time	Amount	Type

Instructions for the introduction of solid foods_____

_____

Any updated instructions regarding adding new foods or other dietary changes, please list as needed. _____

_____

PARENTS' SIGNATURE: _____ Date: _____

DAILY ATTENDANCE/ ARRIVAL & DEPARTURE RECORD

591-1-1-.08(o-p) Attendance & Arrival/ Departure Records: 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
Consultant Name/Consultant Fax

591-1-1.29 / 290-2-1-.10(c)(3) / 290-2-3-.14 of Rules and Regulations for Child Care Learning Centers/Group Day Care Homes/Family Day Care Homes requires that any death, serious injury requiring hospitalization or professional medical attention, or any situation where a child becomes missing while in care be reported to the Bright from the Start **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 Number _____ Home Number _____Cell Number_____

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 which 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 out form in duplicate: 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

Food Service Forms

Food Service .....
USDA Food Guide Pyramid .....
USDA Meal Pattern Requirements for Children……..
Weekly Menu Form (2 pages) .....
Manual Dishwashing diagram .....
Sack Lunch Criteria……..

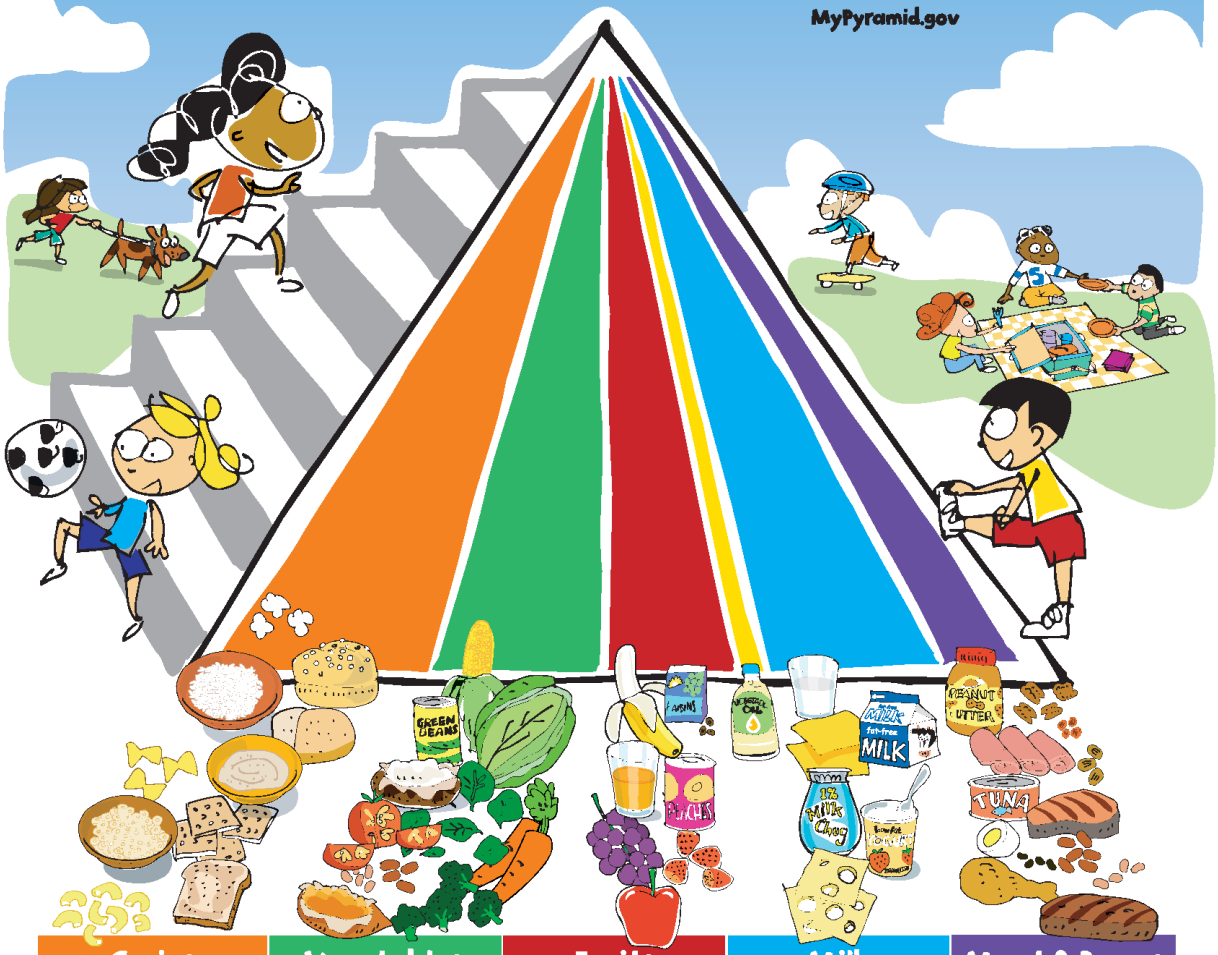
FOOD SERVICE

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

MyPyramid For Kids

Eat Right. Exercise. Have Fun.

MyPyramid.gov



Grains
Make half your grains whole

Start smart with breakfast. Look for whole-grain cereals.

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").

Vegetables
Vary your veggies

Color your plate with all kinds of great-tasting veggies.

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.

Fruits
Focus on fruits

Fruits are nature's treats – sweet and delicious.

Go easy on juice and make sure it's 100%.

Milk
Get your calcium-rich foods

Move to the milk group to get your calcium. Calcium builds strong bones.

Look at the carton or container to make sure your milk, yogurt, or cheese is lowfat or fat-free.

Meat & Beans
Go lean with protein

Eat lean or lowfat meat, chicken, turkey, and fish. Ask for it baked, broiled, or grilled – not fried.

It's nutty, but true. Nuts, seeds, peas, and beans are all great sources of protein, too.

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.

Grains	Vegetables	Fruits	Milk	Meat & Beans
Eat 6 oz. every day; at least half should be whole	Eat 2 ½ cups every day	Eat 1 ½ cups every day	Get 3 cups every day; for kids ages 2 to 8, it's 2 cups	Eat 5 oz. every day

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.

Find your balance between food and fun

- Move more. Aim for at least 60 minutes everyday, or most days.
- Walk, dance, bike, rollerblade – it all counts. How great is that!

Fats and sugars — know your limits

- 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.

MyPyramid.gov
STEPS TO A HEALTHIER YOU

U.S. Department of Agriculture
Food and Nutrition Service
September 2005
FNS-381

USDA

USDA is an equal opportunity provider and employer.

Child and Adult Care Food Program Meal Patterns Revised 12/99
Amounts and Types of Foods To Be Served to Children

This chart lists the amounts and types of food to be served to children one year and older.

Meal Components	Ages 1-2	Ages 3-5	Ages 6-12
Breakfast:			
• milk, fluid[1]	½ cup	¾ cup	1 cup
• juice or fruit or vegetable	¼ cup	½ cup	½ cup
• bread or bread alternate	½ slice	½ slice	1 slice
or cornbread, biscuits, rolls, muffins, etc	½ serving	½ serving	1 serving
including cereal cold, dry or	¼ cup or 1/3 ounce	1/3 cup or ½ ounce	¾ cup or 1 ounce
cereal hot, cooked	¼ cup	¼ cup	½ cup
Supplement (Snack) (select 2 out of 4 components)			
• milk[1], fluid	½ cup	½ cup	1 cup
• juice or fruit or vegetable	½ cup	½ cup	¾ cup
• meat or meat alternate	½ ounce	½ ounce	1 ounce
egg (large)	½	½	½
• bread or bread alternate	½ slice	½ slice	1 slice
including cereal, cold, dry	¼ cup or 1/3 ounce	1/3 cup or ½ ounce	¾ cup or 1 ounce
or cereal hot, cooked	¼ cup	¼ cup	½ cup
Lunch or Supper			
• milk[1], fluid	½ cup	¾ cup	1 cup
• meat or poultry or fish	1 ounce	1 ½ ounces	2 ounces
or egg (large)	1/2	3/4	1
or cheese	1 ounce	1 ½ ounces	2 ounces
or cooked dry beans or peas	¼ cup	3/8 cup	½ cup
or peanut butter and other "butters"	2 Tbsp.	3 Tbsp.	4 Tbsp.
nuts and seeds[2]	½ ounce	¾ ounce	1 ounce
or yogurt	4 ounces	6 ounces	8 ounces
• vegetables and/or fruits[3] (2 or more total)	¼ cup	½ cup	¾ cup
• bread or bread alternate[4]	½ serving or ½ slice	½ serving or ½ slice	1 serving or 1 slice

[1] Milk includes whole milk, 1% low fat milk, 2% reduced fat milk, fat free milk, cultured buttermilk, or flavored milk made from these types of fluid milk which meet State or local standards.
[2] For lunch and supper no more than 50% of the requirement may be met with nuts or seeds. Nuts or seeds shall be combined with another meat/meat alternate to meet the requirement. For crediting purposes 1 oz of nuts or seeds = 1 oz of cooked lean meat, poultry or fish.
[3] Serve two or more kinds of fruits and/or vegetables. Full strength vegetable or fruit juice may be counted to meet no more than one half of this requirement for lunch and supper.
[4] Bread alternate may also include an equivalent serving of such items as a roll, biscuit, muffin, cooked enriched or whole grain rice, macaroni, noodles or other pasta products.

Weekly Menu Form

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							
Lunch	Fluid Milk							
	Meat or Meat Alternate							
	Vegetable or Fruit							
	Vegetable or Fruit							
	Bread or Bread Alternate(s)							
	*Additional Food (Optional)							
PM Snack	Choose 2 of these 4: Fluid Milk							
	Fruit, Vegetable or Full Strength Juice							
	Bread or Bread Alternate							
	Meat or Meat Alternate							

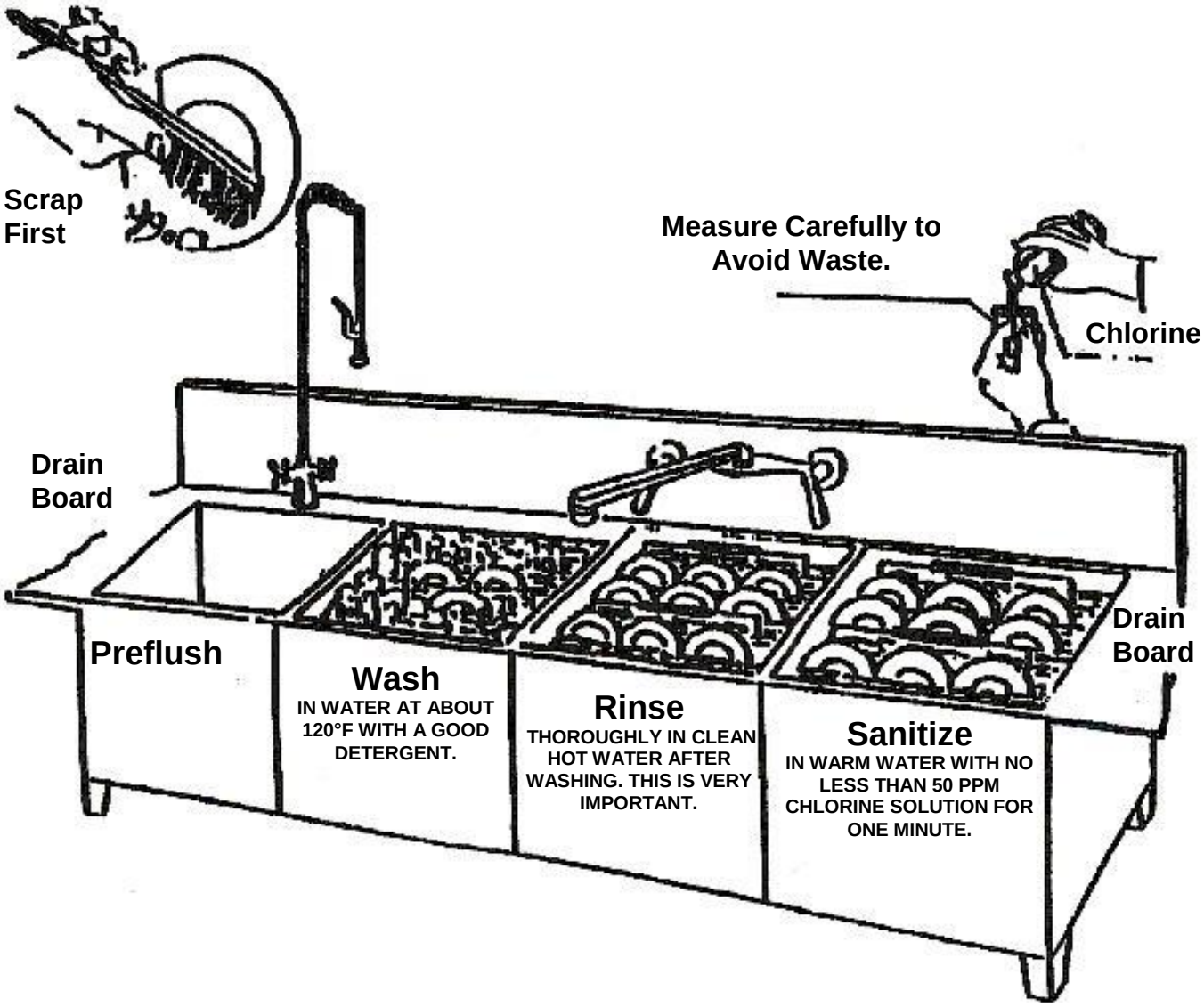
Weekly Menu Form

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 Alternate							
Supper	Fluid Milk							
	Meat or Meat Alternate							
	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 – Chemical Method

Approved Procedure - Preflush, Wash, Rinse, Sanitize



Georgia Department of Early Care and Learning

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

Nathan Deal
Governor

Bobby Cagle, MSW
Commissioner

CRITERIA FOR SACK LUNCHES

1. Nutritional requirements as presently listed in 591-1-1-.15 of the Bright from the Start 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 a nutritious sack lunch.

3. The center shall provide all parents 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 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 Bright from the Start Rules for Child Care Learning Centers must be met.

8. Each child shall be served at least 4 ounces of milk each day if not contraindicated by special diets. [591-1-1-.15(1)]

ITEMS TO BE POSTED

All Items to be Posted.....
Parents' Rights……..
Hand washing Poster……..
Common Infectious Diseases.....
Notice to Parents and Guardians (No Insurance)……...……

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/Group Day Care Home license or commission

• Copy of state rules and regulations

• Notice 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 (Parents Rights Poster)

• Current Communicable Disease chart

• Statement allowing parental access to all child care areas upon notifying any staff member of his or her presence (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 and fire

• Statement requiring visitors to check in with staff when entering the center

• No Smoking sign

• Consumer Product Safety Poster

• No Liability Insurance notice (only if facility does not carry liability insurance)

Each Center shall post in other areas:

• Hand washing chart by each sink used by adults

• 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

PARENTS

YOU HAVE THE RIGHT:

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

2. 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.

The department is required by law to investigate all complaints regarding rule violations. These may be addressed to the Bright from the Start: Georgia Department of Early Care and Learning licensing office at (404) 657-5562.

VISITORS

Please check in with staff upon arrival to the facility.

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.

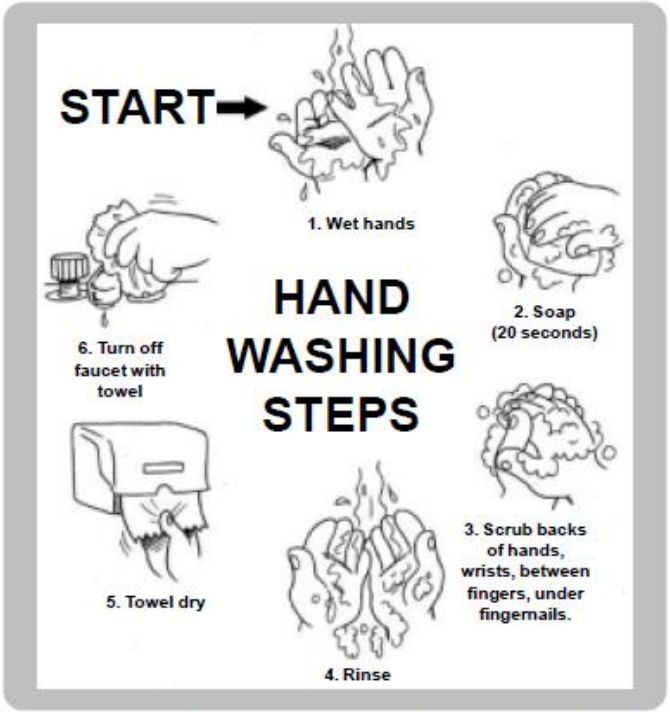
Always wash your hands . . .

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



Childhood Infectious Illnesses (Communicable Disease Recommendations)

adapted from Childhood Infectious Illnesses poster—2008 edition
Children's Healthcare of Atlanta

EYE, EAR, NOSE, THROAT, AND CHEST

DISEASE, ILLNESS, OR ORGANISM	INCUBATION PERIOD	HOW IS IT SPREAD?	WHEN IS CHILD MOST CONTAGIOUS?	RETURN TO CENTER OR SCHOOL?	REPORT TO COUNTY HEALTH DEPARTMENT	HOW TO PREVENT SPREADING INFECTION
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, numerous causes	Contact with droplets from nose, eyes, or mouth of infected person; some viruses can live on surfaces (toys, tissues, doorknobs, etc.) for several hours	Variable, often from the day before symptoms begin up 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 needs for comfort and rest)	NO[1]	For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues; avoid sharing linens; proper disinfection of surfaces and toys; cough into elbow or clothing when tissues unavailable Illnesses caused by influenza virus or pneumonoccal bacteria can be reduced by timely immunization ADDITIONAL COMMENTS: Influenza: Annual influenza vaccine recommended for children ages 6 months to 18 years as well as caregivers of young children (especially those <6 months); cover coughs and sneezes Respiratory Syncytial Virus: Avoid sharing linens, toys Cold Sore: Avoid kissing, sharing drinks or utensils
Influenza* *(influenza virus)*	1 to 3 days	Highly contagious; contact with droplets from nose, eyes, or mouth of infected person; virus may live on surfaces (toys, tissues, doorknobs, etc.) for several hours	Variable, from the day before until the first 7 days of illness	After 24 hours without fever and child's symptoms are improving	NO[1]	
Respiratory Syncytial Virus (RSV)	2 to 8 days	Highly contagious; contact with droplets from nose, eyes, or mouth of infected person; virus may live on surfaces (toys, tissues, doorknobs, etc.) for several hours	Variable, from the day before until 3 to 8 days or longer	After 24 hours without fever and child's symptoms are improving	NO[1]	
Pinkeye *(Pink or red eye; eyelid swelling; tearing and/or discharge)*	Variable, depending on the cause—bacterial, viral or allergic	Highly contagious; contact with secretions from eyes of an infected person or contaminated surfaces	Depending on the cause, up to 2 weeks	On recommendation of physician; bacterial conjunctivitis requires antibiotic treatment	NO[1]	
Cold Sore *(Herpes simplex virus)*	2 days to 2 weeks	Direct contact with infected oral secretions or lesions (drooling, kissing, thumb-sucking)	While lesions are present	After lesions are scabbed over and drooling controlled	NO[1]	

EYE, EAR, NOSE, THROAT, AND CHEST

DISEASE, ILLNESS, OR ORGANISM	INCUBATION PERIOD	HOW IS IT SPREAD?	WHEN IS CHILD MOST CONTAGIOUS?	RETURN TO CENTER OR SCHOOL?	REPORT TO COUNTY HEALTH DEPARTMENT	HOW TO PREVENT SPREADING INFECTION
Diphtheria* *(Corynebacterium diphtheria bacteria)*	2 to 7 days	Contact with discharges from the nose, eyes, mouth or skin lesions of infected individual	Onset of sore throat to 4 days after treatment has begun	After 2 negative cultures are obtained	YES Treatment of contacts *may* be necessary; ensure vaccination of contacts is up-to-date	For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues; avoid sharing linens; proper disinfection of surfaces and toys Illnesses caused by influenza virus or pneumonoccal bacteria can be reduced by timely immunization ADDITIONAL COMMENTS: Diphtheria: Timely immunizations; Booster dose of either Td or Tdap is recommended for anyone over 11 years of age, including adults. Mononucleosis: Avoid kissing, sharing drinks or utensils Mumps: Timely immunizations Strep Throat: Avoid kissing, sharing drinks or utensils; exclude infected adults from food handling Tuberculosis (TB): Routine TB skin testing is not recommended for children; however, healthcare evaluations should assess risk of TB exposure and skin test if TB exposure is likely Whooping cough: Timely immunizations; Booster dose of Tdap is recommended for anyone over 11 years of age, including adults; cover coughs and sneezes
Mononucleosis (Mono) *(Epstein-Barr virus)*	4 to 7 weeks	Kissing on mouth; sharing objects contaminated with saliva	Variable, often prolonged	No restriction unless child has fever, or is too uncomfortable, fatigued, or ill to participate in activities (center unable to accommodate child's increased needs for comfort and rest)	NO†	
Mumps* *(Mumps virus)*	12 to 25 days (usually 16 to 18 days)	Contact with droplets from nose, eyes or mouth of infected person	Peak infectious time begins 2 days before swelling, but may range from 7 days before to 9 days after	9 days after parotid gland (neck) swelling begins	YES Treatment of contacts *may* be necessary; ensure vaccination of contacts is up-to-date	
Strep Throat *(Group A Streptococcus bacteria)*	1 to 5 days	Contact with droplets from nose and mouth. Rarely, outbreaks can be caused by contaminated food	From onset of symptoms until 24 hours after treatment	After at least 24 hours of antibiotic treatment and no fever for 24 hours	NO†	
Tuberculosis (TB)	Many infected persons do not develop disease and have no symptoms. Risk of developing active disease is highest during first 1 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)	Children with TB may be infectious to others when they have active disease of the lungs or throat	Only when Health Department or physician gives permission	YES Treatment of contacts *may* be necessary	
Whooping Cough*# *(Bordetella pertussis bacteria)*	5 to 21 days (usually 7 to 10 days)	Contact with droplets from nose, eyes or mouth of infected person	Most infectious before cough onset (with onset of runny nose), continuing until child has been on antibiotics for 5 days. If untreated, infectious for 3 weeks after cough begins	After appropriate antibiotic treatment for 5 days	YES Treatment of contacts *may* be necessary; ensure vaccination of contacts is up-to-date	

GATROINTESTINAL

DISEASE, ILLNESS, OR ORGANISM	INCUBATION PERIOD	HOW IS IT SPREAD?	WHEN IS CHILD MOST CONTAGIOUS?	RETURN TO CENTER OR SCHOOL?	REPORT TO COUNTY HEALTH DEPARTMENT	HOW TO PREVENT SPREADING INFECTION
Viral Gastroenteritis *(vomiting and/or diarrheal)* • Adenovirus • Rotavirus • Norovirus	Varies with pathogen (pathogen is a disease-causing organism), usually 1 to 5 days	Contact with stool, saliva or vomit from infected individual directly or from surfaces. Norovirus highly infectious; frequent cause of outbreaks	From 2 days before illness until vomiting and diarrhea improve	No fever or vomiting for 24 hours and fewer than 5 stools per day	NO†	For all Diseases: Good handwashing 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 ADDITIONAL COMMENTS: Bacterial Gastroenteritis: Proper cooking/handling of meats and raw eggs. (Reptiles should not be permitted in childcare centers. Pet reptiles should be handled safely in other settings.) Hepatitis A: Timely immunizations; consider Hepatitis A vaccine for caregivers; infected caregivers should not prepare meals for others Pinworms: Frequent, good handwashing, particularly by infected child and any caregivers assisting with toileting; trim fingernails, prevent nail-biting and fingers in mouth; proper disposal/cleaning of diapers, bedding, clothes, etc.; proper disinfection of changing tables and toileting areas
Bacterial Gastroenteritis • Pathogenic *E. coli* • *Salmonella* • *Campylobacter* • *Shigella* • *Yersinia*	Varies with pathogen, from 6 hours to 7 days	Contact with stool from infected individual (or occasionally pets); from 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 and stools are formed or fewer than 5 stools per day; pathogenic *E. coli* and *Shigella* require 2 negative stool cultures (exceptions may rarely be allowed by local health department for older children)	YES Treatment of contacts *not* necessary; follow-up stool tests are necessary for *Shigella* and *E. coli* infections	
Giardia *(a parasite)*	1 to 4 weeks (usually 7 to 10 days)	Contact with infected stool; consuming contaminated water or food	When diarrhea is present.	When stools are formed or fewer than 5 stools per day	YES Treatment of contacts *not* necessary; follow-up stool tests *not* necessary	
Hepatitis A*	2 to 7 weeks (usually 25 to 30 days)	Eating contaminated food/water; close contact with infected individuals; contact with infected stool	From 2 weeks before illness until 1 week after jaundice has begun	After 1 week from the onset of jaundice	YES Young children (younger than 5) often asymptomatic; one case may indicate a childcare center outbreak. Treatment of contacts *may* be necessary	
Pinworms	2 to 8 weeks	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. Re-infection is common	No restriction, but treatment should be given to reduce spread	NO†	

MENINGITIS

DISEASE, ILLNESS, OR ORGANISM	INCUBATION PERIOD	HOW IS IT SPREAD?	WHEN IS CHILD MOST CONTAGIOUS?	RETURN TO CENTER OR SCHOOL?	REPORT TO COUNTY HEALTH DEPARTMENT	HOW TO PREVENT SPREADING INFECTION
Haemophilus influenzae type B* *(Hib bacteria) Meningitis or sepsis as determined by spinal tap/blood tests*	Variable, 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, and child well enough to participate	YES Treatment of contacts *may* be necessary; ensure vaccination of contacts is up-to-date	For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues; cover coughs and sneezes; avoid sharing drinks and utensils ADDITIONAL COMMENTS: Haemophilus influenzae type B (Hib bacteria): Timely immunizations Meningococcal meningitis: Timely immunizations Streptococcus pneumoniae: Timely immunizations Viral Meningitis: Proper disinfection of changing tables Neisseria Meningitidis: (meningococcal bacteria): Timely immunizations
Neisseria meningitidis *(Meningococcal bacteria) Meningitis or sepsis as determined by spinal tap/ blood tests*	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, including antibiotics to eliminate carrier state	After at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state, and child well enough to participate	YES Treatment of contacts *may* be necessary	
Streptococcus pneumoniae* *(Pneumococcal bacteria) Meningitis or sepsis as determined by spinal tap/ blood tests*	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, and child well enough to participate	YES Treatment of contacts *not* necessary and *not* beneficial	
Viral Meningitis *(Usually enterovirus)*	Variable, usually 3 to 6 days	Contact with droplets from nose, eyes or mouth, or fecal material, often from healthy people	From the day before the illness until a week after onset	After 24 hours without fever, and child well enough to participate	YES Treatment of contacts *not* necessary; no specific treatment available	

SKIN OR RASH

DISEASE, ILLNESS, OR ORGANISM	INCUBATION PERIOD	HOW IS IT SPREAD?	WHEN IS CHILD MOST CONTAGIOUS?	RETURN TO CENTER OR SCHOOL?	REPORT TO COUNTY HEALTH DEPARTMENT	HOW TO PREVENT SPREADING INFECTION
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 of infected individuals or freshly contaminated objects	From 2 days before skin lesions develop until all lesions are crusted	When all lesions have crusted	NO[1]	For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues ADDITIONAL COMMENTS: Chickenpox: Timely immunizations; cover coughs and sneezes German Measles: Timely immunizations; (Child care providers who may become pregnant should be rubella-immune) Hand, Foot and Mouth Disease: Proper disinfection of changing tables, surfaces and toys Head Lice: 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, 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/sleep mat Impetigo: Trim fingernails Measles: Timely immunizations; cover coughs and sneezes
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	Only during the week BEFORE rash develops	No need to restrict once rash has appeared	NO[1]	
German Measles*# *(Rubella virus)*	14 to 23 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 5 days before until 7 days after the rash appears	7 days after the rash appears	YES Treatment of contacts usually *not* necessary; (exception: non-immune pregnant women)	
Hand, Foot and Mouth Disease *(Coxsackievirus)*	3 to 6 days	Contact with fecal, oral or respiratory secretions	May be contagious for several weeks after infection	After 24 hours without fever and child is behaving normally	NO[1]	
Head Lice *(parasites)*	Eggs (nits) hatch in 6 to 10 days	Close contact with infested individuals and sharing combs, brushes, hats, or bedding	When there are live insects on the head	After treatment, if crawling lice are gone. Remove nits; however nits alone should not be a reason for exclusion. Please read the product information carefully; some may not be appropriate for infants	NO[1]	
Impetigo *(Staphylococcus or Streptococcus bacteria)*	1 to 10 days	Direct skin contact (especially through contaminated hands) or nasal discharge or contaminated surfaces	Until active lesions are gone or after 24 hours on antibiotics	After at least 24 hours of antibiotics	NO	

SKIN OR RASH

DISEASE, ILLNESS, OR ORGANISM	INCUBATION PERIOD	HOW IS IT SPREAD?	WHEN IS CHILD MOST CONTAGIOUS?	RETURN TO CENTER OR SCHOOL?	REPORT TO COUNTY HEALTH DEPARTMENT	HOW TO PREVENT SPREADING INFECTION
Measles* *(Rubeola virus)*	7 to 18 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 Contacts *may* require treatment; program of vaccination *may* be recommended during outbreaks in childcare centers or schools	For all Diseases: Good handwashing and hygiene; proper disposal of soiled tissues ADDITIONAL COMMENTS: MRSA: 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: Avoid contact sports. During outbreaks, further restrict person-to-person contact Ringworm: Avoid direct contact with infected individuals; avoid sharing combs, brushes, hats, etc.; proper disinfection of surfaces and toys Roseola: Proper disinfection of surfaces and toys Scabies: All household members should be treated simultaneously to prevent re-infestation; 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 weeks
MRSA (Methicillin-resistant Staph aureus) *(a bacterial cause of skin boils and abcesses)*	Variable, occasionally initially mistaken as spider bite	Direct skin contact with infected person, wound drainage, or contaminated surfaces. Increased risk in crowded conditions	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 close contact team sports until completely healed	NO†	
Molluscum *(Molluscum contagiosum virus)*	Usually 2 to 7 weeks, sometimes longer	Direct skin contact with wound or contaminated surfaces	Not very contagious	No restriction	NO†	
Ringworm on body and Ringworm on scalp *(caused by fungus)*	Unknown	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†	
Roseola *(virus)*	About 10 days	Respiratory droplets, often from healthy people	During fever	No restriction unless child has fever or is too ill to participate	NO†	
Scabies *(parasites)*	Usually 4 to 6 weeks, 1 to 4 days after re-exposure	Skin contact with infested individual; contact with bedding or clothes of infected person	From up to 8 weeks before skin rash appears until it has been treated with a scabicidal cream	The day after adequate treatment begins	NO† If two or more documented cases in one center, treatment of center contacts *may* be necessary	

* These diseases should have been vaccinated against, if immunizations are up to date. Chicken pox may still occur, but usually in a milder form.
# These diseases may be of concern to staff members who are pregnant or trying to become pregnant. Follow-up with obstetric health care provider is recommended after known or suspected contact.
† To reduce the spread of diseases in the classroom or child care center, it is recommended that similar illnesses (greater than three in the child care center or classroom) be reported to your county health department.

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 an individual case-by-case basis.

Adequate handwashing facilities, policies, and procedures are the keys to excellent hygiene that will eliminate or minimize transmission of these diseases and keep students in school.

NOTICE TO PARENTS AND 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 AND VISITORS:

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

PLEASE VISIT THEIR WEBSITE:

www.cpsc.gov

OR CALL:

800-638-2772

TTY 800-638-8270

TRANSPORTATION GUIDELINES

Transportation Guidelines.....1
Transportation Vehicle Safety Inspection.....2
Transportation Agreement 3
Vehicle Emergency Medical Information……4

***Current transportation checklist (Field trip, Home, School) may be found on website:**

www.decal.ga.gov

(Child Care Services - Child Care Center Forms)

TRANSPORTATION GUIDELINES

To provide routine transportation services such as:

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

A written Transportation Plan must be included with the Operation Plan.

The written Transportation Plan includes:

- Name of the licensed driver/ evidence of 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 (this must be completed for each transportation vehicle used for routine and emergency purposes)

- Evidence of current first aid and CPR training for driver (see staff records)

BRIGHT FROM THE START
Georgia Department of Early Care and Learning
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 9-2011)

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. In the event the authorized
Name of Authorized Person

person is not present to receive my child, the following procedures are to be followed:

_____

_____

_____

_____

The _____ is approximately _____ miles from the center.
location

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 Number_____

Work Phone Number_____ Cell Phone Number_____

Mother's Name_____ Home Phone Number_____

Work Phone Number_____ Cell Phone Number_____

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

Name_____Phone Number_____

Child's Doctor_____Phone Number_____

Medical Facility the Center uses _____

Address _____

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 the treatment of my child.

Child's Name _____

Printed name of Parent/Guardian _____

Signature of Parent/Guardian_____

Witnessed by _____ Date_____

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

Standard School Bus

Multi-Function School Activity Bus (MFSAB)

NOT Exempt (see details below)

12 to 15 Passenger Van

Shuttle Bus (does not meet School Bus Standards)

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.

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."*

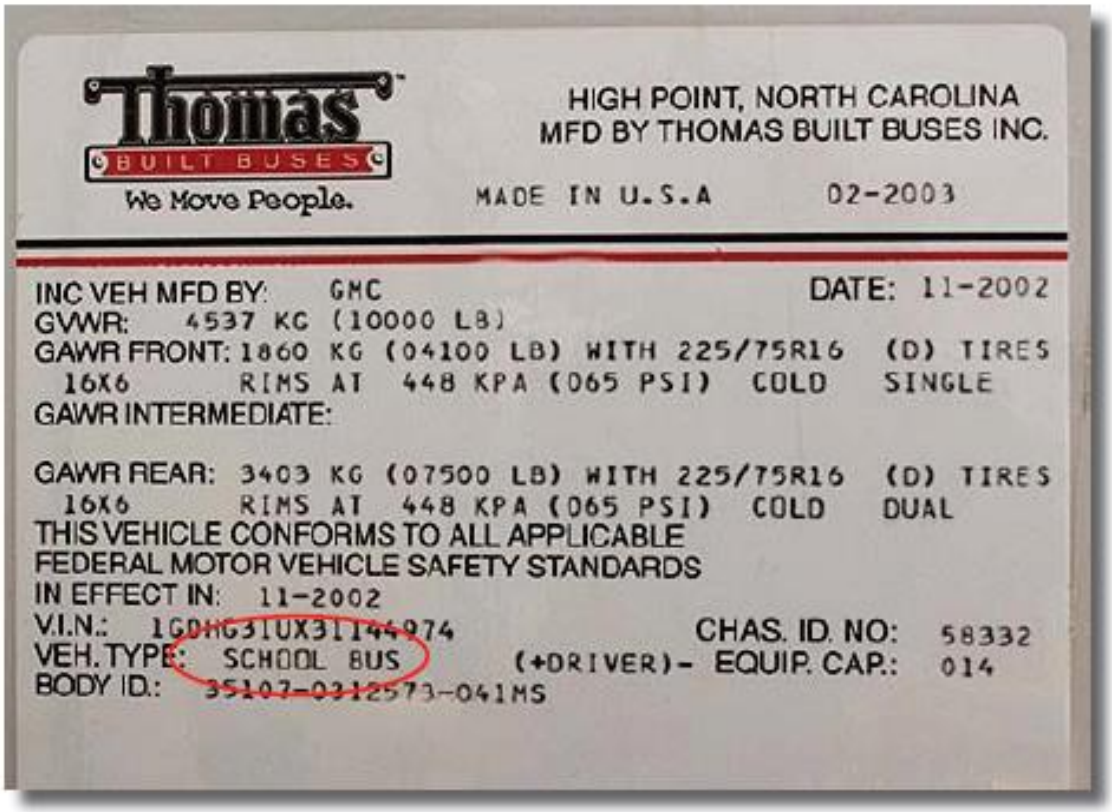
7. **Are there any van exemptions based on the height or weight of the child?**
   Yes. The following exceptions are:
   - If all other passenger seating positions with lap-shoulder belts are being used with an appropriate child restraint system, a child over 40 pounds may be in a lap belt only
   - 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 40-8-76 at: http://www.lexis-nexis.com/hottopics/gacode/Default.asp.

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."*



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.

www.cpsc.gov

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

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.**

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	
❑	❑	❑	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.
❑	❑	❑	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.
❑	❑	❑	Learn who in your area has legal authority to close child care programs if there is a flu emergency.
❑	❑	❑	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.
❑	❑	❑	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.)
❑	❑	❑	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.
❑	❑	❑	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.)
❑	❑	❑	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.
❑	❑	❑	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.
❑	❑	❑	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	
❑	❑	❑	Plan how you would deal with program closings, staff absences, and gaps in student learning that could occur during a flu pandemic.
❑	❑	❑	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.)
❑	❑	❑	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	
❑	❑	❑	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**.)
❑	❑	❑	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.
❑	❑	❑	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**.)
❑	❑	❑	Encourage staff to get flu shots each year. (See **www.cdc.gov/flu/protect/preventing.htm**.)
❑	❑	❑	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**.)
❑	❑	❑	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**.)
❑	❑	❑	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**.)
❑	❑	❑	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.
❑	❑	❑	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	
❑	❑	❑	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.
❑	❑	❑	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.
❑	❑	❑	Give staff and students' families reliable information on the issues listed below in their languages and at their reading levels. ❑ 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/**.) ❑ 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**.) ❑ How to care for ill family members. (See **www.hhs.gov/pandemicflu/plan/sup5.html#box4**.) ❑ How to develop a family plan for dealing with a flu pandemic. (See **www.pandemicflu.gov/planguide/**.)

Section I:
Licensure Orientation Meeting Information (LOM Resources)

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
http://www.decal.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.

Contact Information:

<u>Programs:</u>

Child Care Licensing…….....404-657-5562

Complaints/Concerns…….....404-657-5562

Criminal Records….....404-656-5957

Exemptions…….....404-657-5562

Head Start Collaboration……....404-651-7425

Pre-K…….404-656-5957

Nutrition Services…….....404-656-5957

Quality Initiatives…….....404-656-5957

Training…….……404-656-5957

Applicant Services Unit (Licensing/Registration)

Lisa Rasmussen……Director

Chrissy Clayton ……Lead Consultant

Sonya Mosley……Administrative Assistant

<u>ASU Consultants</u>

Brianne Kersey	**Southeast Georgia**
Deborah Toney	**Metro Atlanta (Northeast Georgia)**
Jamie Carta	**Southwest Georgia**
Wakisha Carswell	**Metro Atlanta (Northwest Georgia)**
Margaret Pringle	**Metro Atlanta (Northwest Georgia)**
Shyreeta Hicks	**Metro Atlanta (Northeast Georgia)**
Shaheedah El-Amin	**Variances/Waivers**

State Fire Marshall…….404-656-2056

Small Business Administration……..…...www.sba.gov

Charlotte Johnson (SBA)…….. 404-331-0100

Insurance……...www.gainsurance.org

Secretary of State……...www.sos.georgia.gov

Office Hours: 8:00AM-5:00 PM Monday-Friday (closed on State Holidays)

Do you need to take the 40-Hour DIRECTOR TRAINING?

Bright from the Start requires directors of newly-opening licensed childcare centers and group day care homes to take a 40-hour Director Training class. Pre-existing directors of licensed childcare facililies are not affected by this new requirement - only newly opening centers.

Option I: The list of approved 40-hour Director Training's can be found from the "Find Training" option in the gold bar at the top of our homepage (**www.training.decal.ga.gov**).

You would click "General search" then "Basic search" where you will type "40-hour Director Training" in the keyword box and then search.

A list of approved trainings and the approved trainers contact information will be displayed. You may contact any of these trainers to find out when and where their next training will be held and how to register.

Option II: You may check the Training Calendar on our website (**www.training.decal.ga.gov**) to locate 40-hour Director Trainings which may be currently scheduled.

The Training Calendar can be found by clicking the "Find Training" option in the gold bar at the top of our homepage. Simply click the "Training Calendar" option select "Monthly View" and scroll through the calendar to find state-approved 40-hour Director Trainings which are coming up. The contact information can be found for the scheduled training. You may contact the trainer to find out how to register.

If you have questions regarding the 40-hour Director Training, please contact Training Approval at 706-542-6999.

**Please note that the Technical Certificate of Credit (TCC) in Program Administration available at most Technical Colleges will meet the Director's 40 hour training requirement, in addition to qualifying as one of the education requirements for the 2012 rule changes.

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: 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.
   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 = ½ HR, New = 1-HR.

Who is require to submit Plans to Fire Marshal 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 State Fire Marshal 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:
  - $100.00 for 10,000 feet square and less
  - $.015 x square footage for +10,000 square feet

Mix Occupancies

Separation of 1-HR fire barrier fire-resistance walls between Day-Care and any other occupancies except as follows:

1. Church.
2. In one- and two-family dwellings.

Factors to determine if building require 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

Occupant Load = The floor area assigned for Day-Care usage / Occupant Load Factor (35 ft^2).

Occupant Load = The floor area assigned for office usage / Occupant Load Factor (100 ft^2).

Occupant Load = The floor area assigned for Kitchen usage / Occupant Load Factor (100 ft^2).

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/renovated restrooms used primarily by children 3 years old and older (2 years old and younger are considered 'diaper facilities') must be made accessible for children's dimensions (Doors shall not swing into the clear floor space of any fixture).
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.
    a. Storage, Janitor closet (1-hour fire barrier *or* sprinklered).
    b. Laundry room (1-hour fire barrier *and* sprinklered if more than 100-ft^2, *or* if less than).
    c. 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; however, they are typically more restrictive. Exceeding the above or Georgia Department of Early Care and Learning (DECAL) staffing requirements may subject the facility to additional fire safety requirements.

Contact Information

Allen LaBerteaux
Safety Fire Engineer

Address

Georgia State Fire Marshal's Office
Safety Fire Division
2 Martin Luther King Jr. Drive
Suite 620 West Tower
Atlanta, GA 30334

Phone/fax/ email/web

(404) 656-2292 (Direct phone line) / Fax number: 678-717-5877

alaberteaux@sfm.ga.gov
http://www.GAInsurance.org/FireMarshal

Georgia Accessibility (OCGA 120-3-20)

http://www.gainsurance.org/DOCUMENTS/120-3-20.pdf

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.*

Acceptable Plan Submittal

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)

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 this office at 404-656-7087.

Sincerely,

Office of Commissioner of Insurance
Safety Fire Division

Data on fires that occurred in daycare 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
Grass fire	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

TRUE OR FALSE

_____ Each classroom should be labeled with a letter and the age that will be housed in each room shown on your plan.

_____ When submitting your floor plan to the Department, you must submit a scaled architectural drawing of the building.

_____ Classrooms shall provide thirty-five (35) square feet of usable space per child.

_____ A classroom designed for 15 two year old children would require one staff person.

_____ Partial walls used to separate classrooms must be at least 50 inches tall.

_____ Toilets and sinks that are accessible to the children should be located in or adjacent to the classrooms.

_____ Three toilets and three sinks would limit building capacity to 100 children.

_____ Bathrooms for children four years and older require partitions or dividers for privacy.

_____ Cubbies are required in classrooms for two year old children and older.

_____ Mats or Cots should be at least one inch thick?

_____ Windows should be 24 inches or lower from the floor.

_____ Diaper changing tables must be adjacent to the diapering sinks.

_____ A diapering sink is not required for those centers whose staff plans to use disposable gloves.

_____ Diapering sinks may be located in the bathroom.

_____ Ventilation for diapering rooms may be provided by exhaust fans or the proper amount of screened operable window space.

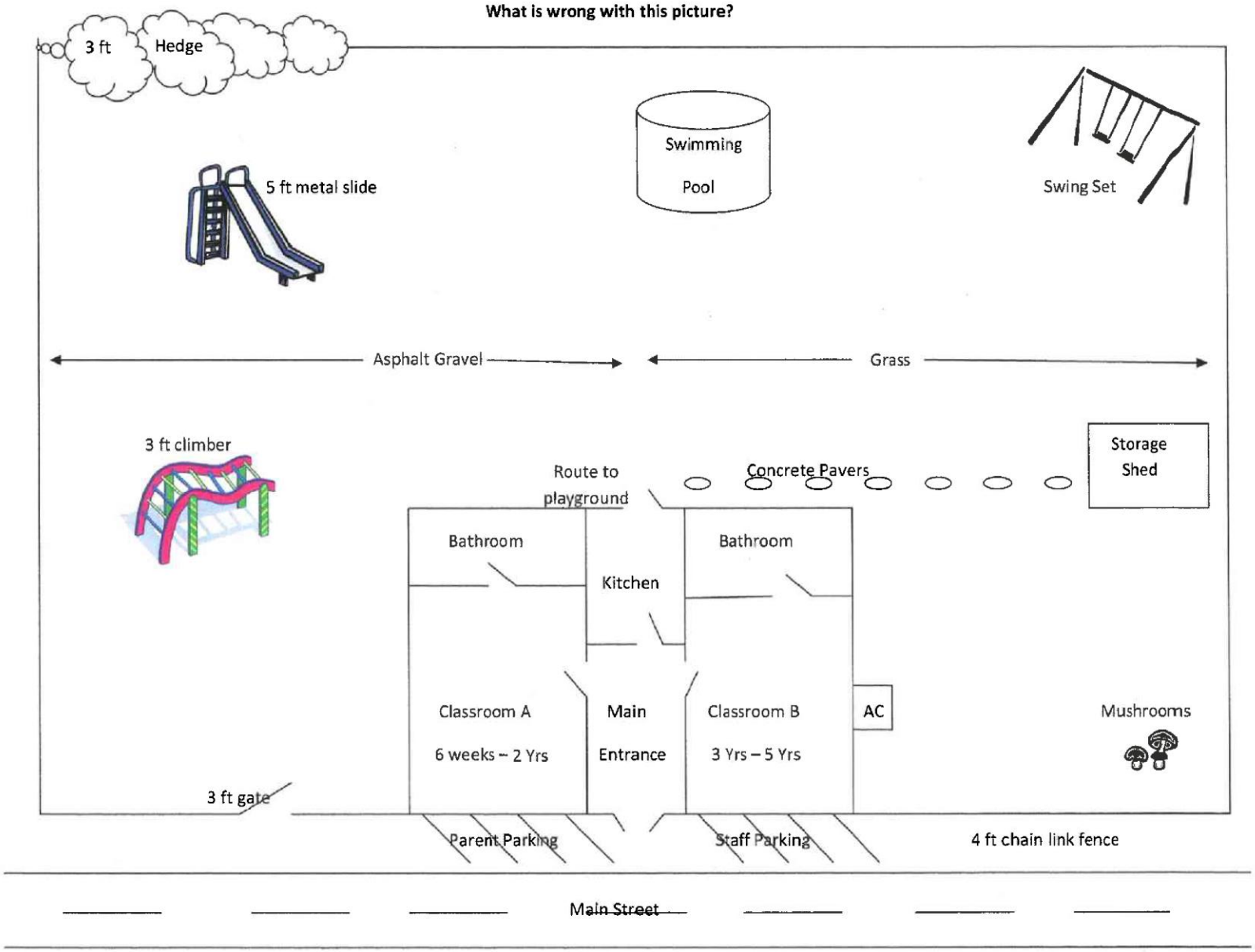
_____ Water fountains or water coolers are required for your building.

_____ A kitchen is not required for your child care learning center.

_____ A dishwasher is required for all child care learning centers.

_____ A well or septic tank is allowed for a child care facility.

What is wrong with this picture?



WHAT'S WRONG WITH THIS PICTURE?

Look at the sample site plan on the previous page and write down everything that you see that is not compliant with the rules and regulations. Remember that the site plan only deals with what is outside of the building: playgrounds, fencing, parking, roads, etc.

1._____

2._____

3._____

4._____

5._____

6._____

7._____

8._____

9._____

10._____

11._____

12._____

13._____

14._____

15._____

16._____

TRUE OR FALSE ANSWERS

__T__ **Each classroom should be labeled with a letter and the age that will be housed in each room shown on your plan.**
Label your classrooms using A, B, C, etc. Next to the letter, show what age children will be housed in that particular room. Remember that children under three years of age cannot occupy the same licensed space as children ages 3 and older. Remember this is relation to route to the playgrounds, going to the restrooms, and entering and leaving the building. Children should not have to go through another class to move through the building.

__F__ **When submitting your floor plan to the Department, you must submit a scaled architectural drawing of the building.**
You do not have to submit an architectural drawing of your floor plan to this department but we do ask that you submit an accurate drawing of your floor plan. An architectural drawing of your floor plan is acceptable. You will need to check with Fire regarding requirements for submittal of plans to them.

__T__ **Classrooms shall provide thirty-five (35) square feet of usable space per child.**
To determine usable space, measure the length of the room by the width of the room measuring from baseboard to baseboard. This will give you your total square footage. Divide the total square footage by (35) thirty-five and this will tell you approximately how many children may occupy this space. Remember that any room reductions, (ie: bathrooms, closets, wall insets, etc.) are not included in your total square footage and should be subtracted. You will need to equip the classroom for the amount of children that it will hold.

__F__ **A classroom designed for 15 two year old children would require one staff person.**
The ratio for two-year-old children is one staff to ten children. A ratio of 15 children and one staff would be the ratio for three-year-old children.

__F__ **Partial walls used to separate classrooms must be at least 50 inches tall.**
Partial walls used to separate classrooms must be at least 48 inches (four feet) tall and must be indicated on your plans with a broken line (-------). Also include the height and width of the partial wall. A wall that juts out into a room is not a partial wall. If you have an area that has a part of a wall jutting out into the room, the opening must measure at least 2/3 of the length of the room to be considered one room. The same rule would apply if you were trying to make a smaller room and a larger room one big room.

__T__ **Toilets and sinks which are accessible to the children should be located in or adjacent to the classrooms.**
Accessible means that children are able to use the facilities without having to be held up or climbing to reach them. Sinks, toilets, water fountains, etc. should all be accessible to children. A step stool or small platform can be used to make facilities accessible. Make sure that these are sturdy and are made for that purpose. Remember that if you have school age children, some toilets and sinks may need to be larger.

__F__ **Three toilets and three sinks would limit building capacity to 100 children.**
Three toilets and three sinks would limit the building capacity to 50 children. Look at the chart in your Rules and Regulations to determine how many you will need for the numbers of children you will serve.

__T__ **Bathrooms for children four years and older require partitions or dividers for privacy.**
Toilet facilities for four (4)-year–old pre-kindergarten age children and older shall be suitably screened for privacy.

__F__ **Cubbies are required in classrooms for two year old children and older.**
Cubbies at the children's reach are required in classrooms for children one year old who are walking and older.

__F__ **Mats or Cots should be at least one inch thick?**
Mats should be at least two inches thick and cots must be at least two inches from the floor.

__F__ **Windows should be 24 inches or lower from the floor.**
Windows should be 24 inches or higher from the floor. If windows are below 24 inches, indicate what type of protective barrier will be used if not tempered safety glass.

__T__ **Diaper changing tables must be adjacent to the diapering sinks.**
If you have a child on the diaper change table, you should be able to keep your hand on this child and reach over and turn on the water. That is adjacent.

__F__ **A diapering sink is not required for those centers whose staff plan to use disposable gloves.**
A sink is required next to each diapering area for hand washing. Gloves are not an approved replacement for a handwashing sink

__F__ **Diapering sinks may be located in the bathroom.**
Diapering sinks must be located in the classroom, not in a bathroom, a "changing room" or another classroom. This also goes for the diaper change table itself.

__T__ **Ventilation for diapering rooms may be provided by exhaust fans or the proper amount of screened operable window space.**
To determine the proper amount of screened operable window space, open the window. Only the area that is open to the outside and is covered with a screen should be measured. Screened operable window space should be equal to or greater than 2.5% of the total square footage of the room to be considered ventilation for a diapering room.

__F__ **Water fountains or water coolers are required for your building.**
Water fountains are not required for your building but if you have a water fountain or water cooler in your building, you must submit the manufacturers name and model number and indicate the location of each on your floor plan. You must indicate how you plan for children to get water.

__T__ **A kitchen is not required for your day care center.**
If you will have food catered into your center, you must submit a copy of the caterers Food Service Permit and most recent Inspection Report from the Health Department.

__F__ **A dishwasher is required for all day care centers.**
A dishwasher is not required. The rules state that you must have either: a three basin sink, OR a dishwasher with sani-cycle (capable of maintaining 150 degrees), OR be restricted to the use of all disposables.

__T__ **A well or septic tank may be used for day care centers.**
You must have written approval from the Health Department showing that it is approved for use in a Child Care Center and have load capacities listed on your approval letter.

WHAT'S WRONG WITH THIS PICTURE?

ANSWER SHEET

1. Route to the playground is through the kitchen
2. Hedge for fence
3. No surfacing under slide/swings/climber. How much is needed? (Slide and swings 6 inches, climber 3 inches)
4. Pool not enclosed and locked
5. Metal slide will get too hot in summer
6. Asphalt ground – also takes up more than 1/4 of the playground space
7. 3 foot gate (needs to be 4 ft.)
8. Pavers need to be removed or level with ground to prevent tripping
9. Square footage measurements are missing from the plan
10. Swings too close to the fence
11. No shade is shown on the plan
12. Building is set right in front of parking/street (should be set back some) to allow for safe pick up and drop off of children.
13. Enclose AC unit and storage shed to prevent access. Storage shed needs to be enclosed on back side and underneath if positioned up high.
14. Possible supervision problem on playground, based on shape.
15. Remove mushrooms

Child Care Resource and Referral Agencies in the State of 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@qualitycareforchildrennwga.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: Georgia Regents University

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.georgiahealth.edu/ccrr

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/

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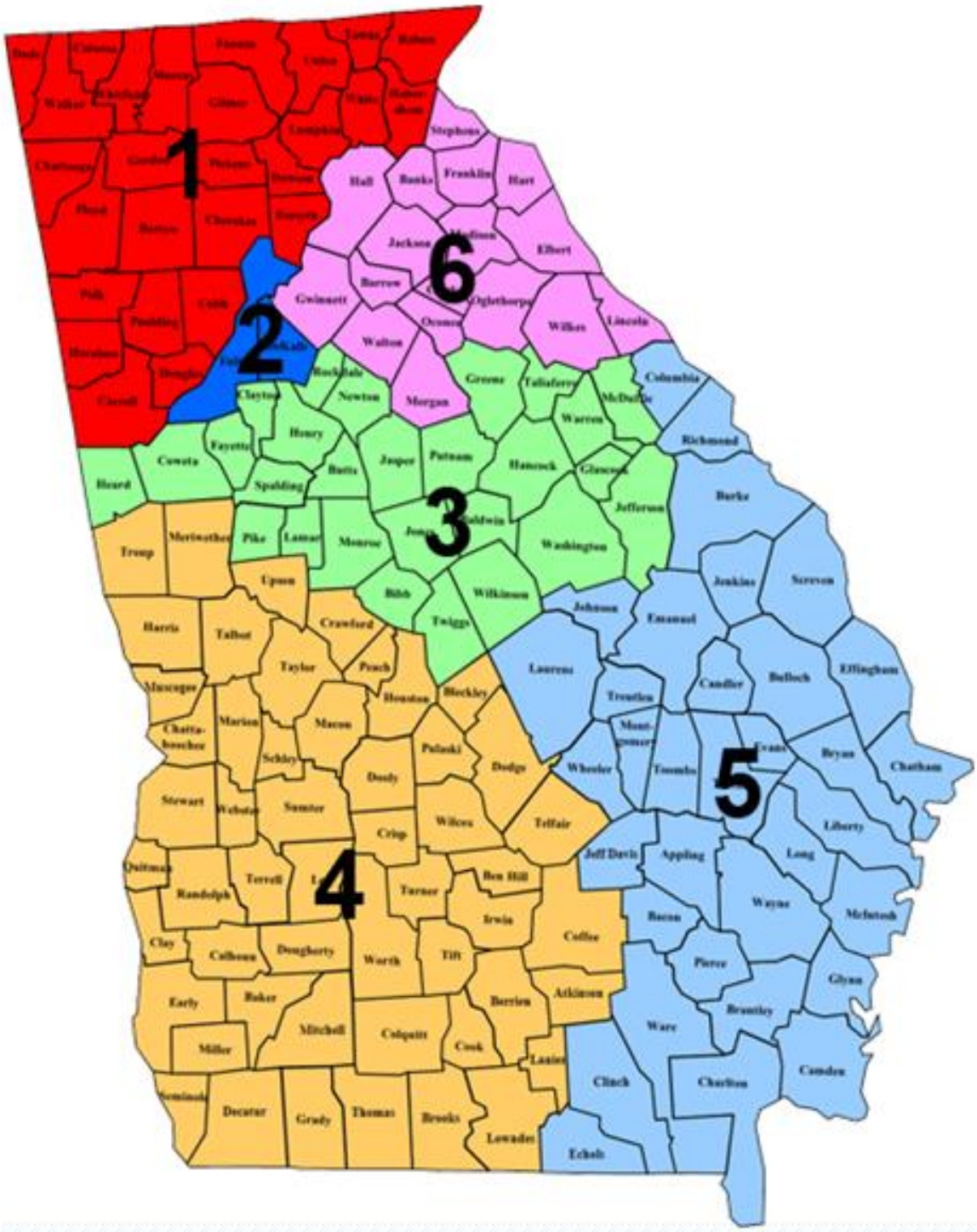
Regional Map

- Region 1 - North Georgia
- Region 2 – Metro Atlanta
- Region 3 – Central Georgia
- Region 4 – Southwest Georgia
- Region 5 – Southeast Georgia
- Region 6 – East Georgia