



**Georgia Dept
of Early Care
and Learning**

BRIGHT FROM THE START

Child Care Learning Centers

Rules & Regulations

Indicator Manual

Chapter 591-1-1

July 1, 2025



INTRODUCTION

The Child Care Learning Center Indicator Manual was created to ensure consistent application and enforcement of the rules, fair and equitable delivery of services and to determine a program's compliance with the Child Care Learning Center rules and regulations. It also assists Child Care Learning Center owners and staff in understanding and meeting the rules and regulations. Licensing staff routinely inspect Child Care Learning Centers to ensure programs are compliant with licensing rules, and this manual provides clarification of the evaluation process.

Licensing rules focus on the foundational standards necessary to keep children safe and healthy while in a child care center's care. The rules are based on current research and guidance from recognized experts in the field. A primary source of information is the publication *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition* (CFOC). The CFOC guidelines are published by the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education.

Licensing rules also reflect recommendations from the United States Consumer Product Safety Commission (CPSC) and the ASTM International (ASTM) safety standards. The CPSC is a U.S. government agency responsible for ensuring the safety of consumer products including children's toys and equipment (such as cribs). ASTM (formerly named American Society for Testing and Materials) is a recognized leader in researching and developing standards that improve product quality and safety.

In addition to these recommendations, this manual also identifies core rules and how compliance with these rules is directly related to children's health and safety. Core rules are evaluated by child care consultants during every licensing study and monitoring visit. Each time a core rule is cited, the risk level (i.e., low, medium, high, extreme) is assessed and the compliance of the program may be impacted.

The manual provides a general overview of licensing rules and gives additional information to broaden one's knowledge about the intent and meaning of specific rules. For the most part, the manual is structured in the same order as the rule book; however, within some rule sections, similar rule types have been grouped together.

The Indicator Manual is organized in the following format:

- **Rule** – Includes the actual text for each rule.
- **Rule type** – Indicates whether the rule or group of rules is Core or Non-Core. Core rules are rules that have been identified to have the highest impact on children's health and safety.
- **Intent** – Summarizes the purpose of each rule or group of rules and explains the reason the rule(s) exist.
- **Clarification** – Provides additional and supporting information for each rule requirement.
- **Indicators** – Explains how licensing staff will assess the rule(s) to determine compliance.
- **Core Rule Severity Levels** – Rates noncompliance with core rules to consistently determine the extent of the noncompliance and the degree of risk to children.
- **Best Practices** – Provides valuable information for implementing higher levels of quality that goes beyond the minimum rule requirements within the child care program.
- **Things for child care programs to consider** – Offers additional information such as reminders and helpful tips to assist child care centers with meeting and maintaining rule compliance.

Indicator Manual
Chapter 591-1-1
Rules for Child Care Learning Centers

Table of Contents

591-1-1-.01 Title and Applicability.....	5
591-1-1-.02 Definitions.....	6
591-1-1-.03 Activities	12
591-1-1-.04 Admission and Enrollment	35
591-1-1-.05 Animals.....	37
591-1-1-.06 Bathrooms	40
591-1-1-.07 Children’s Health	45
591-1-1-.08 Children’s Records.....	54
591-1-1-.09 Criminal Records and Comprehensive Background Checks	61
591-1-1-.10 Diapering Areas and Practices	77
591-1-1-.11 Discipline	94
591-1-1-.12 Equipment and Toys	112
591-1-1-.13 Field Trips	124
591-1-1-.14 First Aid and CPR	130
591-1-1-.15 Food Service and Nutrition.....	138
591-1-1-.16 Governing Body and Licenses	164
591-1-1-.17 Hygiene	168
591-1-1-.18 Kitchen Operations.....	187
591-1-1-.19 License Capacity	200
591-1-1-.20 Medications	205
591-1-1-.21 Operational Policies and Procedures.....	215
591-1-1-.22 Parental Access	221
591-1-1-.24 Personnel Records	222
591-1-1-.25 Physical Plant.....	224
591-1-1-.26 Playgrounds.....	250
591-1-1-.27 Posted Notices	266
591-1-1-.28 Prohibited Substances	268
591-1-1-.29 Required Reporting.....	270

591-1-1-.30 Safe Sleeping and Resting Requirements 273

591-1-1-.31 Staff 291

591-1-1-.32 Staff:Child Ratios and Supervision..... 319

591-1-1-.33 Staff Training..... 332

591-1-1-.35 Swimming Pools and Water-related Activities 341

591-1-1-.36 Transportation 353

591-1-1-.37 Inspections and Investigations..... 387

591-1-1-.38 Enforcement and Adverse Actions..... 389

591-1-1-.39 Waivers and Variances 395

591-1-1-.40 Severability..... 396

591-1-1-.46 Exemptions 397

Resources..... 402

591-1-1-.01 Title and Applicability

These rules shall be known as the Rules and Regulations for Child Care Learning Centers.

Rule Type: Non-Core Rule

591-1-1-.02 Definitions

In these rules, unless the context requires otherwise, the capitalized symbols, words and phrases set forth herein shall mean the following:

- (a) “Adult” means any competent individual eighteen (18) years of age or older.**
- (b) “Adverse Action” means any Intermediate or Closure Action issued as a result of one or more rule violations.**
- (c) “Child Care Learning Center” or “Center” means any place operated by an individual or any business entity recognized under Georgia law wherein are received for pay for group care, for fewer than 24 hours per day without transfer of legal custody, seven or more children under 18 years of age and which is required to be licensed. Child Care Learning Center also includes any day care center previously licensed by the Department of Human Resources and transferred pursuant to Code Section 20-1A-1 *et seq.***
- (d) “Child with Special Needs” means a child enrolled in a Center who, due to a physical problem, mental health disorder, behavioral disorder, or developmental disability, which is either permanent or temporary, requires some adaptation of the Center’s standard program of care or activities to accommodate the child’s special needs.**
- (e) “Closure Action” means the most restrictive category of Enforcement Actions including emergency closure, long-term suspension and revocation.**
- (f) “Comprehensive Records Check Determination” means a satisfactory or unsatisfactory determination by the Department, based upon a Federal Bureau of Investigation fingerprint based criminal record check, a search of appropriate sex offender registries, repositories, or data bases, compliance with relevant state and federal law, and a search of the following registries, repositories or databases in the state where the actual or potential employee or director resides and in each state where such individual resided during the preceding five years: criminal registry or repository; state sex offender registry or repository; and state based child abuse and neglect registry and database.**
- (g) “Correctable Abuse Dereliction or Deficiency” means any conduct of a License or Permit Holder which violates any of these rules wherein the Department determines that the rule violation is not the result of any Non-Correctable Abuse, Dereliction or Deficiency.**
- (h) “Crime” means**
 - 1. Any felony pursuant to O.C.G.A. § 20-1A-30 and in accordance with 42 U.S.C. § 9858f(c)(1)(E);**
 - 2. A violation of O.C.G.A. § 16-5-23, relating to simple battery, where the victim is a minor;**
 - 3. A violation of O.C.G.A. § 16-5-23.1, relating to battery, where the victim is a minor;**
 - 4. A violation of O.C.G.A. § 16-21-1, relating to contributing to the delinquency of a minor;**
 - 5. A violation of O.C.G.A. § 16-6-1 *et seq.* relating to sexual offenses;**

6. A violation of O.C.G.A. § 16-5-29, relating to battery of an unborn child;
7. A violation of O.C.G.A. § 16-5-60, relating to reckless conduct causing harm when the victim is a minor;
8. A violation of O.C.G.A. § 16-5-70, relating to cruelty to children;
9. A violation of O.C.G.A. § 16-12-1.1, relating to child care facility operators being prohibited from employing or allowing to reside or be domiciled persons with certain past criminal violations;
10. A violation of O.C.G.A. §§ 16-12-100, 16-12-100.1, 16-12-100.2, 16-12-100.3, relating to obscenity and related offenses where the victim is a minor;
11. A violation of O.C.G.A. § 40-6-391, relating to endangering a child while driving under the influence of alcohol or drugs;
12. A violation of O.C.G.A. § 19-7-5, relating to a failing to report if mandated to do so by law;
13. Child pornography, in accordance with 42 U.S.C. § 9858f(c)(1)(E);
14. Abuse of, endangerment of, or sexual assault against a child by an adult, in accordance with 42 U.S.C. § 9858f(c)(1)(E);
15. Any other violent misdemeanor against a child by an adult, in accordance with 42 U.S.C. § 9858f(c)(1)(E);
16. A violation of O.C.G.A. § 16-4-1, relating to criminal attempt when the crime attempted is any of the crimes specified by this paragraph; or
17. Any other offenses committed in another jurisdiction which, if committed in this state, would be one of the enumerated crimes listed in this paragraph.

(i) “Criminal Record” means:

1. Conviction of a crime; or
2. Arrest, charge, and sentencing for a crime where:
 - i. A plea of nolo contendere was entered to the charge; or
 - ii. First offender treatment without adjudication of guilt pursuant to the charge was granted; provided, however, that this division shall not apply to a violation of O.C.G.A. § 16-13-1 *et seq.*, relating to controlled substances, or any other offense committed in another jurisdiction which, if it were committed in this state, would be a violation of O.C.G.A. § 16-13-1 *et seq.* if such violation or offense constituted only simple possession; or
 - iii. Adjudication or sentence was otherwise withheld or not entered on the charge; provided, however, that this division shall not apply to a violation of O.C.G.A. § 16-13-1 *et seq.* relating to controlled substances, or any other offense committed in another jurisdiction which, if it were committed in this

state, would be a violation of Chapter 13 of Title 16 if such violation or offense constituted only simple possession; or

3. Arrest and being charged for a crime if the charge is pending, unless the time for prosecuting such crime has expired pursuant to O.C.G.A. § 17-3-1 *et seq.*
- (j) “Department” means Bright from the Start: Georgia Department of Early Care and Learning.
- (k) “Director” means the on-site manager of a Child Care Learning Center designated by the legal owner who has submitted a Records Check Application and has received a satisfactory Comprehensive Records Check Determination and who is responsible for the supervision, operation and maintenance of the Center and meets the minimum qualifications as determined by the Department.
- (l) “Employee” means any person, other than a Director or Provisional Employee, who has submitted a Records Check Application and has received a satisfactory Comprehensive Records Check Determination and who:
1. Regardless of age, is compensated by a Center for the care of children; or
 2. Regardless of age, cares for, supervises or has unsupervised access to children at the Center; or
 3. Is 17 years of age or older and resides at the facility; or
 4. Regardless of age, performs duties for or services that benefit the Center, with or without compensation, which involve personal contact between that person and any child being cared for by the Center, including but not limited to volunteers that perform consistent services for the Center, where services are considered consistent when provided more than once in a ninety calendar day period; or
 5. Regardless of age, is a parent or legal guardian of a child in care who is deemed an employee by the Center or either resides at the Center and is age 17 or older, or is compensated in any fashion by the Center except through appropriate state or federal funds; or
 6. Regardless of age, is an independent contractor hired by the Center to offer supplemental educational or physical activities for children in care; or
 7. Regardless of age, is a Student-in-Training.
- (m) “Enforcement Action” means any action issued as a result of one or more rule violations ranging from technical assistance to a Closure Action.
- (n) “Evening Care” means care provided to any child at a Center between the hours of 7:00 p.m. and 12:00 midnight.
- (o) “Field Trip” means an excursion or program activity with a specific destination away from the Center. It does not include routine school or home pick-up and deliveries or transporting children to and from activities or events where the provider of the activities or the events assume responsibility for the children during the entirety of the event or activity, such as in dance classes or art lessons or regularly scheduled trips to the local public libraries.

- (p) **“Fingerprint”** means an inked fingerprint card or an electronic image of a person’s fingerprint.
- (q) **“Fingerprint Records Check Determination”** means a satisfactory or unsatisfactory determination made by the Department that is based upon national criminal history record information obtained by the use of Fingerprints.
- (r) **“Group”** means a specific number of children assigned to specific Staff throughout the day. More than one Group may occupy the same physical space.
- (s) **“Infant”** means any child who is under twelve (12) months of age or any child who is under eighteen (18) months of age and who is not yet walking.
- (t) **“Intermediate Action”** means a moderately restrictive category of Enforcement Actions including public reprimands, fines, per rule fines, per day fines, restrictions, emergency monitoring and short-term suspension.
- (u) **“License”** means the document issued by the Department to authorize the License Holder to whom it is issued to operate a Center in accordance with these rules. (In lieu of a License, a commission may be issued to a local church ministry, religious nonprofit school or nonprofit religious charitable organization. The requirements to obtain a commission under these rules shall be identical to those for a License.)
- (v) **“License Holder”** means the individual or business entity holding a License issued by the Department to operate a Center at a particular location and having responsibility for the operation and maintenance of the Center in accordance with these rules.
- (w) **“Night-time Care”** means care provided to children at the Center between the hours of 12:00 midnight and 6:00 a.m.
- (x) **“Non-Correctable Abuse, Dereliction or Deficiency”** means an abuse, dereliction or violation of these rules which demonstrates any of the following:
1. **Flagrant and shocking intentional misconduct by the Center or Center Staff where those responsible for the operation of the Center knew or should have known of the likelihood of Staff to commit such acts;**
 2. **An intentional or reckless disregard for the physical health, mental health or safety of a child in care which may or may not result in physical injury to the child by the Center or the Center Staff where those responsible for the operation of the Center knew or should have known of the likelihood of Staff to disregard; or**
 3. **Some causal connection between the intentional violation of a rule and the death or major injury of a child in care.**
- (y) **“Parent”** means a person related within the second degree of consanguinity by either blood or marriage, or a person with lawful custody, or a state-regulated foster parent, or a legal guardian of a child in care. For purposes of these rules, a Parent shall not be considered an Employee unless such Parent is deemed an Employee by the Center or either resides in the Center or is compensated in any way by the Center other than through appropriate state or federal funds.

- (z) **“Permit”** means the temporary document issued by the Department authorizing a Child Care Learning Center to operate without a License for a limited term and in accordance with these rules.
- (aa) **“Permit Applicant”** means an individual or any business entity recognized under Georgia law applying for a Permit from the Department as defined in these rules.
- (bb) **“Permit Holder”** means the individual or business entity issued a Permit by the Department to operate a Center at a particular location that is responsible for the operation and maintenance of the Center in accordance with these rules.
- (cc) **“Personnel”** or **“Staff”** means all persons including the Director, Employees and Provisional Employees.
- (dd) **“Plan of Correction”** means a written plan prepared by the authorized agent of the Center submitted to and approved by the Department which states the procedure(s), method(s) and time frame(s) that will be used to correct the area(s) of non-compliance with these rules.
- (ee) **“Prevention Action”** means the least restrictive category of Enforcement Actions including technical assistance, citation, formal notice letter and office conference.
- (ff) **“Provisional Employee”** means a person other than a Director or Employee, who has submitted a Records Check Application to become an Employee and has not received a Comprehensive Records Check Determination but who has received a satisfactory Fingerprint Records Check Determination and who must be supervised at all times by another Staff member who has a current and valid satisfactory Comprehensive Records Check Determination on file.
- (gg) **“Qualified”** or **“Qualifications”** means that a person possesses, in addition to the other requirements set forth in these rules, certain minimum personal and health requirements necessary to administer or be employed in a Center. A person may be considered by the Department to be qualified with respect to the minimum personal and health criteria when he or she has a satisfactory Fingerprint Records Check Determination or a satisfactory Comprehensive Records Check Determination; is able to perform adequately the job duties of providing for the care and supervision of the children enrolled in the Center in accordance with these rules; has not made any material false statements relating to any licensure requirement to the Department, the Permit Holder or the License Holder; and has not been shown by credible evidence, e.g., a finding of fact made by a court, jury or department 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.
- (hh) **“Qualifying Work Experience”** means verifiable experience working directly with children.
- (ii) **“Records Check Application”** means a document created by the Department to be completed and submitted to the Department by every actual and potential Director, Employee and Provisional Employee of the Center that indicates such information as the Department deems appropriate and which authorizes the Department to receive any sex offender registry, child abuse and neglect registry and criminal history record information pertaining to the individual from any local, state or national agency of appropriate jurisdiction and render a Fingerprint or Comprehensive Records Check Determination.
- (jj) **“Records Check Clearance Date”** means the date upon which an individual’s fingerprint report was generated.

- (kk) **“School-age Children”** means children who are at least five (5) years old by the first of September of the current school year and who are eligible to attend public school.
- (ll) **“School-age Center”** means a Child Care Learning Center, or part thereof with separate physical facilities and a separate License, which provides day-time care exclusively to School-age Children before and/or after the normal school day. Such programs may operate a full-day program solely for the School-age Children enrolled in the program during the regular school year during those periods when school is not in session.
- (mm) **“Student-in-Training”** means a student currently enrolled in either a high school recognized by the Department of Education or an early education curriculum through an accredited school of higher education which requires or permits the student to observe and participate in the care of children at a Center during a limited period of time, i.e., one quarter, one trimester or one semester, provided that they are under the direct supervision of Center Personnel at all times.
- (nn) **“Valid Evidence”** means electronic proof of a satisfactory Fingerprint Records Check Determination or a satisfactory Comprehensive Records Check Determination as follows:
1. **Directors** – a valid and current satisfactory Comprehensive Records Check Determination letter issued by the Department; provided that the letter for a newly hired Director must have a Records Check Clearance Date that is within the immediate preceding 12 months of the Director’s date of hire, and the Director has not had a lapse of employment from the child care industry that lasted for 180 days (6 months) or longer.
 2. **Provisional Employees** – a valid and current satisfactory Fingerprint Records Check Determination issued by the Department; provided that the letter for a newly hired Provisional Employee must have a Records Check Clearance Date that is within the immediate preceding 12 months of the Provisional Employee’s date of hire, and the Provisional Employee has not had a lapse of employment from the child care industry that lasted for 180 days (6 months) or longer;
 3. **Employees** – a valid and current satisfactory Comprehensive Records Check Determination letter issued by the Department; provided that the letter for a newly hired Employee must have a Records Check Clearance Date that is within the immediate preceding 12 months of the Employee’s date of hire, and the Employee has not had a lapse of employment from the child care industry that lasted for 180 days (6 months) or longer;
- (oo) **“Violation Class”** means the category on the compliance and enforcement chart that corresponds with the level of risk of harm or actual harm as a result of one or more rule violation.
- (pp) **“Violation History Level”** means the category on the compliance and enforcement chart that corresponds with the prior history of continued rule violations.

Rule Type: Non-Core Rule

Intent

To explain the meaning of words and phrases that are specific to and/or are used multiple times in the licensing rules for Child Care Learning Centers.

591-1-1-.03 Activities

(1) The Center shall provide a daily planned program of varied and developmentally appropriate activities that promote the social, emotional, physical, cognitive, language and literacy development of each child. Center Staff shall use a variety of teaching methods to accommodate the needs of the children's different learning styles.

(2) Current lesson plans shall be kept on site and reflect appropriate instruction practices and activities to support children's development. The Center shall have sufficient and varied play and learning equipment and materials to support the above program of activities in all developmental areas.

Rule Type: Non-Core Rule

Intent

To provide opportunities for children to choose from a variety of activities and materials appropriate for specific age groups and implement with attention to children's individual needs and developmental levels. To provide structure for children's activities by ensuring staff give careful thought and consideration to each planned activity throughout the day.

Clarification

Each of the children in care is unique, but all can benefit from a variety of activities that are developmentally appropriate. Developmentally appropriate activities support the growth of the whole child birth to five. Staff can help by exploring activities appropriate for the children in care and planning days with a variety of learning centers and activities that are safe and developmentally appropriate. A written description of the planned program of daily activities allows staff and parents to have the same information and gives them the ability to compare the program's actual performance to the stated intent.

Indicators

- ✓ Observe the classroom environment for evidence of a variety of planned activities. Check to ensure specific materials are available for the activities listed on the current lesson plan.
- ✓ Ask staff to ensure they individualize activities with children who may be developmentally above or below where other children in their care are currently functioning.
- ✓ Observe or ask staff how they ensure children's learning styles are met through a variety of teaching methods.
- ✓ Observe current lesson plans (for all ages/classrooms) to ensure that all developmental domains are covered, and that children's interests are incorporated.

Best Practices:

- Take into account children's unique differences (e.g., children of the same age may not be on the same developmental level or have the same interests).
- Lesson plans should be readily available in each classroom. Consider posting lesson plans on the classroom wall or near the classroom entrance so they are more accessible for parents to view.

Things for child care programs to consider:

- Lead teachers should be responsible for developing lesson plans for their individual classrooms and should have a plan in place in case of their absence.
- Blank lesson plan forms can be found on the Department of Early Care and Learning's (DECAL) website at:
<http://www.dec.al.ga.gov/documents/attachments/BlankLessonPlanform.pdf>
<http://www.dec.al.ga.gov/documents/attachments/BlankLessonPlanForm2.pdf>
- Use the Georgia Early Learning and Development Standards (GELDS) when developing lesson plans to ensure that activities are age-appropriate and support individual rates of development. The GELDS can be found at:
<http://www.gelds.dec.al.ga.gov/Default.aspx>

591-1-1-.03 Activities

(3) Opportunities for each child to make choices in a variety of activities shall be offered.

(4) A Child with Special Needs shall be integrated into the activities provided by the Center unless contraindicated medically or by written parental agreement.

(5) A variety of activities shall be planned for each group that include, but are not limited to:

- (a) Indoor and outdoor play;**
- (b) A balance of quiet and active periods;**
- (c) A balance of supervised free choice and caregiver-directed activities;**
- (d) Individual, small group and large group activities;**
- (e) Large muscle activities, such as but not limited to, running, riding, climbing, balancing, jumping, throwing, or digging;**
- (f) Small muscle activities, such as but not limited to, building with blocks or construction toys, use of puzzles, shapes, nesting or stacking toys, pegs, lacing, sorting beads, or clay;**
- (g) Language experiences, such as but not limited to, listening, talking, rhymes, fingerplays, stories, use of film strips, recordings or flannel boards;**
- (h) Arts and crafts, such as but not limited to, painting, coloring, cutting, or pasting;**
- (i) Dramatic play, such as but not limited to, play in a home center, with dolls, puppets, or dress up;**
- (j) Rhythm and music, such as but not limited to, listening, singing, dancing, or making music; and**
- (k) Nature and science experiences, such as but not limited to, measuring, pouring, activities related to the “world around us” such as nature walks, plants, leaves or weather or experiences in using the five senses through sensory play.**

Rule Type: Non-Core Rule

Intent

To provide opportunities for children to choose from a variety of activities and materials appropriate for specific age groups and implemented with attention to children’s individual needs and developmental levels. To ensure that children with special needs are included in activities appropriate for their developmental levels unless their participation is not allowed by a medical condition or parental agreement. To ensure that the child care program provides a balance of various types of activities by alternating activities throughout the day.

Clarification

Play is essential to a child's development because it contributes to the cognitive, physical, social, and emotional well-being of children. A wide variety of activities should be offered to capture children's interests and to meet their individual abilities. Children with special needs benefit from being grouped with children of similar ages and vice versa. When children have opportunities to participate in a variety of activities, they develop the best mechanisms for progressing through the different social stages.

In creating a positive early childhood environment, a variety of activities should be offered throughout the day. Learning experiences should be planned so teacher-initiated and child-initiated opportunities exist. The following examples provide learning opportunities to encourage child development. Examples of quiet activities include story time, art, listening to music, manipulative play (such as puzzles, blocks, and sand) and snack/meal time. Some examples of faster-paced activities include outdoor play, such as climbing, playing ball, and other large muscle activities. For infants, quiet time could include holding, cuddling, rocking, etc., while active time might include crawling, pulling up, being carried around the environment by a caregiver, grasping/batting toys, etc.

Children should be provided with time to choose and engage in their own activities (under supervision), as well as time for teachers to select and guide children's activities. Free play is when children are able to select what they want to play, the materials they will use, and their companions based on their own interests, and they have freedom to manage their own play independently, as they are able. As children engage in this free play, they use all developmental domains. The activities made available to children should foster large muscle development for coordination and balance, support the development of small muscles for manual control, nurture the development of language, communication, and listening skills, and encourage creative, spontaneous expression and communication. Children should also be provided with sensory/perceptual experiences with opportunities to observe, explore, and discover the natural environment.

Some activities can be combined. For instance, nature and science activities can be combined with arts/crafts and music. An example of this would be to allow children to make a collage using natural materials gathered from outdoors, such as leaves, dried flowers, etc. combined with finger paints, crayons, construction paper, and other art materials while listening to music, or environmental tapes (with sounds of the ocean, rainfall, animals, etc.).

Indicators

- ✓ Observe staff to determine if they allow children to make choices regarding activities.
- ✓ Observe children's activities to determine whether all children can (and are allowed to) participate in classroom activities. Check to ensure that necessary accommodation is made for individualized needs.
- ✓ Check the classroom to ensure that age-appropriate materials are diverse and offer a variety of activities.
- ✓ Review classroom schedules to check for planned periods that include a balance of activities.

Best Practices:

- Rotate toys and materials in each classroom to alleviate boredom.
- Children's interests should be the main focus of activities. Staff should change activities if children lose interest and extend play time if children are interested.

- Arrange toys and materials according to interest areas to create learning centers within the classroom (e.g., reading/book center, art center, music center, dramatic play center, etc.).
- Ensure that activities are fun, purposeful, focused, and interactive.
- Allow children to use problem solving skills during play activities.
- The daily schedule can be structured to create time for individualized and smaller group interactions to occur that will assist in providing the intended benefits of smaller ratios/group sizes.
 - Minimize whole group activities.
 - Eliminate whole group transitions.
 - Use intentional teaching during free play as the main teaching method. Caregivers rotate throughout each play area during free play, interacting with children about their play. During these interactions, caregivers intentionally add new information, ask children open ended questions to get them to talk more, and have back and forth conversations with children to enhance their learning and understanding of concepts related to their play.
- Planning abundant free play times during the day will create opportunities for a natural balance of quiet and active play, playing alone or with small groups of peers, and allow children frequent opportunities to make choices in a variety of activities.
- Add structure to facilitate successful free play:
 - Arrange the room in interest centers, instead of open play spaces, organized by the type of play and with plentiful age-appropriate materials to choose from. Each required activity listed in the licensing rule can be its own interest center, and additional age-appropriate interest centers can be added as children's interests increase. Examples: reading/book center, art center, block center, music center, dramatic play center, nature/science center, math/fine motor center, etc.
 - Allow children to choose where they play and when during free play. Forced rotation or assigned centers are not considered free play.
 - Have rules for how many children are allowed in each center at once so that there are enough materials and space for successful play to occur. Use center signs, timers, or turn-taking boards to help children know when it is their turn.
 - Have children clean up their materials before going to the next center.
 - As children are playing, teachers can teach as they move about the room interacting with individuals and small groups of children. By starting conversations, adding new information, and asking open ended questions about the play, teachers can easily recognize children's skill and understanding and then extend it.
- Any small and large group activities offered should be short, age-appropriate, and voluntary, not required. Children learn best when they are interested, and forced participation typically leads to boredom and/or behavioral problems. Group times of any length are not age-appropriate for infants. Children of all ages learn more through free play, set up with the structure described above, than they do through teacher-directed groups.
- When planning art activities, avoid teacher-directed crafts and coloring sheets and provide child-directed free choice art activities instead, such as free drawing, painting, play dough, collages, etc. Children learn more from being able to engage in creative art with individual expression. Children should be able to choose the topic, which art materials to use, and/or how they want to complete the artwork. Free choice art is best offered as a free play interest center, rather than a small group activity.
- As children work on their free choice art, teachers are encouraged to talk with them about what they are making, how they chose it, what colors and materials they are using, etc. to extend learning. Staff can also add quotes from the child to the completed artwork. This helps children make the connection between spoken words and print for pre-literacy skills, and it gives parents more information to begin conversations with their children at home about the art.
- During free play, offer to read books to individuals or small groups of children who are interested, and let them choose the book. Point out and talk about the story and illustrations with the children while reading to increase engagement. As children get older, pointing out the print as it is read can increase pre-literacy skills as well.

- If a program chooses to use themes in their curriculum, materials can be changed out to coordinate with the themes in interest centers and planned activities to extend learning. Examples: During a restaurant theme week, the dramatic play center could be a restaurant with menus, restaurant uniforms and hats, diverse play foods, dolls/puppets who are eating at the restaurant, and additional restaurant props. A book center could include fantasy and fiction books related to diverse foods, restaurants, cooking, eating out, cultural meal customs, etc. Similar theme additions could also be made in all remaining interest centers in the classroom.
- Transitions should be smooth and short. Transitions should ensure that children do not wait with nothing to do for more than 2 minutes. Consider gradual or individualized transitions, when possible, to assist with this, rather than whole group transitions. When waits are unavoidable, sing or play a game with the children while they wait.
- Maintain materials and equipment in good working order (e.g., toys and play materials with no dead batteries, books with no torn or ripped pages, puzzles with no missing pieces, etc.).

591-1-1-.03 Activities

(6) Activities for Children Under Three. Children less than three (3) years of age shall not spend more than one-half (1/2) hour of time consecutively in confining equipment, such as swings, highchairs, jumpseats, carriers or walkers. Children shall use such equipment only when they are awake. Such children shall be allowed time to play on the floor daily. Infants shall have supervised tummy time on the floor daily when they are awake.

Rule Type: Non-Core Rule

Intent

To provide varied activities that foster proper physical and cognitive development for infants and toddlers. To ensure that children are allowed substantial amounts of time to explore their environment outside the confines of restrictive equipment. To protect children's safety by ensuring that child care program staff use confining equipment appropriately and only allow children to sleep in equipment that has been safety approved for sleeping.

Clarification

Children are continually developing their physical skills, and they need opportunities to use and to build on their physical abilities. This is especially true for infants and toddlers who are eagerly using their bodies to explore their environment. Infants need the opportunity to play on the floor in a safe open area to develop their gross motor skills. Tummy time helps infants build the strength and coordination needed to reach movement milestones including rolling over, sitting up, and crawling.

Restrictive equipment prevents active movement, and extended periods of time in confining equipment may limit children's physical growth and affect their social interactions. Social interactions are essential for children to gain language skills, develop self-esteem, and build relationships. Excessive periods of confinement can be tiring and frustrating for children and can lead to injuries when children try to escape the equipment.

Children who fall asleep in confining equipment should immediately be moved to a safety approved crib or to other approved sleeping equipment to reduce the risk of sudden infant death syndrome (SIDS) or accidental suffocation. (Note: The type of approved sleeping equipment would be determined by the age of the child.)

Indicators

- ✓ Observe infant and toddler classrooms for evidence of free movement throughout the day. Notice children's placement in confining equipment and monitor to determine that children do not remain in restrictive equipment for extended periods of time as indicated in the rule. Notice children who exhibit signs of restlessness, fatigue, and other discomfort. Children should not be moved from one piece of confining equipment to another if the total time spent in such equipment exceeds one-half (1/2) hour consecutively.
- ✓ Ask staff to determine the length of time children spend in confining equipment and to determine how staff monitor the length of time the children actually spend in such equipment. If children are observed in, or staff indicate that children are placed in confining equipment due to misbehavior (e.g., biting, hitting, etc.), refer to discipline rule #591-1-1-.11(2).

- ✓ Observe infant and toddler classrooms to ensure that sleeping children are removed from confining equipment and are placed in equipment which has been approved for sleeping (i.e., safety approved crib, cot or mat).
- ✓ Check the classroom's daily schedule, observe children's play, and ask staff how they ensure that children are allowed floor play time, and infants are allowed tummy time on the floor each day.

Best Practices:

- Create a space that is designed specifically for infants to have tummy time. This space should be away from high traffic areas used by staff and by children who are more mobile.
- Protect nonmobile children from mobile children with active supervision and room arrangement. Both nonmobile and mobile children need floor space for play, and designated separate play spaces within the room provide protection for nonmobile children while still giving mobiles the freedom to explore.
- Restrictive devices, such as infant swings, bouncer chairs, and exersaucers/bounce activity centers, should be limited to only when needed to soothe children, for short durations of 5 minutes or less.
- When placed on the floor to play, nonmobile children need toys to be placed within their reach so they have something interesting to do. Mobile children should be able to access toys independently from low shelves.
- Staff are encouraged to sit on the floor with both nonmobile and mobile children, playing with them, talking to them about their play, assisting with toys as needed, singing, reading books, etc. Even for the youngest children who may also be nonverbal, this practice increases children's engagement and interest in the world around them, and it facilitates language and social skill development.
- The American Academy of Pediatrics recommends that infants are provided tummy time at least 2 to 3 times each day while they are awake and being supervised by an adult.
- For a young infant who is unaccustomed to being on his or her stomach, start with short periods of tummy time (i.e., three to five minutes) and increase the amount of time as the infant begins to enjoy this position and grows stronger. A good time to allow tummy time is after a diaper change or when the infant wakes up from a nap.

591-1-1-.03 Activities

(7) Outdoor Activities. Outdoor activities shall be provided daily, weather permitting, in accordance with the following:

- (a) Centers operating five (5) hours or more per day shall provide each child who is not an infant at least one and one-half (1 ½) hours of outdoor activity per day and infants shall spend at least one (1) hour daily outdoors.**
- (b) Centers operating less than five (5) hours per day shall provide a brief outdoor period for the children daily.**
- (c) A child may be excused from outdoor activities for a limited period of time if there is documentation that outdoor activity is medically contraindicated or there is an occasional written request by the parent that the child be excused from outdoor activities for a very limited amount of time because of special circumstances.**

Rule Type: Non-Core Rule

Intent

To ensure that children are provided daily opportunities to develop and practice large motor skills, to explore the outdoor environment, and to enjoy freedom of play that cannot be experienced indoors. To provide children with a change of pace from the confinement of indoor play and academic experience. To ensure that children are not excluded from outdoor play, when weather conditions are favorable, without a valid reason.

Clarification

Children need the opportunity to benefit from fresh air, sunshine, and the release of pent-up energy. They also need the sensory stimulation provided by a change from the indoor environment to an outdoor environment. Many of the developmental tasks that children must achieve (i.e., exploring, risk-taking, fine and gross motor development, and the absorption of vast amounts of basic knowledge) can be most effectively learned through outdoor play.

Children should play outdoors daily when the conditions do not pose a safety risk, a health risk specific to an individual child, or a significant health risk of frostbite or of heat-related illness. Child care program staff should monitor weather conditions daily. Unless the program has documentation from a child's medical professional or from a child's parent, outdoor activities should only be restricted when there are weather-related alerts or conditions.

Indicators

- ✓ Review each classroom's daily schedule to check for planned periods of outdoor play/activities.
- ✓ Ask staff about outside time to determine the length of time children are allotted for daily outdoor play activities.

- ✓ Observe children's activities to ensure they are allowed outdoor play time as indicated on the daily schedule(s), weather permitting.
- ✓ Ask staff how outdoor activities are handled in the infant classroom(s).
- ✓ Request and observe documentation for any child who is not allowed to participate in outdoor play/activities (i.e., written parental request or medical documentation).

Best Practices:

- Modify scheduled times for outdoor activities during the summer and winter months. For example, during the hot summer months (if there are no weather advisories), allow children to go outside earlier in the day (when temperatures are cooler).
- Keep additional clothing on site to ensure that children are not restricted from outdoor activities due to a lack of adequate clothing.
- Structure outside play as outdoor gross motor free play. This creates opportunities for teachers to rotate through the playground as children play, talking and playing with individual children engaged in gross motor play, for the purpose of encouraging and extending learning with personalized interactions attuned to each child's developmental abilities and interests related to their play.
- All ages of children should be taken outside to engage in age-appropriate outdoor gross motor free play. Outdoor gross-motor free play should be provided daily, with at least one hour per morning and one hour per afternoon, weather permitting.
- Plentiful and varied age-appropriate portable and stationary gross motor equipment encourages children to practice and develop a wide variety of gross motor skills. Examples of portable equipment include large push/pull toys, balls, ride on toys, wagons, Cozy Coupes, ring toss, etc. Examples of stationary equipment include slides, swings, composites, spring bouncers, balance beams, etc.
- Be mindful of restrictive equipment use outside. Just as inside, its use should be limited to only when needed to soothe children and to no more than 5 minutes at a time. Children should be able to freely move to engage in gross motor play, as their abilities allow. Keeping them in restrictive devices, such as bucket swings when active swinging is not taking place, strollers, Bye Bye buggies, etc. will not allow them to engage in gross motor play.
- Weather does not permit outdoor play when there is active precipitation or when weather advisories are in effect. Consult the Weather Watch resource for further guidance, taking into account specific weather conditions.
- When the weather does not permit outdoor play, indoor gross motor play with gross motor equipment and plenty of space to use gross motor skills should be provided for the same amount of time planned for outside. Gross motor play requires children to use their larger muscle skills, typically moving their entire bodies as they experience exercise through play.

Things for child care programs to consider:

- Listen to local media sources or a weather radio for weather alerts/weather watches. A weather watch chart is available on the Department of Early Care and Learning's (DECAL) website at: <http://dec.al.ga.gov/documents/attachments/Weatherwatchchart.pdf>.
- Find information about local air quality conditions and the Air Quality Index (AQI) at: <https://www.airnow.gov/>.
- Schedule outdoor play time as smaller periods throughout the day versus one long period for the total required amount. As long as the total amount of outdoor time meets the rule requirement by the end of the day, it is

acceptable for each class to have more than one scheduled period for outdoor play. For example, in an infant classroom, schedule two outdoor play periods of thirty (30) minutes each (or schedule three outdoor play periods of twenty (20) minutes each) for a total of one (1) hour by the end of the day.

- Remember that written parental authorizations excusing children from outdoor activities should be occasional, for a very limited amount of time, and for a valid reason (e.g., the child has a cold, the child was sick during the previous night, etc.).
- Obtain written parental permission before applying topical preparations such as sunscreen, insect repellent, etc. An external preparation permission form is available on DECAL's website at:
http://dec.al.ga.gov/documents/attachments/AuthorizationtoDispenseExternalPreparations_CENTER.S.pdf.

591-1-1-.03 Activities

(8) Individual Attention. Personnel shall provide individual attention to each child. Examples include, but are not limited to: responding promptly to the child's distress signals and need for comfort; playing with and talking to the children; and providing and assisting the child with personal care in a manner appropriate to the child's age level, i.e., providing the child privacy in dressing, diapering and toileting functions as the developmental age of the child dictates.

Rule Type: Non-Core Rule

Intent

To meet the child's needs for nurturing, comfort, one-on-one exchanges, and developmentally appropriate guidance and supervision. To ensure respect for a child's growing sense of self-awareness and to encourage independence.

Clarification

Child care program staff should be attuned to signs of stress and able to find ways to reduce/eliminate the problem or help a child cope. Appropriate responses vary with the age of the child. Appropriate adult behaviors may include cuddling and soothing a crying infant, offering a toddler a favorite toy, providing books, music, or quiet time for older children, and physically listening to the concerns of any child of any age who is in distress.

Positive interactions with children include physical gestures (smiles, hugs, pats, etc.), verbal interactions such as praise and acknowledgement, engaging children in laughter, and smiling through verbal exchanges and playful games and activities. A staff person's interactions with a child should be guided by what the child is comfortable with (e.g., if the child isn't comfortable with being hugged, staff should refrain from this behavior).

Child care program staff can help young children become independent by allowing and encouraging them to take responsibility for themselves whenever possible. Young children require more assistance in order to care for basic needs and to teach the importance of good health habits.

Indicators

- ✓ Observe staff responses to children to ensure they are responding promptly and directly to children's needs and distress signals. Staff may be unable to immediately reach an upset child, but the child should not be ignored. Staff should immediately acknowledge the child's distress by responding verbally in a warm and soothing manner.
- ✓ Observe children's activities and routines to ensure staff are actively engaged and are interacting positively and appropriately.
- ✓ Ask staff how they handle situations or circumstances where children need additional attention.
- ✓ Observe children or ask staff how they provide developmentally appropriate personal assistance and privacy when children complete self-care routines. Based on the children's age and level of development, assistance should be balanced while encouraging them to become more independent through trial and error.

Best Practices:

- Plan for more staff to be available during routines/activities where children may need additional attention, help or guidance (e.g., nap time, outdoor play, transition periods, lunch time, etc.).
- Responsive and timely caregiving is needed for children to feel safe and build positive relationships with their caregivers. When children are crying or otherwise upset, teachers should respond as quickly as possible to support and comfort the child, assisting until the problem has been satisfactorily resolved.
- Refrain from ignoring upset children. Ignoring is negative and detrimental to children's overall well-being.
- Use interactions with individual children throughout the day to build positive relationships and learn more about who children are as individuals. Positive relationships are the gateway for healthy development and learning; provide emotional security and stability; help children feel safe and secure to communicate their needs and ask questions; help children more freely explore, play, and learn; increase children's engagement during play and interactions; and help children learn how to develop positive relationships with peers.
- Show genuine interest in each individual child, having conversations with them, while helping with handwashing, diapering/toileting; talking with them about their play; providing needed assistance; holding them; greeting them upon arrival/departure; reading a book; etc. Open-ended questions and follow-up questions help start conversations children are interested in.
- Be intentional to share warm physical touch when children are open to it. (e.g., hugs, high fives, sitting next to children, letting children lean into you, holding children, pat on the back, holding a hand while walking, fist bump, gentle touches to get their attention, etc.)
- Sing, read, play and talk with non-verbal children about what is happening and what they see around them. They will respond with facial gestures to let caregivers know what they like or don't like. Children need the frequent interactions to learn language and social skills that will later develop into verbal interactions.

Things for child care programs to consider:

- Obtain information from a child's family to help determine if the child needs additional support in the classroom.

591-1-1-.03 Activities

(9) Staff shall not engage in, or allow children or other adults to engage in, activities that could be detrimental to a child's health or well-being, such as but not limited to, horse play, rough play, wrestling, and picking up a child in a manner that could cause injury.

Rule Type: Non-Core Rule

Intent

To ensure that children enrolled in the child care program are protected from unintentional injury. To ensure that interactions between children and activities they participate in are safe and age appropriate.

Clarification

Children should be allowed to participate in activities that are not detrimental to the child's health or well-being. Positive interactions between teachers and children are an important part of quality care. Staff should talk to children about their play, help play develop by providing the right materials and equipment and encourage children to interact well with others. Staff should intervene immediately if play becomes too rough or if the nature of the play is not appropriate for the age of the children.

Indicators

- ✓ Observe children's activities or ask staff how they intervene when children are playing inappropriately or using equipment incorrectly (e.g., play fighting, jumping on each other, standing in swings, climbing up slides backwards, etc.).
- ✓ Observe staff to ensure that children are not handled in a way that could possibly harm them (e.g., picking a child up by the arm or wrist, pulling a child by a piece of clothing, etc.).
- ✓ Observe other adults' (i.e., non-staff) interactions with children to ensure that verbal and physical interactions are appropriate, and that staff intervene, when necessary.
- ✓ Observe children's interactions with other children to ensure that contact between children is appropriate and that staff intervene when necessary (e.g., older children should not be allowed to feed, to pick up, to hold, or to care for younger children). If children are observed disciplining or humiliating other children, refer to discipline Rule 591-1-1-.11(2).

Best Practices:

- Refrain from ignoring upset children. Ignoring is negative and detrimental to children's overall well-being. Timely responses when children are upset are necessary to their healthy growth and development.
- Protect nonmobile children from mobile children with active supervision and room arrangement. Both nonmobile and mobile children need floor space for play, and designated separate play spaces within the room provide protection for nonmobile children while still giving mobiles the freedom to explore.

- Restrictive devices (i.e., infant swings, bouncer chairs, and exersaucers, etc.) should be limited to only when needed to soothe children, for short durations of 5 minutes or less. Long spans of time in restrictive devices limit social interaction, the ability to use gross motor skills, and the ability to explore materials and the world around them, stealing valuable learning opportunities needed for a child's healthy growth and development.
- Refrain from use and do not allow other adults or children to use verbal remarks that are detrimental to children's overall well-being, such as sarcasm, belittling remarks, harsh criticism, vulgar language, bullying, yelling, etc. Use positive language with children.
- When redirection is needed, use positive discipline to teach children expected behaviors. Explain reasons for guidance. Help children understand how their actions affect others and involve them in resolving their own problems when age-appropriate. Support children involved until the problem has been resolved and the children are satisfied with the outcome.

Things for child care programs to consider:

- When necessary, it is acceptable to physically remove (i.e., in a gentle, non-harmful manner) a child from a potentially harmful situation.
- Additional information regarding age-appropriate physical development activities for children birth to five years of age can be found in the Georgia Early Learning and Development Standards (GELDS) at: www.gelds.decal.ga.gov.

591-1-1-.03 Activities

(10) Routines for Children. Personnel shall provide routines for toileting, eating, resting, napping (depending upon the age of the children), intervals between activities and doing school homework, if any. Staff shall assist and encourage each child to become independent in the development of self-help skills, such as washing hands and face, dressing, eating and toileting.

(11) Children shall be allowed to go to the toilet and get a drink of water as they feel the need.

(12) Supervised nap or rest periods during the day shall be provided for children under five (5) years of age. Children who do not sleep during nap or rest periods shall not be required to remain lying down for more than one (1) hour. Quiet activities for School-age Children and other children who are not asleep shall be provided.

Rule Type: Non-Core Rule

Intent

To provide children with established routines for activities that offer consistency and balance while allowing flexibility to accommodate their individual needs and levels of development. To ensure that children's basic needs for food and water, toileting, and rest are met. To encourage children to become self-sufficient, independent, and to have a sense of accomplishment.

Clarification

Well-planned, consistent, and predictable routines which are responsive to children's individual needs provide children with a sense of security and control over their environment. Daily routines reassure children that their needs will be met and can reduce potential anxiety by helping children know what is next in their day. Consistent routines also provide opportunities for children to experience success in what they are doing.

Smooth and well-organized transition times are an important part of daily routines. Allowing enough time for children to transition gradually from one activity to another is the best way to avoid stressful situations.

The extent to which caregiver staff support a child's self-help skills depends on the child's age and level of development. It is important for children to take as much responsibility for their care needs as possible. When children practice self-help skills (e.g., feeding, dressing, toileting, etc.), they practice their large and small motor skills, gain confidence in their ability to try new things, and build self-esteem and pride in their independence.

Children of all ages need quiet times every day. Quiet times can significantly enhance children's ability to keep up with ongoing activities and allows them to benefit fully from more active times. Rest is an important part of healthy growth and development and may take the form of actual napping, a quiet time, or a change of pace between activities. Since children have different needs for rest, some may not sleep, but a quiet rest time enables them to maintain energy, focus, and enhances their ability to learn. Quiet activities (e.g., reading books, working on puzzles, drawing, playing board games, etc.) should be provided for children who do not sleep as these activities provide a time for rest, allow children to relax, and prevent disturbance to children who may be sleeping.

Indicators

- ✓ Review the daily schedule in each classroom for evidence of planned routines.
- ✓ Observe staff's interactions with children, or ask staff, to determine how they encourage children's self-help skills (i.e., handwashing, dressing, eating, and toileting).
- ✓ Observe children's activities, or ask staff if children are allowed to go to the bathroom and to get water when a need is expressed and not just during established times.
- ✓ Observe classrooms during nap/rest periods with attention to activities for children who are not sleeping. Notice children who are forced to remain still for longer than one hour with no quiet activities offered/provided. If nap/rest periods are not observed, ask staff how they handle children who do not sleep during nap/rest periods. **Note:** This rule permits children (under five years of age) to stay on cots or mats for one hour even if they do not fall asleep during the established nap time, however, forcing a child who does not need a nap to remain still for longer than one hour can turn the rest period into a punishment period for the child.

Best Practices:

- Plan activities specifically to encourage and to teach self-help skills (e.g., washing dolls in a shallow pan of water, shoe lacing and tying activities, etc.).
- Group children who do not sleep in an area of the classroom where they can engage in quiet activities without disturbing children who are asleep.
- Create a "quiet time" box of activities from which non-napping children can choose. For samples of quiet-time activities, refer to the information contained in the clarification section.
- Talk with children during routines. Have social conversations to get to know them better and to assist in developing positive relationships.
- Consider using simple picture and word direction signs to assist with learning routines, such as handwashing. As a step is taught or a child is reminded of a step they missed, caregivers can point to the photo and the words to help guide the process. This ensures consistency in the routine process, reminds the child of where they can look when they forget a step, facilitating more self-help skills, and teaches the value of print for pre-literacy skills.
- Water pitchers and cups or water dispensers should be readily available within the classroom when children are thirsty. Individual sippy cups/thermoses of water can be kept in children's cubbies to be retrieved by children when thirsty. Teachers should refill as necessary when children run out during the day.
- If toileting accidents occur, interactions with the child about the accident should be calm, positive, and non-judgmental. Supportive assistance should be provided to minimize embarrassment, if applicable, to help the child clean up, store soiled clothing, handwash properly, and dress in clean clothing.
- Wait to place infants into cribs until they are asleep and remove them immediately upon waking.
- If older children do not fall asleep within 15 minutes of lying down, they should be allowed to engage in quiet activities they are interested in. If many children are not asleep after 15 minutes, consider whether the nap time is scheduled too early for the group.
- To assist children in falling asleep, rub backs or rock children, as needed, use quiet instrumental music, and dim the lights, but keep enough light to easily supervise.

Things for child care programs to consider:

- Include time for transitions between activities and plan for transitions as part of children's daily routines.
- Contact the inclusion specialist for your area to schedule a free class at transition times. Contact information for regional inclusion specialists can be found on the Department of Early Care and Learning's (DECAL) website at:
<http://dec.al.ga.gov/CCS/InclusionSupportServices.aspx>.
- Plan for situations where children need to go to the bathroom or to get drinking water outside of scheduled times for these activities. Children should not have to wait to go to the bathroom or to get drinking water.

591-1-1-.03 Activities

(13) Schedules. A daily schedule for each group shall be developed to reflect routines and activities. Schedules shall be flexible but routinely followed to provide structure. The schedule must be posted in each group's room or area and made available to Parent(s) upon request.

Rule Type: Non-Core Rule

Intent

To provide a structure that ensures a comfortable yet challenging balance of developmentally appropriate activities for children daily. To facilitate time management for staff and to provide children with a consistent, reliable (yet flexible) pattern of activity. To increase parental awareness of children's activities and to assist parents in determining whether the program is appropriate for their child's needs.

Clarification

Children feel secure when activities are structured based on their age and developmental level, and when activities are routine. Consistent routines send a message to children that their needs will be met in a predictable, stable way. The development of a daily schedule ensures that the day is planned by time and activities, provides the consistency that children need, and helps caregivers support growth in all areas of development by providing a wide range of activities. Flexibility allows staff to vary the schedule to suit the special needs or interests of the children at any given time as well as to create time for individualized and smaller group interactions. Posting the schedule ensures that caregivers and parents are aware of children's routines and activities throughout the day.

Indicators

- ✓ Review the daily schedule and observe a random sample of activities in each classroom to ensure that written plans are followed.
- ✓ Note circumstances surrounding deviations from schedules to ensure proper use of flexibility. Flexibility does not indicate a total disregard for the routines with which children feel secure. It means that schedules can be modified or adjusted as necessary. Examples of appropriate times to deviate from the schedule include:
 - When children show fatigue or boredom with a regularly scheduled activity.
 - When unexpected learning opportunities arise.
 - When the majority of the children are hungry or sleepy before the scheduled meal and rest times.
 - When children must be removed from the classroom due to illness or some other emergency.
 - When unfavorable weather conditions affect scheduled outside play times.
- ✓ Check to ensure that a current daily schedule is posted in each classroom.
- ✓ Ask the Director about the center's policy/procedure for providing copies of schedules to parents upon request.

Best Practices:

- Create separate schedules for different times of the year. For example, during the summer months, children may need outside play times scheduled earlier in the day when temperatures are cooler.
- Routinely review schedules to ensure they are up-to-date and accurate.
- Create a simple schedule, minimizing transitions, that lists class activities at the times they occur, including routines, indoor play, and outdoor play. Free play should make up the bulk of the indoor schedule, with no less than one hour per morning and one hour per afternoon, but more is encouraged. At least one hour of outdoor gross motor free play should occur each morning and each afternoon.
- Planning abundant free play times during the day will create opportunities for children to learn through play, which is how children learn best. Teachers should use these free play times to intentionally teach and extend learning using interactions about their play.
- Plan child-directed activities in the schedule, instead of teacher-directed (e.g., free drawing/painting rather than crafts; free play instead of groups; optional small groups as a free play station, etc.) Children learn exponentially more through activities they choose to engage in than they do during teacher-directed required activities.
- Consider eliminating whole group times indoors, such as circle time. These activities often struggle to keep children's interests and result in frequent behavioral challenges, especially for younger children. Anything taught during circle time can be taught during the day in a different way. Consider instead short, small group or individual activities that are conducted as optional stations during free play.
- Purposefully plan the schedule to reduce waits with nothing to do to less than 3 minutes. When waits are unavoidable, have conversations, sing, or play a game with children to keep them engaged during the wait.
- Consider using gradual transitions with individuals or a few children at a time, rather than whole group transitions.
- A simple picture schedule for the children is a useful display for the classroom. Include both the activity name and photos of the children engaging in each activity in the order they occur during the day. Refer to it with children throughout the day to help them remember what comes next, during which activity their parents will arrive, when they will go outside, etc. A picture-word schedule also helps to teach children about the use and meaning of print, which is an emerging literacy skill.
- Hang up a large wall clock in the classroom for easy teacher reference to stay on schedule during the day.

Things for child care programs to consider:

- Schedules should reflect children's activities during all hours of operation (i.e., from the time the center opens until the time the center closes). In school-age classrooms, a full day schedule during summer breaks and school holidays should be posted.
- Schedules should be age appropriate and individual to each classroom. One schedule is not appropriate for use in an entire center as children of different ages and abilities will require longer or shorter times for different activities, etc.
- Additional information regarding schedules (and sample schedules) can be found on the Department of Early Care and Learning's (DECAL) website at:
<http://www.dec.al.ga.gov/BftS/FormList.aspx?cat=Child Care Learning Center>.

591-1-1-.03 Activities

(14) Media Activities. The use of entertainment media, such as television, videotaped programs or movies and video or computer games shall be limited to: no more than two (2) hours daily per child or group and shall be provided only at times when alternative activities are available for children who choose not to participate. Entertainment media shall be age appropriate in accordance with the Entertainment Software Rating Board (ESRB) and the Motion Picture Association of America (MPAA).

Rule Type: Non-Core Rule

Intent

To prevent children's exposure to inappropriate media activities, and to limit the amount of time children participate in such activities within the child care program. To foster independent choice by encouraging children to choose activities based on individual interests and level of development.

Clarification

When used, media activities should be developmentally and age appropriate and should not expose children to violence, to adult situations that they might have difficulty processing, or to situations that might seem confusing or scary. Media activities are not a substitute for hands-on activities and face-to-face interaction with caregivers and peers. A child's brain develops rapidly during the first years of life and young children learn best by interacting with people. When media activities are provided in the child care program, the program must ensure that alternate activities are provided for children with differing interests.

Indicators

- ✓ Observe children's participation in media activities, and check media sources to ensure that movies, television programs, computer software, video games, and any other media sources are age appropriate for viewing by young children. This requirement also applies to media sources brought into the center by children and/or parents.
- ✓ Check the classroom's daily schedule and observe or ask staff regarding the length of time children are involved in media activities throughout the day.
- ✓ Observe or ask staff how they provide alternate activities for children who choose not to participate in media activities.

Best Practices:

- Store all approved media in a centralized location so that child care program staff will know the media has been viewed and approved by an administrator. Choose programs that are educational in nature, that allow children and caregivers to interact, and that enhance daily learning activities.
- Store media equipment, such as televisions, outside of the classroom to minimize the likelihood of overuse.
- Notify parents in advance of television programs, movies or games children are scheduled to view.

- Monitor the volume of media activities. Children (and adults) should be able to engage in normal conversations without shouting. Noise becomes harmful when it interferes with a child's normal activities such as talking, sleeping, and playing.
- No media screen time should be allowed during meals and snacks. Turning off media when children are engaged in other activities will prevent background noise and distraction and will encourage children to engage in conversation.
- Involve caregivers and parents in the process of developing a policy for limiting screen time and electronic media use in the program. Electronic media includes any device that has a screen with moving pictures or print, including iPads, smartphones, tablets, television, and toys that imitate electronic devices. A written commitment will aid in aligning the program to standards of quality for health, safety, and school success.
- Refrain from using electronic media with children under age two and limit electronic media use to no more than 15 minutes per day while at school for children two and older. Excessive screen use can have negative effects on children's development and behavior, and many children already experience excessive screen use at home.
- Electronic media use should also be voluntary, and alternative activities children are interested in, such as free play in interest centers, should be provided for those not interested.
- When technology is used, choose media that will support current learning interests of children or classroom topic themes to extend learning, and choose media that requires active participation from children, rather than sedentary use.
- Teachers should be actively involved with the children while they are using technology, engaging with them about the content.

Things for child care programs to consider:

- To ensure all media activities are age appropriate, visit the following links:
http://www.esrb.org/ratings/ratings_guide.aspx
<https://www.mpaa.org/film-ratings/>

591-1-1-.03 Activities

(15) Evening Activities. During evening and night-time care, activities shall be provided based on children's ages, hours of care and length of time in care. Quiet activities and experiences shall be available immediately prior to bedtime.

Rule Type: Non-Core Rule

Intent

To ensure that children are involved in developmentally appropriate activities during evening and night-time care. To provide children with an opportunity for quiet, tension-reducing activities that will help them unwind and relax before bedtime.

Clarification

Pleasant bedtime routines ease the transition from being awake to being asleep by helping children feel more secure and comfortable. These routines work best when adequate time is allotted before bedtime for quiet play. Quiet play lowers children's activity level and helps prepare them for a more restful sleep.

Indicators

- ✓ Check KOALA Outback and/or the consultant's file to determine if the center is approved to provide evening and night-time care.
- ✓ Observe evening/night-time care activities or review the daily schedule in each classroom to ensure that activities are appropriate and that quiet activities are provided prior to bedtime.
- ✓ Ask staff about children's activities during evening or night-time care.

Best Practices:

- Evening and night-time care activities should be based on children's ages and level of development. For example, infants and toddlers might need an earlier bedtime than schoolagers whereas schoolagers might need time to complete homework before bedtime, etc.
- Consider incorporating night-time care routines (changing into pajamas, brushing teeth, etc.) into evening activities before bedtime.
- Playing soft music and dimming the lights as children begin to settle into bedtime can also help children relax and fall asleep.
- Provide quiet play activities for children who are not asleep yet to actively choose from and engage in, such as free play in quiet interest centers, such as the book/reading center, fine motor materials, creative art, and nature/science.

591-1-1-.04 Admission and Enrollment

- (1) A Center shall not accept a child for enrollment or continue the child's enrollment in the center where the Center Staff determines that services necessary to protect the health and safety of the child while at the Center cannot be provided. No child shall be admitted for care to the Center without enrollment records having been completed on the child in accordance with the requirements set forth in these rules.**
- (2) The admission of a Child with Special Needs must be in compliance with the Americans with Disabilities Act, and a reasonable effort must be made to accommodate the child's needs and to integrate the child with other children. These accommodations must be in writing and the result of a mutual agreement between the Center and the Parents of the Child with Special Needs. The agreement shall be made in connection with the child's enrollment or at the time that the special need becomes apparent to the Center or the Parents.**

Rule Type: Non-Core Rule

Intent

To protect children and the child care program by ensuring that each child's essential information is documented and readily available by their first date of attendance at the program and maintained throughout the duration of care. To provide fully integrated care to the extent feasible given each child's limitations.

To protect children from discrimination and to ensure that the child care program is compliant with federal law.

Clarification

Enrollment records contain information critical to the health and safety of children. This information is a basis for meeting each child's physical, emotional, cognitive, and social needs. Admission of children without enrollment records will leave the center unprepared to deal with the daily and emergent needs of the children in care.

The Americans with Disabilities Act (ADA) is a federal law which guarantees that children cannot be denied placement in public accommodations, including child care programs, due to sensory, mental, or physical disability. Integrating children with special needs into a child care setting with other children contributes to acceptance, improved socialization, and understanding of individual differences. A written agreement must be developed by the parent(s) and the center that specifies what the child's needs are and any special care instructions or arrangements the center agrees to implement to meet those needs. This agreement must be developed prior to the child's enrollment into the child care program, or upon the parents' gaining knowledge of the disability.

Indicators

- ✓ Randomly select children's names from each age group and observe their records to ensure the center has obtained an enrollment record for all children.
- ✓ Ask the Director about the center's admission practices/policies regarding children with special needs. Document any denials of enrollment based on a known disability. Based on the ADA, a center cannot exclude a child based solely on the fact that the child has a disability.

- ✓ Ask the Director if any children with special needs are currently enrolled at the center. If so, observe written documentation regarding the accommodation required for those children.

Best Practices:

- Centers should remove any barriers that prevent accessibility to persons with disabilities.
- Keep documentation as verification of any reasonable accommodation made to include children with special needs in the program.

Things for child care programs to consider:

- Children who attend the center on a trial or drop-in basis must have complete enrollment records on file before they are admitted for care.
- For additional information regarding compliance with the ADA guidelines, call 1-800-949-4232 or visit the ADA website at: www.ada.gov
- The Department of Early Care and Learning Regional Inclusion Specialist for your area can provide information and assistance on caring for children with special needs. Contact information for the inclusion specialists can be found on the Department of Early Care and Learning's (DECAL) website at: <http://dec.al.ga.gov/CCS/InclusionSupportServices.aspx>
- For additional information regarding the administration of non-emergency injections to children with special needs, contact your licensing consultant.
- If a child with special needs has an individualized education plan (IEP)/individualized family service plan (IFSP), the center can accept this document as the written agreement with the child's parent. **Note:** These documents are confidential and may not be viewed by anyone who does not have parental permission.

591-1-1-.05 Animals

- (1) Control of Animals.** Animals shall be controlled to assure that proper sanitation of the premises is maintained and animals are not a hazard to the children, Personnel or visitors at the Center. No animals, such as but not limited to, pit bull dogs, ferrets, and poisonous snakes, which may have a vicious propensity, shall be permitted on the Center premises at any time there are children on the premises. Horses or other farm animals shall not be quartered on any property over which Center Staff exercises any control that is located within five hundred (500) feet of the building in which the Center is located.
- (2) Confinement.** All animals shall be confined in pens or covered areas except for specific teacher-directed learning experiences. Animal pens and confinement areas shall be kept clean.
- (3) Vaccinations.** Animals shall be properly vaccinated and documentation of the vaccinations shall be maintained at the Center.

Rule Type: Non-Core Rule

Intent

To ensure proper sanitation in areas occupied by children. To protect children from injury that can result from their contact with animals, particularly those known to have a vicious propensity. To protect children from exposure to disease transmitted by animals, including domestic animals over which the center has control.

Clarification

Animals can be an effective, valuable teaching aid for children, but there is a risk of exposure to illness, aggravation of allergies, and potential injury that comes from contact with animals. Animals should be kept separate and apart from areas used by children unless involved in a specific activity directly supervised by a child care staff person. The child care staff must plan carefully when having an animal in the facility. During children's contact with animals, child care staff should remain close enough to remove the child immediately if the animal shows signs of distress (e.g., growling, barking, baring teeth, tail down, ears back) or the child shows signs of fear, or if there is a threat of the child treating the animal inappropriately. Appropriate pens or covered areas will aid in the prevention of harm to children and/or the escape of the animal.

The Americans with Disabilities Act (ADA) supports the presence of service animals in child care programs to assist children with disabilities. This act allows service animals in all public spaces, including child care programs and schools. The goal is to offer equal educational opportunities to all children. Service animals are not ordinary pets. They are trained to aid individuals with disabilities. Their tasks are specific and crucial. This includes tasks such as providing stability, picking up items, preventing wandering, and alerting for approaching sound. Their role is to ensure safety and independence. Emotional support animals are not considered service animals.

Important details must be discussed with families of a child with a service animal prior to enrollment. Two questions for programs to inquire regarding service animals are: (1) is the service animal required because of a disability, and (2) what work or task the animal has been trained to perform. Staff may not ask about the child's disability, require medical documentation of the disability, require a special identification card or training documentation for the animal, or ask that the animal demonstrate its ability to perform the work or task. Another question to consider is could the

services of the animal possibly be performed by a staff member? For example: If the child must monitor their blood sugar, are there trained staff present in the program who are available to routinely check and monitor the child's blood sugar readings throughout the day for possible fluctuations?

The ADA recommends children under the age of 14 have an adult handler for their service animal. The responsibility of taking care (i.e., the handler) of a service animal must not be assigned to child care program staff, whose top priority is caring for the health and safety of all enrolled children. In most instances, preschool-aged children would not be mature enough to care for the needs of the animals (e.g., feeding and toileting). Most times, the service animal for small children is part of a family unit, where one of the adult caregivers (e.g., parent, grandparent, aunt, etc.) is the handler for the animal. For the handler to be present in a child care program, he/she must adhere to criminal background and staffing requirements set forth by the Georgia Department of Early Care and Learning (DECAL).

Centers will need to have clear policies in place regarding service animals. These policies should outline the responsibilities of the service animal's handler and the program, areas where the animal is allowed, and how to handle any issues that might arise. The center may need to make certain adjustments to accommodate the service animal. This includes providing space for the animal to rest, access to outdoor areas for breaks, and possibly modifications to seating arrangements in classrooms.

Centers should address health and safety concerns proactively. This includes establishing protocols for dealing with allergic reactions, ensuring the animal is up to date with vaccinations, and having a plan in case of an emergency. Additionally, there may be children or staff with phobias of animals, which requires careful management and accommodation.

Staff, children, and parents must be informed about the service animal prior to its' arrival. This communication should include information about the role of the animal, the importance of its' role, and guidelines on interacting with the animal. Educating the staff, children, and parents helps create an inclusive and understanding environment. After the introduction of a service animal, the Director should monitor the situation to ensure the transition is smooth for everyone involved. This might involve regular check-ins with the child, the family, and staff to address any concerns or adjustments needed. Effectively integrating a service animal into a center requires a collaborative effort between the center's families, staff, and enrolled children. Open dialogue and flexibility are key to ensuring children's educational needs are met while maintaining a positive learning environment for all.

Indicators

- ✓ Observe any animals, animal pens, and confinement areas on the premises and related conditions (e.g., cleanliness, location, access, etc.) that could pose a risk to children's health and safety. Animals should be confined in a way that does not present a hazard to children.
- ✓ Ask the Director about procedures for animal control and teacher-directed learning experiences.
- ✓ Observe any service animal on the premises to ensure accommodations are met for the animal, handler, and children present, if applicable.
- ✓ Review documentation of current vaccinations for all animals (i.e., if vaccinations are required).

Best Practices:

- Check local city and/or county ordinances for possible restrictions, laws, and/or regulations regarding animals on the premises.
- Based on the standards and accreditation best practice criteria of the National Association for the Education of Young Children (NAEYC), reptiles (e.g., lizards, iguanas, turtles, snakes, etc.) should not be allowed as classroom pets due to the risk of salmonella infection.
- Renew vaccinations on or before the expiration date.
- Store vaccination records in a central location to allow for easy access during licensing inspections.

Things for child care programs to consider:

- It is acceptable for animals to be brought to the center for learning opportunities (e.g., a petting zoo, etc.) as long as the center ensures that children are not allergic to the animals and the animals do not pose a threat to the children. The center must also ensure that children and adults handling or touching animals wash their hands properly and immediately after contact with the animals. Center staff should also prevent children from putting their hands in their mouths and from carrying toys, cups, pacifiers, etc. into the area with the animals.
- Service animals belonging to a staff person, or a child should not be considered pets and are allowed to be with the staff person or child to whom they belong. Current vaccinations are required for service animals.
- Contact your licensing consultant for additional information regarding farm animals on the center's premises.
- Animal pens and/or confinement areas should be located where children do not have access, and enclosures should be free of openings where children could stick hands or fingers.
- Do not permit stray animals on the center's premises. Contact animal control immediately whenever stray animals are observed.

591-1-1-.06 Bathrooms

(1) **Required Facilities.** Flush toilets and hand washing sinks with running water shall be provided in the following minimum ratios for the use of all children:

Number of Children	Toilets and Sinks *
1 – 12	1
13 – 25	2
26 – 50	3
51 – 75	4
76 – 100	5
101 – 125	6
126 – 150	7
151 – 175	8

Each additional group of twenty-five (25) children shall require one (1) additional toilet and sink.

* For children being potty-trained, at least one (1) flush toilet shall be provided. If used, nursery potty chairs may not be substituted for a required flush toilet.

(2) **Location of Bathrooms.** Bathrooms shall be located on each floor in or adjacent to child care areas and rooms.

(3) **In lieu of the requirements set forth in subparagraphs (1) and (2) above,** School-age Centers shall provide at least one (1) toilet and (1) sink for each group of twenty-five (25) children on the premises.

(4) **Ventilation.** In Centers first licensed after March 1, 1991, and Centers that remodel or add to existing plumbing facilities, the bathroom area shall be fully enclosed and ventilated to the outside of the building with either an open screened window or functioning exhaust fan and duct system. Centers without fully enclosed bathrooms shall ensure that there is adequate ventilation to control odors and adequate sanitation measures to prevent the spread of contagious diseases.

Rule Type: Non-Core Rule

Intent

To ensure the availability of adequate facilities to prevent children from waiting to go to the bathroom or to wash hands. To promote cleanliness and prevent the spread of infection. To provide children with easy and safe access to toileting/handwashing facilities which are located in or near child care areas to help facilitate supervision. To give children privacy when using the bathroom, to control odors and prevent the spread of disease within the child care facility.

Clarification

Young children have poor bowel and bladder control and cannot wait long when they have to use the toilet; therefore, an adequate number of toilets must be available to meet children's needs and located where they can reach them quickly. Ideally, bathrooms should be located in classrooms and in other areas used by children.

Providing children with direct access to a bathroom from each classroom enables caregivers to remain in the classroom with the larger group of children while monitoring and supervising toileting activities.

If bathrooms are not located in the classrooms or child care areas, they must be adjacent. For children three years of age and older, this means that bathrooms must be located within forty (40) feet or less from the classrooms. For two-year-old children, this means that bathrooms must be located next door to the classrooms (so they share a wall), or directly across from them with a direct line of sight.

Hand washing is one of the easiest and best ways to prevent the spread of germs and disease; therefore, a sufficient number of sinks must be available and located where children have ready access to them.

When children are housed on more than one floor of a building, they must have access to toilets and sinks on each floor. The required number of toilets and sinks for the building would be determined by the building's total licensed capacity, and not by the licensed capacity of each floor. In situations where children are housed in more than one building, each building must contain the required number of toilets and sinks based on that building's licensed capacity.

Ventilation is necessary for air circulation which clears infectious disease agents, odors, and toxic substances from the air. Restrooms with floor to ceiling walls and full doors aid in odor control and prevent airborne organisms from spreading and contaminating other parts of the child care facility. Exhaust fans must be maintained in good working order and vent to the outside of the building. Heating, Ventilation and Air Conditioning (HVAC) systems that have an air exchange with fresh air from outside are approved so long as documentation is kept on file that shows the air exchange is adequate for the space without the need of vent fans. Windows used for ventilation must be operable and have tight-fitting screens without rips, tears, or holes. Staff must consistently open the screened windows during toileting routines to allow adequate ventilation.

Indicators

- ✓ Observe toileting facilities during initial licensure and amendment inspection visits to ensure that the required number of sinks and toilets are provided for the licensed capacity as indicated in the rule.
- ✓ Observe the location of the bathroom areas to ensure they are in or adjacent to the classrooms (based on children's ages).
- ✓ Check that bathrooms are fully enclosed (i.e., floor to ceiling walls, full doors) and for adequate ventilation (i.e., screened/operable windows or vented exhaust fans) if the center was first licensed after March 1, 1991, and/or the bathroom was added or remodeled after March 1, 1991. Check to ensure ventilation systems are in working order.
- ✓ Check bathrooms for adequate ventilation if the center was licensed on or before March 1, 1991, **if** the bathroom has not been remodeled since licensure and is not fully enclosed.

Best Practices:

- To ensure vented exhaust fans are working properly, use a piece of tissue to check the suction power of the fan.
Note: Vented exhaust fans should be kept clean and free of dust because dust can affect the fan's suction capability.

Things for child care programs to consider:

- The licensed capacity of the child care center may be limited by the number of sinks and toilets accessible to children. The location of the sinks and toilets is considered when determining accessibility.
- When counting urinals as bathroom fixtures, there must be at least two toilets present for every one urinal in order to count the urinal as an additional toilet. For example: two toilets plus one urinal equals three toilets. One toilet plus one urinal equals one toilet. Urinals do not have to be located in the same area as the two toilets to be counted. Urinals do not have to be screened for privacy.
- School-age only programs that operate an afterschool program on school property may use the same bathrooms that children use during the school day. The location of the bathrooms being located within forty (40) feet of the classroom/child care area would not be applicable in these situations, however, Department approved supervision plans must be followed and kept on file.
- Bathroom window screens, when required for ventilation, must be maintained in good repair (i.e., no rips, tears, or holes).
- Toilets and sinks used for children's use should be available for children's use at all times. Children should be able to use the restroom anytime they need to go without delay.
- If toileting accidents occur, interactions with the child about the accident should be calm, positive, and non-judgmental. Supportive assistance should be provided to minimize embarrassment, if applicable, to help the child clean up, store soiled clothing, handwash properly, and dress in clean clothing.
- During the licensure process when bathroom window space is being calculated for ventilation, if the window space available is within five (5) feet of the required amount, the Department will consider the difference negligible and the bathroom will be approved/allowed. For example, a room measuring 600 square feet would need 15 square feet of usable window space. A bathroom with 10 square feet of usable window space would be approved because it falls within five (5) square feet of the required amount needed.

591-1-1-.06 Bathrooms

- (5) **Fixtures.** When child-size fixtures are not provided, platforms or sets of steps to assist children who are unable to use the fixtures comfortably shall be available at the toilets and sinks. In centers with a licensed capacity of 19 or more children, the toilet facilities for children aged four (4) and older shall be suitably screened for privacy.
- (6) **Supplies.** Bathrooms shall be within easy reach of children and equipped with soap, toilet tissue and single-use towels or cloth towels used only once between launderings.
- (7) **Cleanliness.** Bathrooms shall be cleaned daily with a disinfectant.

Rule Type: Non-Core Rule

Intent

To foster independence and to prevent falling or other accidents by ensuring that children can safely reach toilets and sinks. To accommodate the needs and developmental skills of children, and to promote personal hygiene. To prevent the spread of infectious disease by properly disinfecting the bathroom area.

Clarification

Learning to use the toilet and to practice proper hand washing are important self-help skills for children. To provide for easier use and to permit children to use the fixtures on their own, toilets and sinks should either be child-height or equipped with stable steps or platforms. This helps children develop competency and self-esteem and increases bathroom safety. Normally, toddlers and young preschoolers are not concerned with a need for privacy while using the toilet. Since children four years of age and older are more aware of their bodies, privacy screens allow them to practice modesty when toileting.

Toileting and hand washing supplies must be within arm's reach of the user to prevent contamination of the environment with waste, water, or excretion. When supplies are lacking or are out-of-reach, it discourages children from practicing proper handwashing and toileting techniques. Shared cloth towels can transmit infectious disease. Disposable or single-use towels alleviate this problem as long as they are discarded after each use. When cloth towels are used, they must be used once by only one child before laundering.

One of the most important steps in reducing the number of germs, and therefore the spread of disease, is the thorough cleaning and disinfecting of surfaces that could possibly pose a risk to children or staff. Bathroom surfaces (i.e., faucet handles, toilets, sinks, floors, etc.) should be cleaned and disinfected at least once a day, or more often when soiled.

Indicators

- ✓ Observe toilets and sinks to ensure accessibility by all children who use the facilities.
- ✓ Observe toilets used by children aged four and older to ensure the toilets are screened for privacy **if** located in a center licensed for 19 or more children.

- ✓ Check to ensure soap, toilet tissue, and single-use or cloth towels are available and easily accessible to children. Check liquid soap dispensers to ensure dispensers contain soap and are easy for children to use.
- ✓ Ask staff about laundering practices if cloth towels are used.
- ✓ Observe bathrooms to ensure they are clean and free from odors. Ask staff about cleaning procedures for the bathroom areas (i.e., when cleaned, how often, type of product used, etc.).

Best Practices:

- Provide safe, cleanable, and stable platforms or steps at each toilet and sink when needed to enable children to use the facilities comfortably. Children should not have to move platforms or steps to have access to toilets and sinks.
- Monitor the bathroom areas throughout the day for supplies, cleanliness, etc.
- Toilet paper should be located inside the bathroom stalls within children's reach of the toilet, not given out as children enter the bathroom.
- Handwashing supplies, including liquid soap and paper towels, should be well-stocked and kept within reach of children at the handwashing sink used after toileting. To maintain cleaning effectiveness and ensure urine and feces are not spread about the classroom, liquid soap should never be diluted with water, and proper handwashing for at least 20 seconds outside the flow of water is needed.

591-1-1-.07 Children's Health

(1) Exclusion of Sick Children. A child shall not be accepted nor allowed to remain at the Center if the child has the equivalent of a one hundred one (101) degrees Fahrenheit or higher oral temperature and another contagious symptom, such as but not limited to, a rash, diarrhea or a sore throat. When a child shows symptoms of illness during the day, the child shall be moved to a quiet area away from other children where the child shall be supervised and provided the necessary attention until such time as the child leaves the Center or is able to return to the child's group.

Rule Type: Non-Core Rule

Intent

To protect the health of a child who is ill and to protect other children from unnecessary exposure to a child who has contagious symptoms. To ensure adequate supervision and appropriate care for a child who is ill.

Clarification

Exclusion from the child care center is appropriate when a child has **both** a fever (temperature equivalent to 101 degrees or higher) **and** another contagious symptom as indicated. Fever is when the body's temperature rises higher than normal. Body temperature can rise in response to an illness, immunization, exercise, overdressing, or hot weather. Fever is not an illness in itself – it is a possible sign of illness. Caregiver staff should consider a child's fever along with all the child's other signs and symptoms when determining whether or not a child is sick.

Measuring a person's temperature can be done in several ways, however digital thermometers should be used with infants and young children when there is a concern for fever. The use of non-contact infrared thermometers (NCITs) may be used to reduce cross-contamination risk and minimize the risk of spreading disease. These digital thermometers are typically used to scan a child's forehead requiring no bodily contact. While convenient, the results from these thermometers can be altered by environmental factors such as extreme heat or cold and children's physical activity resulting in an elevated body temperature. Tympanic (ear) thermometers may be used with children four months and older. However, while a tympanic thermometer gives quick results, it needs to be placed correctly in the child's ear to be accurate. Glass or mercury thermometers should not be used. Mercury thermometers can break and result in mercury toxicity that can lead to neurologic injury. Oral (under the tongue) temperatures can be used for children over age four. Individual plastic covers should be used on oral thermometers with each use and thermometers should be cleaned and sanitized after each use according to the manufacturer's instructions. Safety and child abuse concerns may arise when using rectal thermometers, therefore, they are not permitted to be used in the center.

Sick children should not be allowed to attend (or to remain in care of) the center. Children are too sick when they cannot participate comfortably in the program's activities, when staff cannot adequately care for the needs of the sick child without compromising the care of other children, or when there is a possibility that the child has a contagious illness that could spread to other children and staff.

While it may not be necessary to remove a sick child from the center, parents should be notified, and the child's condition closely monitored (preferably by someone who knows the child well) for new or worsening symptoms. Staff should be able to recognize a child who requires prompt medical attention.

When children are sick, they have greater emotional and physical needs. Moving a sick child to a quiet (not necessarily silent) location away from the main area of activity helps caregiver staff meet the child's needs for rest, food, drink, and minimal activity while ensuring that germs are isolated, so they don't spread to other children. When a child receives care in a separate area, he/she should be closely supervised by a staff member.

Indicators

- ✓ Review the center's written policies and procedures regarding the exclusion of sick children. Policies and procedures should specify certain symptoms that warrant keeping a child away from the center.
- ✓ Talk to the Director and/or staff to determine their understanding of the rule. For example, ask them to describe the center's policy regarding sick children and to provide examples of implementation.
- ✓ Observe the care of a child who is ill and receiving care away from the group (if possible). If this is not possible, observe the area designated for this purpose. **Note:** It is acceptable for the center to designate an area inside the classroom (but away from the other children) if the center does not have a separate area for sick children outside of the classroom.

Best Practices:

- Designate an area either within the center or within each classroom (if a separate area is not available) that could comfortably accommodate a sick child. Quiet activities and a place for the child to rest should be provided.
- Create a "quiet time" box of activities from which a sick child could choose. Samples of quiet time activities include books, puzzles, and art materials.
- Establish a practice of disinfecting the area and the items handled by a sick child. To eliminate/prevent the spread of a highly contagious illness, a complete (deep) cleaning and disinfecting of the entire classroom/area would be warranted.
- Encourage families to have a back-up plan for child care in the event of their child's short or long term exclusion from the center.
- Review with families the inclusion/exclusion criteria and clarify that the program staff (not the families) will make the final decision about whether children who are ill may remain in care based on the program's inclusion/exclusion criteria and the center's ability to care for the child who is ill without compromising the care of other children in the program.

Things for child care programs to consider:

- Ensure that parents understand that the emergency contacts listed in their child's record must be reliable (i.e., the center should be able to reach an emergency contact and the contact should be able to respond quickly whenever parents are unavailable/unreachable).
- The communicable disease chart provides information about contagious illnesses. The chart can be found on the Department of Early Care and Learning's (DECAL) website at:
<http://dec.al.ga.gov/documents/attachments/CommunicableDiseaseChart.pdf>

591-1-1-.07 Children’s Health

(2) Parental Notification. Parents must be notified of incidents, illnesses or injuries as follows:

Notification	When
Immediately notify Parent(s) and obtain specific instructions until child can be picked up or returned to group.	When professional medical attention is required, or When child experiences symptoms of moderate discomfort such as elevated temperature, vomiting or diarrhea, or When child is involved in an incident that puts their health and/or safety at risk (e.g., missing from program, left on vehicle, escaped from building/playground, etc.)
Notify Parent(s) by the end of the day.	When professional medical attention is not required, or When child experiences symptoms of less than moderate discomfort, or When child experiences an adverse reaction to prescribed medication which does not constitute moderate discomfort.

Rule Type: Non-Core Rule

Intent

To ensure that parents are notified in a timely manner when their children are involved in an incident, injured, or become ill.

Clarification

The child care center must notify parents immediately when their child receives an injury that requires medical attention (e.g., broken bone, deep cut, bump on the head, etc.), has an illness that causes moderate discomfort and distress (e.g., vomiting, seizure, allergic reaction, etc.) or is involved in an incident that puts their health at risk (e.g., left at field trip location, ran out of building into the parking lot, left on the bus after being picked up from school, etc.). The center must obtain specific care instructions from the parent and follow those instructions until the child is picked up, or until the child is well enough to return to the group. The center is required to provide written notification to parents of all enrolled children when illnesses listed on the communicable disease chart or viruses, or illnesses identified during a public health emergency are present in the center, except for the common cold, ear infections, sore throats, and sinus infections.

The child care center must notify parents by the end of the day when a child receives an injury that does not require medical attention (e.g., scrape on the knee, minor cut, nosebleed, etc.), when a child has an illness that causes mild

discomfort and distress (e.g., coughing/sneezing, sore throat, headache, etc.), and when prescription medications cause mild adverse reactions in a child (e.g., drowsiness, skin rash, nausea, etc.).

Indicators

- ✓ Review the center's written policies and procedures for information regarding parental notification of children's incidents, illnesses, and injuries. **Note:** The notification can be either written, verbal, or electronic.
- ✓ Ask the Director and staff about the implementation of these policies and procedures. Ask for a specific example, including how a child's individual needs are assessed and met under these circumstances, factors that determine whether professional medical attention is necessary, proper documentation (action taken, parental signature on medication form), etc.

Best Practices:

- Maintain written documentation (as a best practice) whenever parents are verbally notified of incidents/illnesses/injuries (e.g., by telephone, by text, etc.). Written documentation should contain details such as the name of the person notified, the time of notification, the method of notification, etc.
- Use a minor incident/injury (i.e., "boo boo") report form or the Department's incident/accident report form to provide written notification to parents whenever an incident or an injury occurs while a child is in the care of the center. Parents should sign and be given a copy of the written documentation. A signed copy should also be maintained in the child's record as proof of notification.

Things for child care programs to consider:

- Incidents/accidents that receive professional medical attention are required to be reported to the Department within 24 hours through DECAL KOALA at: <https://www.decalkoala.com/Default>.

591-1-1-.07 Children’s Health

(3) Communicable Diseases. The Department’s current communicable disease chart of recommendations for exclusion of sick children from the Center and their readmission shall be followed. Parents of all children enrolled shall be notified in writing of the occurrence of any of the illnesses on the most current version of the communicable disease chart, as found on the Department’s website, or any cases or suspected cases of viruses or illnesses (COVID-19, etc.) identified during a public health emergency, within twenty-four (24) hours after the Center becomes aware of the illness or the next working day.

Rule Type: Non-Core Rule

Intent

To protect children from exposure to a child who has a communicable disease or viruses, or illnesses identified during a public health emergency, and to prevent the spread of contagious illness throughout the child care center. To ensure a parent’s right to make the ultimate decision regarding their child’s care. To provide parents with information that can be used to assess the health of their children and to determine any precautions they may want to take as a result.

Clarification

Communicable diseases are illnesses that spread from person to person, and they are the most common cause of illness in young children. Young children are more vulnerable to illnesses because their immune system – the body’s natural defense against disease – is not yet built up. When children work and play together in groups, it creates an opportunity for the spread of several common childhood diseases that can be passed on from one child to the next.

It is important that communicable diseases be prevented or, if they do occur, that they are recognized quickly and appropriate steps are taken to stop them from spreading. The communicable disease chart provides guidance by helping a child care center determine when to exclude a child from care, when to readmit an infected child into the center, and when to report the illness to the local county health department. The chart also provides information about how the diseases are spread and how to prevent the spread of infection within the child care center. The chart can be located on the Department of Early Care and Learning’s (DECAL) website at:
<http://dec.al.ga.gov/documents/attachments/CommunicableDiseaseChart.pdf>.

The center is required to provide written notification to parents of all enrolled children when illnesses listed on the communicable disease chart or viruses or illnesses identified during a public health emergency are present in the center, except for the common cold, ear infections, sore throats, and sinus infections. In situations where more than three persons (within the center or within a classroom) have a non-reportable illness, it is recommended that the center report the illness to the county health department.

Reportable illnesses are more serious due to their infectiousness, severity, or frequency of occurrence, and they pose a serious public health threat (or the potential for such threat). For these reasons, parents should be given written notification within twenty-four (24) hours of the center becoming aware of the illness, or by the next working day. This enables parents to closely monitor their children for signs of possible infection and provides valuable information that the parent can share with the child’s medical professional.

Indicators

- ✓ Observe the area designated for posted notices to ensure the communicable disease chart is posted.
- ✓ Observe children and staff for evidence of a communicable disease which would require exclusion from the center.
- ✓ Ask the Director and/or staff to determine their interpretation and understanding of the rule. Ask for details regarding how information is communicated to parents about communicable diseases, viruses, or illnesses identified during a public health emergency.
- ✓ Review the center's policies and procedures. Ask the Director about the implementation of the procedures. In cases of known or reported outbreaks, ask for a copy of the notice provided to parents (if appropriate).

Best Practices:

- Keep a dated copy of the written parental notification for your records. Maintain these copies in a central location such as a folder, a binder, etc.
- Restrict unimmunized children from the center whenever there is an occurrence of a notifiable/reportable disease within the facility. This is in accordance with the Department of Public Health's requirements/recommendations. Include this information in the center's policies and procedures to ensure that all parents are aware.
- Encourage families to have a back-up plan for child care in the event of their child's short- or long-term exclusion from the center.

Things for child care programs to consider:

- Post written notifications in an area easily visible to all parents (e.g., at the front entrance, beside children's arrival/departure records, on the parental communication board(s), web-based notification, etc.) or provide individual written notifications that are sent home with each enrolled child.

591-1-1-.07 Children's Health

(4) Medical Emergencies. A Center shall have a written plan which outlines how emergency medical services will be obtained, including place(s) the child will be taken for emergency care. When a medical emergency arises involving a child, the Center Staff shall seek prompt emergency medical treatment and provide any certified or licensed emergency medical persons with immediate access to the child.

Rule Type: Non-Core Rule

Intent

To protect the health and safety of children and staff in the event of a medical emergency.

Clarification

During medical emergencies it is often difficult to remain calm and think clearly. A written plan provides the opportunity to prepare and to prevent poor judgments made under the stress of an emergency. Medical emergencies are handled best when there is a clear process and chain of command in place. For example, in case of a serious injury, the child care center must ensure that enough staff are available to complete the following important steps:

- calling for emergency medical service,
 - notifying the child's parents,
 - accompanying the child, and
 - attending to the needs of other children who witnessed the child's injury, etc.
-

Indicators

- ✓ Review the center's written policies and procedures for information regarding the center's medical emergency plan.
- ✓ Ask the Director and staff about the implementation of procedures for medical emergencies.
- ✓ Observe that the center's emergency plan is followed (if a medical emergency occurs during an inspection visit).

Best Practices:

- Medical emergencies impact more than the child directly affected by the emergency. To ensure that the needs of all children are met, medical emergency plans should take into consideration things such as the care and supervision of the remainder of the classroom or group, the emotional needs of those children, etc.

Things for child care programs to consider:

- In situations where a facility's phone system does not allow the center to dial directly to emergency medical services (i.e., to local ambulance service, to 911, etc.), the medical emergency plan should include information about how the center will access emergency medical services. The plan must allow for the prompt treatment of any child affected by a medical emergency.

591-1-1-.07 Children's Health

(5) Hazardous Items. Children shall not be permitted to wear around their necks or attach to their clothing pacifiers or other hazardous items.

Rule Type: Non-Core Rule

Intent

To prevent possible strangulation from children wearing hazardous items around their necks or attached to their clothing.

Clarification

Child care center staff should remove hazardous items from around children's necks and those attached to children's clothing as these items can present a strangulation hazard when caught on furniture, playground equipment, etc. Strangulation is the leading cause of death for children under a year old and among the top five causes of death for children between the ages of one and four years.

Indicators

- ✓ Observe children to determine if any hazardous items are worn around their necks or attached to their clothing.
- ✓ Ask the Director if the center's written policies and procedures include information about hazardous items as related to this rule. If so, review the information in the policies and procedures to ensure consistency with rule requirements.

Best Practices:

- Check children's dramatic play and housekeeping areas to ensure that hazardous items (e.g., necklaces, string bibs, hats with cords, etc.) are not accessible to children within these areas.
- Install a wall mounted pacifier holder with individual storage spaces labeled with each child's name. Pacifier clips are not permitted.

Things for child care programs to consider:

- String bibs and pullover bibs should not be used. Children can wear snap-on bibs and Velcro bibs; however, these items should not be worn while children are sleeping (unless the center has a physician's written statement for medical purposes).
- If children must wear jewelry (e.g., due to religious reasons, etc.), advise parents that these items should be worn around children's wrists or ankles and not around their necks. Amber teething necklaces should not be worn at all while children are present at the center as these necklaces pose a strangulation hazard and a choking hazard (if the necklace breaks and a child swallows a bead).
- Children's name tags should not be worn on lanyards or on strings that go around their necks. It is acceptable to use name tags that can be worn on children's shirts or wristbands.

591-1-1-.08 Children's Records

- (1) A Center must maintain a file for each child while such child is in care at the Center and for a period of one (1) year after such child is no longer in care at the Center. In order for the file to be complete, the file shall contain 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, if applicable; identifying information about the Parent(s) to include: names of both Parents, if applicable, home and work addresses, and home and work telephone numbers; name(s) and addresses of 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) and other identifying information; identifying information about the person(s) to contact in emergencies when the Parent cannot be reached to include name(s) and telephone number(s); identifying information about the child's primary source of health care to include physician's or clinic's name and telephone number; and a statement regarding known allergies or other physical problems, mental health disorders, intellectual disabilities or developmental disabilities which would limit the child's participation in the Center's program and activities.**

 - (a) The file shall contain a 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.**
 - (b) The file shall contain parental authorizations, including, but not limited to, written authorization for the Center to obtain emergency medical care for the child when the Parent is not available.**
 - (c) The file shall contain parental acknowledgment of their responsibility for keeping the Center advised of any significant changes in enrollment information concerning phone numbers, work locations, emergency contact, family physicians, etc.**
 - (d) The file shall contain parental acknowledgment that when the Parent(s) or persons authorized by the Parent(s) 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.**
 - (e) The file shall contain parental acknowledgment that where the School-age Center does not agree to provide routine meals and/or snacks, as appropriate, for the children, the Parent(s) agree that they shall provide the children with nutritious meals and snacks daily as appropriate.**
- (2) The file shall also contain evidence of age-appropriate immunizations or a signed affidavit against such immunizations. The items shall be maintained for each child enrolled in the Center on a form approved by the Department, and no child shall continue enrollment in the Center for more than thirty (30) days without such evidence.**
- (3) The file shall also contain documentation of incidents requiring professional medical attention, other than simple first aid performed by Center Staff, to include: child's name, type of illness or injury, date of illness or injury, how injury or illness occurred, Staff present, method of notifying Parent(s) and services provided to the child.**

Rule Type: Non-Core Rule

Intent

To ensure that essential information on each child is documented and readily available for the protection of the child and the center. To ensure that the center can reach parents or other designated person(s) in case of an emergency, and to ensure that a child is released only to authorized persons. To protect the health of children at the center. To aid the Department's evaluation of the safety of the center's operation in that the center maintains correct and current information for each child enrolled to be readily available when needed. To ensure parental awareness of the center's activities and to ensure parents have given permission and clear instructions before children participate in the activities. To ensure that the center and parents have a clear and written understanding of their mutual responsibilities.

Clarification

The health and safety of individual children requires that up-to-date information regarding each child be kept at the center and made available on a need-to-know basis. Children's records consist of various documentation such as a child's medical and immunization history, emergency medical care information, and parental permission to participate in specific activities. This information is a basis for meeting each child's physical, emotional, cognitive, and social needs.

Routine immunizations at the appropriate age are the best means of protecting children against vaccine-preventable diseases. Immunizations are particularly important for children in child care settings because preschool-age children have the highest age-specific incidence or are at high risk of complications from many vaccine-preventable diseases. Early education and child care settings present unique challenges for infection control due to:

- the highly vulnerable population,
- close interpersonal contact between children,
- shared toys and other objects, and
- the limited ability of young children to understand or practice good respiratory etiquette and hand hygiene.

Children's incident/injury records can be used to discern possible child abuse and/or injury patterns, to prevent future injuries, and to provide information to parents, primary care providers, etc.

Indicators

- ✓ Review 5% of children's records (or a minimum of five records, whichever is greater) to ensure that children's records contain all information and documentation as specified in the rules. It is acceptable to review additional records if needed (e.g., when missing information is noted on the enrollment paperwork, when the center has no record on a child, when there are questions regarding children's ages and abilities, etc.). **NOTE:** Consultants are not required to evaluate immunization records during routine visits to a center since these records are evaluated by a representative from the Department of Public Health (DPH).
- ✓ Ask the Director how the center documents incidents requiring professional medical attention. Review the documentation to ensure that it contains all information as specified in the rule.

Best Practices:

- Establish a routine for periodically checking and updating all children's record information (e.g., at the beginning of each school year, at the start of the new calendar year, etc.). This practice will help ensure that the center has up-to-date information in children's records at all times.

- It is best practice to have parents submit immunization certificates by their child's first day of attendance. This reduces the likelihood of not receiving the required information within the 30-day timeframe.
- Expired immunization certificates must be replaced with a current certificate within 30 days of the date of expiration. Develop a system to track and flag immunization certificates to identify expiration dates that are approaching. Notify parents before the expiration of their child's immunization certificate so an updated certificate can be obtained and provided.

Things for child care programs to consider:

- Advise parents that their child's record information must be complete before the center can provide care for the child. Review children's record (i.e., enrollment) forms at the point of enrollment to ensure that parents have completed the forms in their entirety with no missing information.
- Sample forms (e.g., children's enrollment forms, parental authorization forms, incident/accident report forms, etc.) can be found on the Department of Early Care and Learning's (DECAL) website at:
<http://dec.al.ga.gov/BftS/FormList.aspx?cat=Child%20Care%20Learning%20Center>
- Immunization requirements apply to all children who attend the child care center either daily, part-time, or on a drop-in basis. School-age children require a certificate to be on file at their school and at the child care center. Age-appropriate immunizations must be documented on the Georgia Immunization Certificate (Form 3231).
- In situations where there are vaccine shortages or children are in the process of receiving, but have not yet completed a series of vaccinations, programs may allow a child without a valid certificate of immunization to attend for no more than 90 calendar days after the first day of attendance, provided that:
 - The family shows that the child is in the process of completing required immunizations.
 - Immunizations are being scheduled with the shortest intervals recommended in the current Official Immunization Schedules set forth by the Center of Disease Control and Prevention (CDC).
- Georgia law allows a physician to issue a "medical exemption" from immunizations when it is deemed medically necessary for the health of the child. The medical exemption must be marked on the Georgia Immunization Certificate (Form 3231). A letter from the physician is not accepted as documentation of the medical exemption. Medical exemptions must be kept on file at the center, are valid for one year, and may be reissued from year to year until a physician determines immunizations can be completed.
- Georgia law allows families to object to vaccinations on religious grounds by filing a notarized affidavit noting their objection. The only affidavit that may be used to register a religious objection to vaccinations is DPH Form 2208. Religious affidavits must be notarized and kept on file at the child care center. They do not expire. The affidavit can be accessed at:
<https://www.gachd.org/wp-content/uploads/2006/01/072315-DPH-Form-2208-Religious-Objection-to-Immunization1.pdf>

591-1-1-.08 Children's Records

- (4) Confidentiality.** Information pertaining to the children enrolled at a Center is considered confidential and may not be released by Center Staff without first obtaining written permission signed by the Parent(s). However, relevant information relating to the children's family situations, medical status and behavioral characteristics on the children enrolled at the Center at any time shall be shared among Center Staff, with members of the Department or with other persons authorized by these rules or the law to receive such information, or with other persons in an emergency situation involving the child.

Rule Type: Non-Core Rule

Intent

To protect the parent's and the child's right to privacy by requiring written parental consent for disclosing information to anyone other than authorized personnel. To ensure that caregivers and Department representatives have access to information concerning children for the purposes of protecting children as mandated by law, for determining compliance with these rules, and for conducting inspections or complaint investigations. To ensure that critical information about children's health and safety is shared with primary caregivers.

Clarification

Child care centers routinely handle confidential information about enrolled children, families, and staff. It is the responsibility of the center to maintain confidentiality and only release information on a "need to know" basis. When necessary, only the minimum amount of information should be disclosed. This is important especially when there are specific health and safety concerns.

Maintaining confidentiality builds trust in child care programs, which fosters relationships between staff, children, and families. When managing sensitive information, there is an ethical and legal responsibility to protect the privacy of individuals and families. In order to maintain confidentiality, it is recommended that only a limited number of child care staff have access to sensitive information about the children enrolled while still allowing access to pertinent information such as release persons and emergency contact data as stated in the rule.

Indicators

- ✓ Ask the Director how the program ensures confidentiality with enrolled children's information (e.g., what are the center's policies and procedures regarding the dissemination of confidential information and documents, etc.).
- ✓ Ask the Director if confidentiality is addressed in the center's written policies and procedures. If so, review the information in the policies and procedures to ensure consistency with rule requirements.
- ✓ Observe areas within the center (i.e., classrooms, offices, dining areas, etc.) to ensure that children's confidential information is available and viewable only to persons who have a "need to know".

Best Practices:

- Store children's records in a locked cabinet or secured area to limit accessibility to confidential information. Critical information such as parents' names and contact numbers, release persons' information, allergy information, behavior plans, etc., can be kept in a secure location within each classroom to ensure confidentiality but to also allow access by any staff providing direct care to the child(ren).
- To maintain confidentiality of families, photo and video release forms are necessary before photos or videos containing their children can be shared on social media.

Things for child care programs to consider:

- Ensure that a staff person can access children's records whenever the Director is absent from the center.
- All staff should be aware of the center's confidentiality policy. Include confidentiality training as part of staff orientation. Address confidentiality in the center's written policies and procedures to ensure that all staff and parents are aware of the center's policies.

591-1-1-.08 Children's Records

- (5) **Attendance Records.** 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.
- (6) **Arrival and Departure Records.** 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. The Parent or person(s) authorized by the Parent to drop off and pick up the child will document, in written or electronic format, each time the Parent or authorized person drops off and picks up the child. The documentation shall include at least the following information: the date, the child's name, the arrival and departure times, and the signature or initials of the Parent or authorized person at the time of arrival and departure. These records shall be made available to the Department in printed or written form upon request.
- (7) The Center shall ensure that children are only released to authorized person(s), and Center Staff shall take necessary steps to determine that any such person(s) presenting to pick up a child in care is authorized by the Parent(s) of the child and that person matches the identifying information provided by the Parent.

Rule Type: Non-Core Rule

Intent

To ensure accountability of children for evacuation purposes. To aid in planning daily activities, meals, and snacks, and to ensure compliance with staff:child ratios. To protect the health and safety of individual children by requiring basic information, obtained at arrival and departure, to account for each child in care. To provide for children's safe release from the child care center by ensuring that children are released only to person(s) authorized by the child's parent(s).

Clarification

Accurate attendance records and accurate arrival and departure records:

- confirm children's presence or absence from the child care center,
- ensure a safe transition between home and the center,
- provide for the continuation of a child's safe care and custody, and
- help child care center staff establish who is in the care of the program at any given time.

Indicators

- ✓ Observe children's attendance records and arrival and departure records. Ensure that written and/or electronic records contain all information as specified by the rule(s).

Best Practices:

- Consider positioning a center staff person near the entrance to remind parents to complete the arrival and departure record. In carpool situations, consider keeping arrival and departure record forms on a clipboard. This allows parents to document the required information as staff load and unload each vehicle.
- Use the daily attendance record and/or the arrival and departure record as a daily tool to communicate with parents whenever children are absent from the child care center for an unexplained reason. This communication should be as early as possible by a method (i.e., telephone, text, email, etc.) agreed upon at the time of enrollment.
- Keep daily attendance records and arrival and departure records in a central location for easy access by child care center staff, licensing consultants, etc.

Things for child care programs to consider:

- Compare daily attendance records against arrival and departure records to ensure that all children present in the center have been accounted for.
- It is acceptable for a center staff person to complete the arrival and/or departure record when a child is transported by the child care center. In situations where children are dropped off and/or picked up in a carpool line, the parent (or person) dropping off or picking up the child must complete the arrival and departure record.
- When the child care center receives funding from sources such as the Child and Adult Care Food Program (CACFP), the Childcare and Parent Services (CAPS) program, etc., policy requirements related to children's attendance records could differ from the rule requirements. In those situations, the center must comply with both the rule requirements and the funding program's requirements.
- It is acceptable for arrival and departure records to be computerized as long as the electronic records can be printed upon request and maintained for the twelve (12) preceding months. When used, electronic records must capture all of the required information related to children's arrival and departure. For example, the electronic system must include the name (or the individual code) of the person who drops off and picks up the child. If the center converts written record information into electronic format, the written records must be maintained as documentation.
- Always ask for identification and match the identifying information of the person picking up the child with the authorized release person information listed in the child's record. To easily confirm the identity of the authorized release person, consider keeping children's records in a location accessible to any center staff who may be responsible for releasing children.
- A sample daily attendance/arrival and departure record form can be found on the Department of Early Care and Learning's (DECAL) website at: <http://dec.al.ga.gov/documents/attachments/DailyAttendanceForm.pdf>

591-1-1-.09 Criminal Records and Comprehensive Background Checks

1. Satisfactory Fingerprint Records Check Determination or Satisfactory Comprehensive Records Check Determination Required

- (a) A Center must ensure that every actual and potential Director, Employee and Provisional Employee of a Child Care Learning Center submit both a Records Check Application to the Department and Fingerprints to an authorized fingerprinting site.

Rule Type: Non-Core Rule

Intent

To ensure the Department has the information necessary to issue a Fingerprint Records Check Determination or a Comprehensive Records Check Determination for any staff person employed or seeking employment with a child care center. To ensure that children are protected from any risk of abuse, harm, or neglect.

Clarification

In order to provide a safe and secure environment for the children enrolled in the child care program, all reasonable measures must be taken to protect children from the risk of abuse or neglect. Based on this objective, criminal background checks are required for individuals who are involved with child care. In order to comply with the Department's requirements for criminal background checks, a two-step process must be followed. Each staff person must submit both a Records Check Application to the Department and fingerprints to an authorized fingerprinting site.

Indicators

- ✓ Review the center's personnel records/files to ensure a records check determination letter is on file for each staff person. If not, check KOALA Outback or the Georgia Bureau of Investigations' (GBI) contracted electronic fingerprinting system to ensure an application and fingerprints have been submitted.

Things for child care programs to consider:

- A child care program must follow all steps for submitting records check applications through DECAL KOALA. Information about criminal records check requirements and the process can be found on DECAL's website at: <http://www.decal.ga.gov/CCS/CriminalRecordsCheck.aspx>.
- Email Outofstate@decal.ga.gov with questions regarding out of state backgrounds checks. Email CRC@decal.ga.gov with all other questions regarding criminal records check requirements.

591-1-1-.09 Criminal Records and Comprehensive Background Checks

1. Satisfactory Fingerprint Records Check Determination or Satisfactory Comprehensive Records Check Determination Required

- (b) A Center must ensure that every Director has a valid and current satisfactory Comprehensive Records Check Determination on file prior to being present at the Center while any child is present for care or before an individual age 17 or older resides in the Center. The Comprehensive Records Check Determination must have a Records Check Clearance Date that is no older than the preceding 12 months of the hire date; provided, however, if the Director has had a lapse of employment from the child care industry that lasted for 180 days (6 months) or longer, a new satisfactory Comprehensive Records Check Determination is required.**
- (c) A Center must ensure that every Employee has a valid and current satisfactory Comprehensive Records Check Determination on file prior to being present at the Center while any child is present for care or before an individual age 17 or older resides in the Center. The Comprehensive Records Check Determination must have a Records Check Clearance Date that is no older than the preceding 12 months of the hire date; provided, however, if the Employee has had a lapse of employment from the child care industry that lasted for 180 days (6 months) or longer, a new satisfactory Comprehensive Records Check Determination is required.**

Rule Type: Core Rule

Intent

To ensure that children are protected from any risk of abuse, harm, or neglect.

Clarification

In order to provide a safe and secure environment for the children enrolled in the child care program, all reasonable measures must be taken to protect children from the risk of abuse or neglect. Based on this objective, criminal background checks are required for individuals who are involved with child care.

A Comprehensive Records Check Determination means a satisfactory or unsatisfactory determination by the Department, based upon a Federal Bureau of Investigation fingerprint check, a search of the National Crime Information Centers National Sex Offender Registry, compliance with relevant state and federal law, and a search of the following registries, repositories or databases in the state where the actual or potential employee or director resides and in each state where such individual resided during the preceding five years: criminal registry or repository; state sex offender registry or repository; and state based child abuse and neglect database. In order for an individual to become a Director or an Employee of a child care center, he/she must have a current satisfactory Comprehensive Records Check Determination issued by the Department.

Indicators

- ✓ Observe and identify all individuals who are present or any who would normally have access to the children, or those 17 years of age or older who reside in the center. Ask the Director about other individuals who are not present at the time of the visit.
- ✓ Review the center's personnel records/files to ensure a satisfactory Comprehensive Records Check Determination is on file for the Director and all Employees (as defined by Rule 591-1-1-.02(l)).
- ✓ Check KOALA Outback to verify the authenticity of each Director and Employee's satisfactory Comprehensive Records Check Determination.
- ✓ Review each Comprehensive Records Check Determination to ensure the Records Check Clearance date is within the preceding 12 months of each staff person's hire date.
- ✓ Review each staff person's ten-year work history to ensure there has been no lapse of employment from the child care industry that lasted for 180 days (6 months) or longer.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.09(1)(b) - every Director of a CCLC must have a valid and current satisfactory Comprehensive Records Check Determination on file prior to being present at the Center or before an individual age 17 or older resides in Center. The Comprehensive Records Check Determination must have a Records Check Clearance Date that is no older than the preceding 12 months of the hire date; provided, however, if the Director has had a lapse of employment from the child care industry that lasted for 180 days (6 months) or longer, a new satisfactory Comprehensive Records Check Determination is required.	Never	Never	If planning to hire a new Director; A resident will be turning 17 years old; A new resident is entering the facility	Records Check Clearance Date on Comprehensive Records Check Determination <u>older</u> than preceding 12 months of hire date OR Records Check Clearance Date on Comprehensive Records Check Determination is not older than the preceding 12 months of license date, but there was a lapse of employment from the industry greater than 180 days (6 months) or longer	Satisfactory Comprehensive Records Check Determination not completed	Satisfactory Comprehensive Records Check Determination not completed and/or knowledge of a committed crime	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
.09(1)(c) - every Employee of a CCLC must have a valid and current satisfactory Comprehensive Records Check Determination on file prior to being present at the Center or before an individual age 17 or older resides in Center. The Comprehensive Records Check Determination must have a Records Check Clearance Date that is no older than the preceding 12 months of the hire date; provided, however, if the Employee has had a lapse of employment from the child care industry that lasted for 180 days (6 months) or longer, a new satisfactory Comprehensive Records Check Determination is required.	Never	Never	If planning to hire a new Employee; A resident will be turning 17 years old; A new resident is entering the facility	Records Check Clearance Date on Comprehensive Records Check Determination <u>older</u> than preceding 12 months of hire date OR Records Check Clearance Date on Comprehensive Records Check Determination is not older than the preceding 12 months of license date, but there was a lapse of employment from the industry greater than 180 days (6 months) or longer	Satisfactory Comprehensive Records Check Determination not completed	Satisfactory Comprehensive Records Check Determination not completed and/or knowledge of a committed crime	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Things for child care programs to consider:

- A satisfactory Comprehensive Records Check Determination is valid for five years provided that:
 - the employee's records check clearance date is within the preceding 12 months of his/her hire date at the center, and
 - the employee has not had a break in service from the child care industry that lasted for 180 days (6 months) or longer.
- Use DECAL KOALA to electronically port each employee's criminal records check determination to the program's profile. This will help to ensure that the records check determination letter provided by the employee is authentic. Access DECAL KOALA at: <https://decalkoala.com/>
- Use DECAL KOALA to complete and submit each employee's background check application. Background results can be obtained faster when the application is submitted online.
- Email Outofstate@dec.al.ga.gov with questions regarding out of state backgrounds checks. Email CRC@dec.al.ga.gov with all other questions regarding criminal records check requirements.
- Additional information about criminal records check requirements can be found on the Department of Early Care and Learning's (DECAL) website at: <http://www.dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>.

591-1-1-.09 Criminal Records and Comprehensive Background Checks

1. Satisfactory Fingerprint Records Check Determination or Satisfactory Comprehensive Records Check Determination Required

- (d) The Center must ensure that every Provisional Employee has a valid and current satisfactory Fingerprint Records Check Determination on file prior to being present at the Center while any child is present for care or before an individual age 17 or older resides in the Center and must be supervised at all times by a Director or Employee with a valid and current satisfactory Comprehensive Records Check Determination. The Fingerprint Records Check Determination must have a Records Check Clearance Date that is no older than the preceding 12 months of the hire date; provided, however, if the Provisional Employee has had a lapse of employment from the child care industry that lasted for 180 days (6 months) or longer, a new satisfactory Fingerprint Records Check Determination is required.

Rule Type: Core Rule

Intent

To ensure that children are protected from any risk of abuse, harm, or neglect.

Clarification

In order to provide a safe and secure environment for the children enrolled in the child care program, all reasonable measures must be taken to protect children from the risk of abuse or neglect. Based on this objective, criminal background checks are required for individuals who are involved with child care.

A Provisional Employee is a person other than a Director or Employee, who has submitted a Records Check Application to become an Employee and has not received a Comprehensive Records Check Determination but who has received a satisfactory Fingerprint Records Check Determination and who must be supervised at all times by another staff member who has a current and valid satisfactory Comprehensive Records Check Determination on file. A Fingerprint Records Check Determination means a satisfactory or unsatisfactory determination made by the Department that is based upon national criminal history record information obtained by the use of fingerprints.

Indicators

- ✓ Observe and identify all individuals who are present or any who would normally have access to the children, or those 17 years of age or older who reside in the center. Ask the Director about other individuals who are not present at the time of the visit.
- ✓ Review the center's personnel records/files to ensure a satisfactory Fingerprint Records Check Determination is on file for all Provisional Employees.
- ✓ Check KOALA Outback to verify the authenticity of each Provisional Employee's satisfactory Fingerprint Records Check Determination.

- ✓ Review each Fingerprint Records Check Determination to ensure the Records Check Clearance date is within the preceding 12 months of the Provisional Employee's hire date.
- ✓ Review each Provisional Employee's ten-year work history to ensure there has been no lapse of employment from the child care industry that lasted for 180 days (6 months) or longer.
- ✓ Check to ensure that all Provisional Employees are supervised by a Director or Employee with a valid and current satisfactory Comprehensive Records Check Determination.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.09(1)(d) - every Provisional Employee of a CCLC must have a valid and current satisfactory Fingerprint Records Check Determination on file prior to being present at the Center or before an individual age 17 or older resides in Center and must be supervised at all times by a Director or Employee with a valid and current satisfactory Comprehensive Records Check Determination. The Fingerprint Records Check Determination must have a Records Check Clearance Date that is no older than the preceding 12 months of the hire date; provided, however, if the Employee has had a lapse of employment from the child care industry that lasted for 180 days (6 months) or longer, a new satisfactory Fingerprint Records Check Determination is required.	Never	Never	If planning to hire a new Provisional Employee; A resident will be turning 17 years old; A new resident is entering the facility	Records Check Clearance Date on Comprehensive Records Check Determination <u>older</u> than preceding 12 months of hire date OR Records Check Clearance Date on Comprehensive Records Check Determination is not older than the preceding 12 months of license date, but there was a lapse of employment from the industry greater than 180 days (6 months) or longer; Provisional Employee not supervised by Director or Employee with a Comprehensive Records Check Determination	Satisfactory Fingerprint Records Check Determination not completed	Satisfactory Fingerprint Records Check Determination not completed and/or knowledge of a committed crime	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Things for child care programs to consider:

- Use DECAL KOALA to electronically port each employee's criminal records check determination to the program's profile. This will help to ensure that the records check determination letter provided by the employee is authentic. Access DECAL KOALA at: <https://decalkoala.com/>
- Use DECAL KOALA to complete and submit each employee's background check application. Background results can be obtained faster when the application is submitted online.
- Email Outofstate@dec.al.ga.gov with questions regarding out of state backgrounds checks. Email CRC@dec.al.ga.gov with all other questions regarding criminal records check requirements.
- Additional information about criminal records check requirements can be found on the Department of Early Care and Learning's (DECAL) website at: <http://www.dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>
- Before a Provisional Employee can become a permanent Employee, they must have a satisfactory Comprehensive Records Check Determination.

591-1-1-.09 Criminal Records and Comprehensive Background Checks

1. Satisfactory Fingerprint Records Check Determination or Satisfactory Comprehensive Records Check Determination Required

- (e) No actual or potential Director, Employee or Provisional Employee of a Child Care Learning Center with an unsatisfactory Fingerprint Records Check Determination or an unsatisfactory Comprehensive Records Check Determination may be present at a Center when any child is present for care or reside at a Center.**

Rule Type: Core Rule

Intent

To protect children's safety and welfare.

Clarification

In order to provide a safe and secure environment for the children enrolled in the child care program, all reasonable measures must be taken to protect children from the risk of abuse or neglect. Based on this objective, criminal background checks are required for individuals who are involved with child care. People with a history of child abuse or violence should not care for or have access to children within the child care program. An unsatisfactory records check determination may prohibit an individual from working in a child care program and having a rule about records checks may discourage a potentially unqualified individual from seeking employment at a child care center.

A Director, Employee, or Provisional Employee with an unsatisfactory records check determination cannot be present at the center when any child is present for care. Likewise, individuals who are at least 17 years of age or older cannot reside at the center if they have an unsatisfactory records check determination.

Indicators

- ✓ Observe and identify all individuals who are present or any who would normally have access to the children, or those 17 years of age or older who reside in the center. Ask the Director about other individuals who are not present at the time of the visit.
- ✓ Review the center's personnel records/files to ensure a satisfactory Comprehensive Records Check Determination is on file for the Director and all Employees (as defined by Rule 591-1-1-.02(1)) and a satisfactory Fingerprint Records Check Determination is on file for all Provisional Employees.
- ✓ Check KOALA Outback to verify the authenticity of each Director and Employee's satisfactory Comprehensive Records Check Determination and each Provisional Employee's satisfactory Fingerprint Records Check Determination.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.09(1)(e) - no actual or potential Director, Employee, and Provisional Employee of a CCLC with an unsatisfactory Fingerprint Records Check Determination or an unsatisfactory Comprehensive Records Check Determination may be present at a Center when any child is present for care or reside at a Center	Never	Never	N/A	N/A	N/A	Unsatisfactory Fingerprint Records Check Determination OR Unsatisfactory Comprehensive Records Check Determination	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Things for child care programs to consider:

- Email Outofstate@dec.al.ga.gov with questions regarding out of state backgrounds checks. Email CRC@dec.al.ga.gov with all other questions regarding criminal records check requirements.
- Additional information about criminal records check requirements can be found on the Department of Early Care and Learning's (DECAL) website at: <http://www.dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>

591-1-1-.09 Criminal Records and Comprehensive Background Checks

1. Satisfactory Fingerprint Records Check Determination or Satisfactory Comprehensive Records Check Determination Required

- (f) Valid Evidence of a satisfactory Fingerprint Records Check Determination must be maintained at the Child Care Learning Center for each Provisional Employee for the duration of employment or residency plus one year, and such electronic evidence must be made immediately available to the Department upon request.**
- (g) Valid Evidence of a satisfactory Comprehensive Records Check Determination must be maintained at the Child Care Learning Center for the Director and each Employee (including Students-in-Training, Volunteers, independent contractors and residents age 17 and older) for the duration of employment or residency plus one year, and such electronic evidence must be made immediately available to the Department upon request.**

Rule Type: Non-Core Rule

Intent

To ensure that criminal records check requirements are met and can be verified by the center and the Department for compliance purposes.

Clarification

In order to provide a safe and secure environment for the children enrolled in the child care program, all reasonable measures must be taken to protect children from the risk of abuse or neglect. Based on this objective, a satisfactory records check is required for individuals who are involved with child care. It is the center's responsibility to ensure that all staff (regardless of age) and residents (17 years of age or older) comply with records check requirements and maintain evidence on file at the facility (i.e., in DECAL KOALA). Appropriate documentation is based on each individual's position and consists of either a satisfactory Fingerprint Records Check Determination or a satisfactory Comprehensive Records Check Determination that has been issued by the Department. Evidence of these determinations must be maintained for each individual during his/her employment or residency and one year thereafter.

Indicators

- ✓ Obtain a current staff list from KOALA Outback or from the program and have the Director verify staff currently employed by the program.
- ✓ Cross reference the staff list with staff identified and observed on-site during the inspection.
- ✓ Check KOALA Outback to verify that each staff person and resident has a satisfactory records check determination.
- ✓ Ask the Director about the center's policy for maintaining records check determinations for staff and residents.

Things for child care programs to consider:

- Email Outofstate@dec.al.ga.gov with questions regarding out of state backgrounds checks. Email CRC@dec.al.ga.gov with all other questions regarding criminal records check requirements.
- Use DECAL KOALA to electronically port each employee's criminal records check determination to the program's profile. This will help to ensure that the records check determination letter provided by the employee is authentic. Access DECAL KOALA at: <https://decalkoala.com/>
- Additional information about criminal records check requirements can be found on the Department of Early Care and Learning's (DECAL) website at: <http://www.dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>

591-1-1-.09 Criminal Records and Comprehensive Background Checks

1. Satisfactory Fingerprint Records Check Determination or Satisfactory Comprehensive Records Check Determination Required

- (h) The Center must ensure that every Provisional Employee requests child abuse and neglect registry information and criminal history documents from any U.S. state, territory or tribal land other than Georgia in which they have resided in the preceding five years and submit such documents to the Department in a timely manner. Failure to request out-of-state information will result in the issuance of an unsatisfactory Comprehensive Records Check Determination.**
- (i) For a Provisional Employee to become a permanent Employee, the individual must have a satisfactory Comprehensive Records Check Determination.**

Rule Type: Non-Core Rule

Intent

To ensure that children are protected from any risk of abuse, harm, or neglect. To allow staff time to obtain a satisfactory Comprehensive Records Check Determination from the Department.

Clarification

In order to provide a safe and secure environment for the children enrolled in the child care program, all reasonable measures must be taken to protect children from the risk of abuse or neglect. Based on this objective, criminal background checks are required for individuals who are involved with child care.

A Provisional Employee is a person other than a Director or Employee, who has submitted a Records Check Application to become an Employee and has not received a Comprehensive Records Check Determination but who has received a satisfactory Fingerprint Records Check Determination and who must be supervised at all times by another staff member who has a current and valid satisfactory Comprehensive Records Check Determination on file.

A Provisional Employee cannot become a permanent Employee until a satisfactory Comprehensive Records Check Determination has been issued. If the Provisional Employee has resided outside of the state of Georgia in the past five years, the Department cannot issue a satisfactory Comprehensive Records Check Determination until documentation regarding child abuse and neglect database information and criminal history documents have been received from any previous state, territory or tribal land in which the individual has resided within that time period.

Indicators

- ✓ Review the center's personnel records/files to ensure a satisfactory Fingerprint Records Check Determination is on file for all Provisional Employees.
- ✓ Check KOALA Outback to verify the authenticity of each Provisional Employee's satisfactory Fingerprint Records Check Determination. If the Provisional Employee's status in KOALA Outback indicates the

Department is waiting for out-of-state results, request proof that the individual has requested/submitted the out-of-state information.

Things for child care programs to consider:

- Provisional Employees who are required to submit out-of-state documentation must do the following:
 - Request a criminal history report from any each U.S. Territory, Tribal Land or State, other than Georgia, where the individual resided during the preceding five years and maintain evidence of the request;
 - Submit the out-of-state criminal history report directly to the Department of Early Care and Learning (DECAL), Attention: Records Unit, including the individual's name and application number, via email to OutOfState@decalfga.gov;
 - Request a child abuse/neglect database report from any each U.S. Territory, Tribal Land or State, other than Georgia, where the individual resided during the preceding five years and maintain evidence of the request.
 - Submit the out-of-state child abuse/registry report directly to DECAL, Attention: Records Unit, including the individual's name and application number, via email to OutOfState@decalfga.gov; and
 - Submit evidence to DECAL (upon request) that information for out-of-state criminal history and child abuse/neglect information has been requested.
- Resources for out-of-state criminal background and child abuse registry information can be found at: http://www.decalfga.gov/CCS/CriminalRecordsCheck_StateContacts.aspx
- Use DECAL KOALA to electronically port each employee's criminal records check determination to the program's profile. This will help to ensure that the records check determination letter provided by the employee is authentic. Access DECAL KOALA at: <https://decalkoala.com/>
- Use DECAL KOALA to complete and submit each employee's background check application. Background results can be obtained faster when the application is submitted online.
- Email Outofstate@decalfga.gov with questions regarding out of state backgrounds checks. Email CRC@decalfga.gov with all other questions regarding criminal records check requirements.
- Additional information about criminal records check requirements can be found on DECAL's website at: <http://www.decalfga.gov/CCS/CriminalRecordsCheck.aspx>

591-1-1-.09 Criminal Records and Comprehensive Background Checks

1. Satisfactory Fingerprint Records Check Determination or Satisfactory Comprehensive Records Check Determination Required

- (j) **Portability for Directors, Employees and Provisional Employees, excluding Students-in-Training.** Only the most recently issued determination letter is eligible for portability and must be ported electronically. A Center may accept a satisfactory Fingerprint Records Check Determination letter or a satisfactory Comprehensive Records Check Determination letter issued by the Department if the Records Check Clearance Date is within the preceding 12 months from the hire date, the individual has not had a lapse of employment from the child care industry that lasted for 180 days (6 months) or longer, and the Center does not know or reasonably should not know that the individual's satisfactory status has changed.
- (k) **Portability for Students-in-Training.** Only the most recently issued determination letter is eligible for portability and must be ported electronically. A Center may accept a satisfactory Fingerprint Records Check Determination or a satisfactory Comprehensive Records Check Determination letter issued by the Department for a Student-in-Training if the individual's Records Check Clearance Date is within the preceding 24 months from the hire date, the Center has verified and maintains evidence on file at the Center that the Student-in-Training is currently enrolled in a high school recognized by the Department of Education or an early education curriculum through an accredited school of higher education, the individual has not had a lapse of employment from the child care industry that lasted for 180 days (6 months) or longer, and the Center does not know or reasonably should not know that the individual's satisfactory status has changed.

Rule Type: Non-Core Rule

Intent

To allow staff the flexibility to work in multiple child care programs.

Clarification

Portability of satisfactory records check determinations for Directors, Employees, Provisional Employees, and students-in-training allows these individuals to move from one child care program to another without having to submit another record check application and repeat the fingerprinting process. The portability period is determined by the employee's type and his/her hire date, and ranges from 12 months to 24 months from the Records Check Clearance Date (i.e., date of issue or "as of" date) as long as the employee has not had a break in service from the child care industry that lasted for 180 days (6 months) or longer and there is no knowledge that the employee's satisfactory status has changed. Students-in-Training are subject to the six month break in service recheck; however, enrollment in a child care related curriculum counts as continuous working in the industry. Only the most recent determination letter is eligible for portability and must be ported electronically through DECAL KOALA to the program's profile. This will ensure that the records check determination letter provided by the employee is authentic. Access DECAL KOALA at: <https://decalkoala.com/>.

Verification of educational status, as specified by the rule for students-in-training, must be maintained on file at the center to validate an extended portability period and to ensure these individuals qualify as students-in-training.

Indicators

- ✓ Review the center's personnel records/files to verify each employee's hire date and check the issuance (i.e., "as of") date on the employee's records check determination to ensure the determination was issued within the timeframe specified by the rules.
- ✓ Check KOALA Outback to verify the authenticity of each employee's satisfactory records check determination.
- ✓ Check KOALA Outback to verify the portability deadline of each employee's records check determination.
- ✓ Review the personnel record/file for each student-in-training. Check for evidence of enrollment in an educational program as specified by the rule.
- ✓ Review each employee's ten-year work history to ensure there has been no lapse of employment from the child care industry that lasted for 180 days (6 months) or longer.

Things for child care programs to consider:

- Email Outofstate@dec.al.ga.gov with questions regarding out of state backgrounds checks. Email CRC@dec.al.ga.gov with all other questions regarding criminal records check requirements.
- Additional information about criminal records check requirements can be found on the Department of Early Care and Learning's (DECAL) website at: <http://www.dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>

591-1-1-.09 Criminal Records and Comprehensive Background Checks

1. Satisfactory Fingerprint Records Check Determination or Satisfactory Comprehensive Records Check Determination Required

(l) Recheck Required. The Center must immediately require that every Director, Employee and Provisional Employee submit to the Comprehensive Records Check Determination process at the following times:

- 1. When the Center knows or reasonably should know that a Director, Employee or Provisional Employee has been arrested or charged for any covered Crime;**
- 2. When there is a lapse of employment from the child care industry that lasted for 180 calendar days (6 months) or longer;**
- 3. At least once every five years; and**
- 4. When the Department so requests.**

Rule Type: Non-Core Rule

Intent

To ensure that children are protected from any risk of abuse, harm, or neglect.

Clarification

Records check determinations must be maintained as satisfactory to allow staff to be on site while children are present. Background screenings should be repeated as specified by the rule requirements to ensure the staff person's criminal history has not changed since the last satisfactory records check determination was issued.

Indicators

- ✓ Ask the Director about the center's policy regarding staff whose satisfactory records check determination status may have changed.
- ✓ Check KOALA Outback to verify the expiration date of each staff person's records check determination.
- ✓ Review each staff person's ten-year work history to ensure there has been no lapse of employment from the child care industry that lasted for 180 days (6 months) or longer.

Things for child care programs to consider:

- Use DECAL KOALA to electronically port each employee's criminal records check determination to the program's profile. This will help to ensure that the records check determination letter provided by the employee is authentic. Access DECAL KOALA at: <https://decalkoala.com/>
- Use DECAL KOALA to complete and submit each employee's background check application. Background results can be obtained faster when the application is submitted online.
- Email Outofstate@dec.al.ga.gov with questions regarding out of state backgrounds checks. Email CRC@dec.al.ga.gov with all other questions regarding criminal records check requirements.
- Additional information about criminal records check requirements can be found on the Department of Early Care and Learning's (DECAL) website at: <http://www.dec.al.ga.gov/CCS/CriminalRecordsCheck.aspx>

591-1-1-.10 Diapering Areas and Practices

(1) Ventilation. For Centers first licensed after March 1, 1991, and for Centers that are renovated after March 1, 1991, the diapering areas shall be ventilated by functioning exhaust fans and a duct system or by the required amount of window space provided by operable windows when open.

Rule Type: Non-Core Rule

Intent

To ensure that adequate ventilation is provided in the diapering area to control odors and to prevent the spread of disease within the child care facility.

Clarification

Ventilation is necessary for air circulation which clears infectious disease agents, odors, and toxic substances from the air. If the facility does not have a functioning exhaust fan and duct system in the diapering area(s), then operable, screened windows must be present and must account for at least 2.5% of the total square footage of the area(s) to ensure proper ventilation. Exhaust fans must be maintained in good working order. Windows used for ventilation must be operable and have tight-fitting screens without rips, tears, or holes. Staff must consistently open the screened windows during diapering routines to allow adequate ventilation.

Centers licensed on or prior to March 1, 1991, are exempt from this rule as long as the ownership of the center remains the same and there are no renovations at the facility. If a center changes ownership, renovates, or places children who require diapering in classrooms previously licensed for non-diapered children, provisions for ventilation must be met as part of the change of ownership or amendment application process.

Indicators

- ✓ Check the diaper changing classroom(s) for adequate ventilation as specified in the rule if the center was licensed or renovated after March 1, 1991.
- ✓ Check to ensure vented exhaust fans are in working order. If windows are used for ventilation, measure the screened and operable window space to ensure it accounts for at least 2.5% of the useable square footage of the classroom area. **NOTE:** Only the open portion of the screened/operable window should be measured and counted for ventilation.
 - Example: Classroom = 600 square feet of usable floor space with no vented exhaust fan
 $600 \times .025 = 15$ square feet of screened and operable window space required
- ✓ Check to ensure staff can easily open the windows during diaper change activities if windows are used for ventilation. For example, windows used for ventilation should not be painted shut or nailed/screwed shut.
- ✓ Observe that staff are either turning on exhaust fans or are opening windows during diaper change activities. If diapering is not observed, ask staff how they ventilate the classroom during diaper changes.

Best Practices:

- Use a piece of tissue to check the suction power of a vented exhaust fan to ensure the fan is working properly.
NOTE: Vented exhaust fans should be kept clean and free of dust because dust can affect the fan's suction capability.

Things for child care programs to consider:

- Check windows to ensure they are in safe working condition. When windows are raised open, they should remain that way without requiring an object such as a block of wood, books, a broom handle, etc. to hold them open as this poses a hazard for children.

591-1-1-.10 Diapering Areas and Practices

(2) Hand Washing Sink. In Centers first licensed after March 1, 1991, and Centers that renovate existing plumbing facilities, a hand washing sink with running heated water shall be located adjacent to the diapering area. Flush sinks shall not be used for hand washing. Cleansing procedures in other facilities shall be approved by the Department.

Rule Type: Core Rule

Intent

To promote proper sanitation measures by staff after each diaper change to minimize the spread of contagious diseases/infection.

Clarification

Sinks must be close to where diapering takes place to avoid the transfer of contaminants to other surfaces while staff and children are in route to wash their hands. Having sinks close by helps to prevent the spread of contaminants and disease by promoting timely, efficient hand washing immediately after diapering. Sinks should be adjacent to or within arm's reach of the diapering area. Center staff should be able to keep one hand on the diapering table and reach the sink with the other hand.

Water must be warm to ensure soap lathers effectively to wash away germs and to provide a comfortable temperature to promote hand washing practices. Flush sinks are used in clinical settings and are designed primarily to receive body waste. These sinks are designed with a rim (such as that of a toilet) and are not to be used for hand washing.

Diapering stations where the handwashing sinks have attached water tanks may be approved (on a case-by-case basis) for diapering purposes when standard plumbing is not available. The water tanks are housed in a cabinet and must be manually filled and emptied daily or as needed throughout the day, and a Department approved plan for how this will be maintained must be kept on file. The manufacturer's documentation must be available showing the equipment was designed for this type of use. Sinks with open tanks beneath the drain will not be approved.

For previously licensed centers (i.e., licensed on or before March 1, 1991) that do not meet this rule, hand washing procedures must be approved by the Department and adhered to at all times. If a center changes ownership, renovates, or places children who require diapering in classrooms previously licensed for non-diapered children, provisions for hand washing sinks must be met as part of the change of ownership or amendment application process.

Indicators

- ✓ Observe the location of the diapering area in each classroom where diapered children are housed and check the location of the hand washing sink in relation to the diapering area.
- ✓ Check the water at the hand washing sink to ensure it is operable and warm.
- ✓ Check that an adequate amount of water is present in the water tanks of all portable diapering stations and that dirty/used water is disposed of properly, if applicable.

- ✓ Check the state licensing file for evidence of any special conditions, provisions, or approvals if the hand washing sink is not located in the diapering area. Ask the Director about the center's approval for hand washing procedures, if applicable.
- ✓ Observe cleansing procedures if a hand washing sink is not present in the diapering area and the center was licensed on or before March 1, 1991, with no renovations. If diapering is not observed, ask staff how they handle hand washing during diaper change activities.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.10(2) - a hand-washing sink w/ running, heated water, located adjacent to diapering area	If no diapered children are currently enrolled	If program not licensed for diapered children	Diapered room not in use; Diaper changing station and/or sink made adjacent during visit; Diaper table is movable; Warm water not used *If TA documented on previous visit, move to Low Risk	Sink not adjacent to changing station; Warm water is not available	No operable sink in diapering room	N/A	N/A

Best Practices:

- Two handwashing sinks are encouraged in diapering classrooms, but not required. Best practice calls for one sink to be used solely for children's handwashing and the other sink for handwashing associated with diapering.
- Staff need to wash their hands prior to diapering and after diapering each child, regardless of whether gloves are worn.
- Handwashing supplies, including liquid soap that is safe for children and paper towels, should be well-stocked and kept within reach at the handwashing sink. To maintain cleaning effectiveness and ensure urine and feces are not spread about the classroom, liquid soap should never be diluted with water, and proper handwashing for at least 20 seconds outside the flow of water is needed.
- If only one handwashing sink is available in the classroom, disinfect the sink after it is used for toileting related handwashing.

Things for child care programs to consider:

- Check the water at the hand washing sinks. When turned on, the water should become warm within a few seconds and the water pressure should provide a sufficient water flow to allow for proper hand washing. In situations where the water does not heat up immediately, advise staff to turn the water on prior to hand washing activities or add a water heater booster to the sink. If a booster is added, it must be inaccessible to children (e.g., in a locked cabinet underneath the sink, etc.).
- Check the water tanks in portable diaper changing tables routinely (e.g., at the beginning of each day, at the end of each day, during nap time) to ensure the tanks are filled and emptied before diaper change activities begin.

- A center may house 2 ½ - 3 year old children in a room licensed as “non-diapering” when all children are completely potty trained, meaning no diapers, training pants, or pull-up diapers are used in the classroom. For this to occur, the center would also have to have appropriately aged rooms licensed as a “diapering room” that are equipped with a handwashing sink and diaper changing station. This information would need to be notated on the floor plan.

591-1-1-.10 Diapering Areas and Practices

(3) Changing Diapers. Diapers shall be changed in the child’s own crib or on a diaper changing surface that is used for no purposes other than changing clothes in each room where infants or any other children wearing diapers are served.

Rule Type: Non-Core Rule

Intent

To control and prevent the spread of disease and infection.

Clarification

Changing diapers is an important routine in caring for infants and toddlers, but if preventative measures are not taken it can also cause the spread of germs. To prevent cross-contamination, diapers should be changed in the child’s own crib (because the crib is used exclusively by one specific child), or on a diaper changing surface that is used exclusively for changing diapers and clothes. Using a diaper changing surface for any other purpose than changing diapers or soiled underwear/clothing increases the likelihood of contamination and the spreading of infectious disease agents (i.e., bacteria or viruses).

Diapering areas/surfaces must be located in the physical space of the classroom where diapered children are housed and not in adjacent/adjoining bathrooms, etc. These diapering areas shall be positioned within the classroom to allow staff to properly supervise the other children present while performing diaper changes. In the event that the diapering area must face a wall, a supervision plan approved by the Department, must be on file that ensures additional staff will be present in the classroom during all diaper changes.

Indicators

- ✓ Observe the area used for diaper changing in each classroom where diapered children are housed. If diapers are changed on a diaper changing surface, ensure that the surface is used for no other purpose (e.g., storage, staff’s personal items, artwork, etc.).
- ✓ Ask the Director and/or staff where diaper changes occur (i.e., if no diaper changes are observed during the inspection visit).

Best Practices:

- Plan for older children who may require diapering or changing due to special needs, toileting accidents, etc. It is not appropriate to diaper or change these children in diaper changing classrooms used by younger children.
- Position diaper changing areas to ensure staff can see and supervise the remainder of the classroom during diaper changing activities.
- Post the Best Practices Diapering Procedures instructions near the diapering table for a visual reminder of steps to use to best ensure the health and safety of children and teachers.
- Diapers need to be visually checked and changed as needed, and at least every 2 hours.

- To assist with supervision during diapering, position the diapering table so that the staff person's back is not to the rest of the classroom when using the table.
- Talk, laugh, and sing with each child while diapering to help build positive teacher-child relationships with children.
- Use a trash can for diapering that is covered, lined, and hands free.
- Best Practices recommended based on guidance from *Caring for Our Children*, 4th edition:
 - Prepare: Wash hands using proper procedures. Gather all needed supplies, including clean clothes if needed. Place supplies near the diapering surface, but not on it. If using a paper liner, stretch it across diapering area.
 - Access Diaper: Bring child to diapering area. Remove soiled clothing, if applicable, and place in plastic bag. Open diaper and leave under child while cleaning.
 - Clean the child: Clean child's bottom, front to back, using one wipe for each cleaning swipe. Throw away soiled diaper and wipes. If using a paper liner that is soiled, fold over to create a clean surface. Throw away gloves, if used. Use a fresh wipe to clean hands. Use another fresh wipe to clean the child's hands. Throw away wipes.
 - Redress the child: Put on clean diaper. Apply diaper cream with tissue, if needed. Throw away tissue. Redress the child. Wash the child's hands using proper procedures.
 - Clean the diapering area: Throw away paper liner, if used. Wash diapering surface with a soapy water solution and rinse. Spray disinfecting solution over entire diapering surface. If using bleach/water solution, leave on for 2 minutes before drying. If using commercial product, follow manufacturer instructions. Wash hands following proper procedures.

Things for child care programs to consider:

- Provide separate diaper changing tables for each classroom or group of children. Changing tables should not be placed between classrooms for use by more than one group of children as this increases the risk of cross-contamination and allows disease to spread more easily from group to group.
- Using cribs for diaper changing should be utilized only as a last resort when no other space is available to do so. Changing diapers in cribs increases the likelihood of contamination of the sleeping area a child will use.
- Place and store classroom items such as toys, children's nap blankets, diaper bags, classroom roll books, etc. in areas and on surfaces not used for diaper changing due to the possibility of contamination.
- Remember to change crib sheets daily or more often as needed. This is especially important when cribs are used to change children's diapers.
- Remember that swim diapers are still considered diapers. Staff should follow all diapering rules and requirements when changing children's swim diapers.
- A center may house 2 ½ - 3 year old children in a room licensed as "non-diapering" when all children are completely potty trained, meaning no diapers, training pants, or pull-up diapers are used in the classroom. For this to occur, the center would also have to have a room licensed as a "diapering room" that is equipt with a handwashing sink and diaper changing station for 2 year olds and older children that are potty training. This notation would need to be notated on the floor plan.

591-1-1-.10 Diapering Areas and Practices

(4) If diapers are changed on a diaper changing surface, the surface shall be smooth, nonporous, and equipped with a guard or rails to prevent falls. Between each diaper change, the diaper changing surface shall be cleaned with a disinfectant and dried with a single-use disposable towel.

(5) Infants and children shall not be left unattended while being diapered or having their clothes changed on the diaper changing surface.

Rule Type: Core Rule

Intent

To control and prevent the spread of disease and infection and to ensure that any potentially infectious material has been removed from the diaper changing surface before another child is changed. To protect children from injury that could result from a fall from a diaper changing surface.

Clarification

Many communicable diseases can be prevented by using appropriate hygiene, sanitation and disinfection methods. Diaper changing surfaces that are difficult to clean may harbor germs which could result in cross-contamination. For this reason, diaper changing surfaces should be smooth and non-porous (i.e., impenetrable by liquids). The changing surface should be free of cracks, seams, tears, indentations, or designs where dirt, germs, and bacteria could collect. It is unacceptable for the facility to use tape to repair tears or cracks on the surface. Garbage bags or plastic wrap should not be used to cover the diaper changing surface since these items pose a suffocation hazard for children. The manufacturer's plastic packaging should be removed from the changing surface prior to use. To prevent children from falling or sliding off the diaper changing surface, protective barriers (i.e., guards or safety rails) are required.

Since diaper changing surfaces are used by more than one child, it is necessary to disinfect the diaper changing surface between each use. Disinfecting the diaper changing surface reduces the risk of illness by removing bacteria, viruses, fungi, and mold. Young children's immune systems are immature, and as a result, children tend to experience illnesses more frequently in child care settings making it critical to disinfect the diaper changing area.

Center staff should never leave a child alone on the diaper changing surface, even for an instant. Staff should not turn away or move away from the child for any reason while the child is on the diaper changing surface. If an emergency arises, the staff person should remove the child from the diaper changing surface and take the child with them or place the child on the floor or in a crib.

Indicators

- ✓ Observe the diaper changing surface in each room where diapered children are housed to ensure it is smooth, non-porous, and equipped with a guard/rail/barrier to prevent falls.
- ✓ Observe diaper changing procedures. Ensure diaper changing surfaces are adequately cleaned and disinfected after each diaper change. If no diaper changes are observed, ask the staff to describe a diaper changing and disinfecting procedure.

- ✓ Observe the disinfectant used to clean the diapering surface and the product's labeling. If the disinfectant is not in the original container, ask the Director and/or the staff about the type of disinfectant used. Ensure that the solution is left on the diapering surface per the manufacturer's instructions for disinfecting.
- ✓ Observe children while they are on the diaper changing surface to ensure they are attended at all times.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.10(4) - the diapering surface shall be smooth, non-porous, and equipped with a guard rail or straps to prevent falls. Between each diaper change, surface shall be cleaned with a disinfectant and dried with a single-use disposable towel	If no diapered children are currently enrolled	If program not licensed for diapered children	Turn textured side over for a smooth surface; Disinfectant not used according to manufacturer's instructions *If TA documented on previous visit, move to Low Risk	Changing pad has tears/non-smooth surface; Surface not properly disinfected; Missing rail(s) and/or safety strap(s) with no incident or injury	Missing rail(s) and/or safety strap(s) with an incident and/or injury with no medical attention or with medical attention as a precaution; There is evidence of isolated illness and confirmed lack of proper disinfection	Missing rail(s) and/or safety strap(s) with an incident and/or injury requiring professional medical attention; There is evidence of widespread illness due to lack of proper disinfection (by CDC or HD)	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
.10(5) - infants & children shall not be left unattended while on diaper changing surface.	If no diapered children are currently enrolled	If program not licensed for diapered children	If planning to serve diapered children in the future	Unattended on changing table without an incident or injury (staff turns away without keeping a hand on the child)	Unattended on changing table with an incident and/or injury with no medical attention or with medical attention as a precaution	Unattended on changing table with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- The American Academy of Pediatrics recommends a diaper changing table height between 28" and 32" with a guard rail or barrier that extends at least 6" above the changing surface. These requirements align with the Infant/Toddler Environment Rating Scale (ITERS-3) and apply to child care programs participating in Quality Rated. This reduces the risk of back strain for caregivers and provides a safe barrier to prevent children from falling off the changing table.
- Diaper changing surfaces are not required to have a diaper changing pad if the surface is nonporous. The diaper changing pad makes the diapering experience more comfortable for the child, but it is not a requirement. When used, the changing pad must be smooth (i.e., free of indentations or crevices as with an imprinted pattern or design), nonporous, and free of rips, tears, and tape. See chart below for more information:

Nonporous	Porous
<ul style="list-style-type: none"> ▪ <u>Not</u> penetrable to water, air, dirt, or other fluids 	<ul style="list-style-type: none"> ▪ Penetrable to water, air, dirt, or other fluids
<ul style="list-style-type: none"> ▪ Smooth: Containing no holes, tears, cracks, chipping paint, seams, indentations, crevices, etc. 	<ul style="list-style-type: none"> ▪ Not smooth: Containing holes, tears, cracks, chipping paint, seams, indentations, crevices, etc.

Examples of Nonporous	Examples of Porous
<ul style="list-style-type: none"> Smooth, plastic covered diaper changing pad with no quilted design, no indentations, no seams, etc. Smooth, flat surface (e.g., laminate countertop, hard plastic, etc.) without the presence of cracks, tears, holes, chipping paint, splintering wood, etc. 	<ul style="list-style-type: none"> Quilted diaper changing pad Diaper changing pad covered with fabric Diapering surface with chipping paint, cracked plastic, rips or tears, etc. Changing table paper (if used, the paper should be removed and discarded, and the diaper changing surface should be disinfected, after each diaper change)
Additional Information	
<ul style="list-style-type: none"> Holes and tears in diaper changing pads may <u>NOT</u> be covered with tape. Once holes or tears are present in a diaper changing pad, it should be replaced. The manufacturer's plastic packaging should be removed before use. The sides of the diaper changing pad should also be cleaned and disinfected after each use. Diaper changing tables should be sturdy and stable to prevent tipping over and to support the weight of the children who use the changing tables. Diaper changing surfaces should be large enough to contain the children being diapered. 	

Things for child care programs to consider:

- A safety strap cannot be relied on to restrain a child and could become contaminated during diaper changing. Cleaning and disinfecting the strap would be required after every diaper change; therefore, safety straps on changing surfaces are not recommended.
- Commercial disinfectants registered with the Environmental Protection Agency (EPA) as a suitable disinfectant for the diapering surface may be used as long as the child care center follows the manufacturer's instructions (including proper application, drying time, ventilation, etc.).
- A bleach and water solution can be used to disinfect the diaper changing surface as long as the solution is prepared daily (or more often). Due to the higher concentration of sodium hypochlorite in bleach now sold in stores, there is no longer a generic formula for bleach disinfectant. The recommendations for diluting a bleach solution for disinfecting now depend on the specific bleach that is used. See chart below for more information:

How to Make Bleach Solution
1. Gather the needed supplies. Bleach, water, measuring cup and/or measuring spoons, a quart-sized or larger spray bottle.
2. Find a well-ventilated area. Full-strength bleach emits toxic fumes and should never be used in small or enclosed spaces.
3. Measure Ingredients. If the bleach is EPA-registered (as indicated on the product's label), follow the label instructions to determine how much bleach and water to use. This information can also be found on the EPA's website at: http://iaspub.epa.gov/apex/pesticides/f?p=PPLS:1 . If the bleach is not registered with the EPA, contact the state or local health department for advice.
4. Mix Solution. Carefully pour the bleach into the spray bottle, then add cool water. Place the lid on the container and gently flip the container back and forth a few times to mix. After mixing, the solution is ready to use. *Use caution when mixing the bleach solution. If bleach is mixed with other substances (e.g., cleaners, chemicals, products containing ammonia, vinegar, etc.), hazardous gases may be released.
5. Discard Unused Solution. Chlorine bleach solutions deteriorate rapidly. Mix the solution fresh each day and discard unused portions daily to ensure the strength of the solution.

- If the disinfectant is not in the original container, the container should be clearly labeled as to its contents and the label directions should be available for review.

591-1-1-.10 Diapering Areas and Practices

(6) Any items which might harm a child must be kept out of a child's reach.

(7) **Supplies.** The following items shall also be provided at the diapering area: liquid soap, individually dispensed, single-use hand towels, single-use wash cloths, and covered storage container for soiled items.

Rule Type: Non-Core Rule

Intent

To protect the health and safety of children. To prevent the spread of contagious disease/infection.

Clarification

Diaper changing surfaces should be free of any items which could be harmful to children. Diapering supplies such as, but not limited to, baby powder, ointment, disinfectant, and any other items labeled "Keep out of reach of children" should be stored where readily accessible to staff but inaccessible to children (e.g., in a locked cabinet, on a high shelf, etc.).

Having necessary supplies at the diaper changing area ensures safety, makes diaper changes more efficient, and reduces the opportunity for contamination. Bars of soap hold germs and are thus not as effective as liquid soap in reducing the spread of bacteria. A shared hand towel is a prime spot for germs to grow and spread. Individually dispensed and/or single-use hand towels help to prevent illness by reducing exposure to germs. It is acceptable for a center to either use individually dispensed paper towels that are discarded after each use, or single-use hand towels and single-use wash cloths that are laundered after each use. Covered storage containers used to house soiled items prevent environmental contamination so that children do not come into contact with disease-bearing bodily fluids.

Indicators

- ✓ Observe the diaper changing area(s) for evidence of all required supplies. Check to ensure that hazardous items are not within children's reach.
- ✓ Check liquid soap dispensers and paper towel dispensers (if applicable) to ensure the dispensers are working.

Best Practices:

- Check and refill diapering supplies at the close of each day in preparation for the next day's diapering activities.
- Maintain soiled item storage containers to prevent children's access to the contents of the containers. For example, place the containers in an area that is inaccessible to children (such as a locked cabinet or closet, a high shelf, etc.) or ensure that the covers to the containers lock or latch.
- Store diapering supplies for each child within easy reach of the diaper changing table, but inaccessible to children.
- Place a hands-free lined trash can with a lid near the diapering table for easy disposal of diapers.

- Handwashing supplies, including liquid soap and paper towels, should be well-stocked and kept within reach at the handwashing sink. To maintain cleaning effectiveness and ensure urine and feces are not spread about the classroom, liquid soap should never be diluted with water.
- Choose soap that is not labeled “Keep out of reach of children” so that it can be kept within reach of children to promote healthy handwashing practices.

591-1-1-.10 Diapering Areas and Practices

(8) Hygiene. Staff with diaper changing responsibilities shall not be simultaneously assigned to kitchen food preparation duties.

Rule Type: Non-Core Rule

Intent

To minimize and prevent the spread of contagious diseases/infection.

Clarification

A staff member with diaper changing responsibilities may work in the kitchen area provided that this person is not responsible for changing diapers while also working in the kitchen. It is imperative that appropriate handwashing procedures be followed at all times (particularly when a staff member must alternate responsibilities) to reduce the opportunity for cross-contamination. Teachers in infant/toddler classrooms who open food containers and/or prepare bottles must ensure hands are thoroughly washed before and after performing these functions. When adequate staff are available, they should not be assigned both diapering and food preparation duties.

Indicators

- ✓ Observe staff to ensure that staff with diaper changing responsibilities are not also responsible for food preparation at the same time. Ask the Director about staff assignments as indicated in the rule.

Best Practices:

- If only one handwashing sink is available in the classroom, disinfect the sink after it is used for diapering related handwashing and before it is used for any different purpose, such as food related handwashing.

Things for child care programs to consider:

- Remind staff to wash hands thoroughly (i.e., for at least 20 seconds) before and after each diaper change and before and after handling and preparing food. An easy way for staff to accomplish this is to sing “Row, Row, Row Your Boat” through once during each handwashing activity.

591-1-1-.10 Diapering Areas and Practices

(9) Location of Diapering Area. The area used for diapering shall not be used for food preparation. It must be clear of formulas, food, food utensils and food preparation items.

Rule Type: Core Rule

Intent

To prevent the spread of contagious disease/infection and to protect the health of children. To prevent contamination of food and drinks.

Clarification

The physical separation of diaper changing areas and food preparation areas prevents the transmission of disease as germs from the diaper changing area can contaminate food and utensils and spread illness. Items such as food, bottles, cups, dishes, utensils and other food preparation items should not be placed (even temporarily) on diaper changing areas due to the risk of contamination. In addition, food should not be prepared on or near the diaper changing surface.

Indicators

- ✓ Observe the preparation of food in all diapering classrooms to ensure that staff are not using the diapering areas or the diapering tables as food preparation surfaces. If not observed, ask staff where food is served and/or prepared in the classroom.
- ✓ Observe the diaper changing areas and surfaces to ensure they are free of food and food related items.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.10(9) - the area used for diapering shall not be used for food preparation; It must be clear of formulas, food, food utensils and food preparation items	Never	If program not licensed for diapered children	N/A	Food and/or food preparation items in the diapering area (bottles/cups, etc. that children have used)	Food prepared in and/or served from the diapering area	There is evidence of spread of illness due to use of diapering area for food preparation, serving food and/or placement of food or food related items (confirmed by CDC or HD)	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Provide adequate counter space and storage for food and food preparation items in each diapered classroom. This will help to alleviate the possibility of staff using a diaper changing table for any other purpose.
- Inform substitute staff of the requirements for diapering areas during their orientation and prior to their assignment to a diapered classroom.

- Post a notice near the diapering area as a reminder for staff and parents.

Things for child care programs to consider:

- Diapering sinks should not be used to rinse food and food preparation items unless the sink is sanitized after it is used for diapering, and before it is used for other purposes. Diapering sinks cannot be used to wash food and food preparation items before these items are reused by staff and/or children.

591-1-1-.10 Diapering Areas and Practices

(10) School-age Center. Except for children with special needs who are school-age but require diapering, the above rules do not apply to School-age Centers.

Rule Type: Non-Core Rule

Intent

To ensure that School-age Centers are aware of diapering rules that may or may not apply to their program.

Clarification

School-age children with special needs may require diapering and the method of diapering will vary according to their abilities, however, principles of hygiene should be consistent regardless of the method. The dignity of the child should be considered when deciding which method to use and where to diaper. Diapering should be done in private.

In School-age Centers where diapering is required, all diapering rules must be met. A diapering table would not be required since larger children could be diapered on a smooth pad placed on the floor, on a bench or while standing up. Proper disinfection procedures must still be followed, even if children are changed while standing.

Indicators

- ✓ Ask the Director and/or staff if their current enrollment includes any children with special needs who require diapering. If so, ask where diapering takes place.
- ✓ Observe the diaper changing area for all requirements as specified by the rules (if diapered children are enrolled in the school-age center). For example, the area should be adequately ventilated with a sink and all supplies, the diaper changing surface should be smooth and non-porous, etc.
- ✓ Ask staff to describe a diaper changing procedure (if applicable).

Best Practices:

- Ensure that diapering surfaces and supplies are readily available to staff prior to the start of the diapering procedure.
- Consider each child's privacy needs when deciding where to diaper.

Things for child care programs to consider:

- Additional information about changing children with soiled underwear, pull-ups and clothing can be found on the Department of Early Care and Learning's (DECAL) Quality Rated website at:
https://qualityrated.decal.ga.gov/Content/Documents/ERS/AR_Changing_Procedures_Pullups_Underwear_StandardUp.pdf

- Review written agreements (as referenced in Rule 591-1-1-.04(2)) with parents of children with special needs to ensure that accommodations are met based on each child's diapering/toileting needs.

591-1-1-.11 Discipline

(1) Disciplinary actions used to correct a child’s behavior, guidance techniques and any activities in which the children participate or observe at the Center shall not be detrimental to the physical or mental health of any child.

Rule Type: Core Rule

Intent

To ensure the use of non-punitive disciplinary practices that enable a child to develop self-control and do not result in physical or emotional damage to the child. To ensure the use of positive guidance techniques. To promote children’s safety by protecting against any other potentially harmful activities and/or known hazards at the center as indicated in the remaining discipline rules.

Clarification

Discipline means to teach and to guide and should involve learning and education. Discipline should include positive guidance, re-direction, and setting clear-cut limits that foster the child’s ability to become self-disciplined. Center staff should use discipline methods that are age-appropriate, clear, and understandable to the child. Appropriate discipline promotes orderliness and efficiency within the classroom. Positive guidance techniques include redirection, anticipation and elimination of potential problems, positive reinforcement and encouragement rather than competition, comparison, and criticism. Center staff should offer children positive alternatives rather than just telling children “no”.

The use of “time-out” is not recommended for children under the age of three and should be used selectively with children three years of age and older (i.e., to enable the child to regain control of themselves). When “time-out” is used, the caregiver should keep the child within visual contact and limit the amount of time the child spends in “time-out” to one minute (or less) per year of the child’s age. The caregiver should take into account the child’s developmental stage, tolerances, and ability to learn from “time-out”.

Indicators

- ✓ Observe staff-child interactions in each classroom to determine if staff are using positive discipline and guidance techniques. For example, monitor staff’s use of “time-out” including the length of time children are required to remain separated from the group. (Refer to the CCLC Core Rules Reference Chart for additional examples of inappropriate discipline.)
- ✓ Ask staff in each classroom how they handle children’s behavior issues (i.e., if discipline is not observed).
- ✓ Review the center’s policies and procedures for evidence of appropriate guidance and discipline techniques.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.11(1) - Disciplinary actions shall not be detrimental to physical or mental health	Never	Never	Observing inappropriate discipline methods: making a child face the wall for time out, a 4 y/r old standing in timeout for 5 min. instead of 4, children under 2 in timeout instead of redirection, behavior charts posted that use marks, colors, etc. by children's names *If TA documented on previous visit, move to Low Risk	Misuse or inappropriate use of time out or redirection; Staff encourages or does not intervene when a Parent disciplines their child within sight and/or hearing of other children; Staff convey understanding of discipline rules and report previous use of inappropriate discipline, such as popping a child's hand	Disciplinary action detrimental to child's physical or mental health which may or may not have resulted in an incident and/or injury with no medical attention or with medical attention as a precaution	Disciplinary action detrimental to child's physical health OR was seriously detrimental to a child's mental health with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Use consistent disciplinary actions with children to ensure that staff do not show favoritism towards or discriminate against particular children. In addition, the use of consistent disciplinary actions supports children's self-regulation and positive behavior choices.
- Advise staff that when discipline is needed, it should be used when the child's behavior issue occurs and not postponed. For example, a child's outdoor play time should not be restricted or limited due to a behavior issue that occurred earlier in the day.
- Explain disciplinary actions to children before and during the time of any disciplinary action.
- Use child-friendly procedures and expectations to prevent problems.
- Avoid long waits when children have nothing to do, as these often result in misbehavior.
- Provide plenty of time for free play so children can follow their own interests and teaching can be customized to their interests. Classrooms that are structured to have long or frequent whole group activities have an increased likelihood of misbehavior.
- Use a calm, positive, age-appropriate approach when problems arise.
- Go to the child and get on their eye level to provide guidance.
- Use guidance to teach by calmly explaining reasons to children, such as why a behavior is not allowed or why a behavior is expected.
- Involve children in problem-solving for their own problems when age appropriate.
- When problems arise, use calm, patient, and positive interactions and age-appropriate guidance. Guidance should vary based on the ages of children.
- Help children understand how their actions affect others and involve them in resolving their own problems when age appropriate.
- To support children involved, ensure follow through until the problem has been fully resolved and the children are satisfied with the outcome.
- Ignoring children is negative and can be detrimental to the mental health of children. Staff need to provide timely, positive, and responsive caregiving to meet children's needs for healthy development.

Things for child care programs to consider:

- Contact the Department's Regional Inclusion Specialist for your area for additional information and support regarding the handling of challenging behaviors in the classroom. Contact information for the inclusion specialists can be found on the Department of Early Care and Learning's (DECAL) website at: <http://dec.al.ga.gov/CCS/InclusionSupportServices.aspx>

591-1-1-.11 Discipline

(2) Personnel shall not: physically or sexually abuse a child or engage or permit others to engage in sexually overt conduct in the presence of any child enrolled in the Center;

Rule Type: Core Rule

Intent

To ensure that children enrolled at the center are protected from willful injury and/or sexual exploitation by older persons while in care at the facility.

Clarification

The effects of abuse affect each child differently and can be severe and long-lasting. All child care providers have a responsibility to provide a safe and nurturing environment for children in their care and to support the children's healthy growth and development. An essential part of providing care for young children is holding, hugging, and otherwise touching them in a positive, affectionate manner. Center staff, other adults, and older children should be sensitive to ensuring that their touches are welcomed by the children and appropriate to their individual characteristics and cultural experience.

It is inappropriate for staff to force children to have physical contact. Except in situations where safety is an issue, children should always have the option of indicating that they do not want to be picked up, to be hugged, to have their back rubbed, or to have their hand held. Center staff, other adults, and older children must understand that they should never touch children for their own personal satisfaction.

Indicators

- ✓ Observe staff-child interactions in each classroom and children's physical appearance. Notice any obvious bruises, burns, lacerations, or abrasions and discuss with the Director.
- ✓ Observe children's behaviors and notice any extremes such as aggressiveness, withdrawal, fear of staff members, etc.
- ✓ Observe staff to determine if they respect children's personal space and boundaries and recognize non-verbal signals which indicate that physical contact is unwelcome.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
Physically/sexually abuse a child; Engage in sexually overt conduct in the presence of any child	Never	Never	N/A	N/A	N/A	Physical abuse	Sexual abuse OR incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Things for child care programs to consider:

- Provide staff with the training and/or tools to enable them to recognize the difference between children's natural curiosity about each other's bodies and inappropriate play/touch. Staff should be aware of children's common knowledge of (or questions about) things such as body parts, gender differences, and genitalia. In addition, staff should also be aware of children's uncommon knowledge of things such as knowledge of specific sexual acts, and sexual or slang language.

591-1-1-.11 Discipline

(2) Personnel shall not: ...inflict corporal/physical punishment upon a child; shake, jerk, pinch or handle a child roughly; verbally abuse or humiliate a child which includes, but is not limited to, the use of threats, profanity or belittling remarks about a child or his family; isolate a child in a dark room, closet or unsupervised area; use mechanical or physical restraints or devices to discipline children;

Rule Type: Core Rule

Intent

To protect children from injury. To ensure the use of non-punitive disciplinary practices that do not result in physical, emotional, or psychological harm to the child.

Clarification

Caregivers should care for children without resorting to physical punishment or abusive language. Non-punitive methods of controlling behavior, such as diversion, separating children, and rational explanations of expectations are more effective than the use of physical punishment, criticism, or other types of humiliating or abusive techniques. Caregivers should acknowledge and model desired behavior. Permission or instruction by parents to use punitive measures does not relieve the center's staff from adhering to the rule.

Corporal punishment involves the application of some form of physical force that causes pain in response to undesirable behavior. Corporal punishment can lead to child abuse and ranges from slapping the hand of a child, spankings, or physical exertion to extreme forms, such as beatings, burnings, etc.

Verbal abuse means to use a negative defining statement which is said to the child or said about the child. Verbal abuse can occur in many forms. A child may feel humiliated if caregivers do or say something that results in the child feeling ashamed, foolish, or embarrassed. Humiliation often results from being publicly disciplined.

Mechanical and physical restraints may harm a child if used as a form of discipline. Restraint is a reactive procedure with potential for injury to the child or adult as well as the risk of psychological problems for the child. A young child may feel fear and anxiety and learn to associate their caregivers and classrooms with frightening experiences. The use of restraints does not teach children positive behavioral alternatives.

Examples of inappropriate discipline include threatening to call a child's parent or the police, speaking directly to a child in a loud and threatening voice, grabbing a child by the arm or clothing, spanking or popping a child, placing a child in a closet or unsupervised area, tying a child to a chair, etc. The use of devices such as, but not limited to, hot sauce, lemon juice, vinegar, mouthwash and soap are not permitted as a means of discipline for biting or for any other unacceptable behavior.

Indicators

- ✓ Observe staff-child interactions for evidence of any inappropriate discipline practices as specified by the rule. Notice the language and the tone of voice used by staff members to communicate with children and watch for signs of negative verbalizations.

- ✓ Ask staff how they handle children's behavior issues (i.e., if discipline is not observed).
- ✓ Observe children's behaviors and notice any extremes such as aggressiveness, withdrawal, fear of staff members, etc.
- ✓ Listen to children's conversations as children may discuss among themselves the disciplinary actions used by staff members.
- ✓ Review the center's policies and procedures for evidence of appropriate guidance and discipline techniques.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
Inflict corporal/physical punishment	Never	Never	Corporal punishment by a Parent (not employed by the facility) of their own child to any body part (popping on hand, buttocks, legs) not within sight/hearing of other children (If within sight/ hearing of children see Rule .11(1))	N/A	Corporal punishment to any body part (popping on hand, buttocks, legs, etc.) without a bruise or mark	Corporal punishment to any body part (popping on hand, buttocks, legs) with a bruise or mark	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
Shake, jerk, pinch or roughly handle	Never	Never	N/A	N/A	Jerk, handle roughly, or pinch without a bruise or mark or injury; Shake a child five years or older without an injury	Jerk, handle roughly, or pinch with a bruise or mark or injury; Shake a child under five years old with or without an injury; Shake a child five years or older with an injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
Verbally abuse or humiliate (includes use of threats, profanity or belittling remarks about a Child or his family)	Never	Never	Tone of voice; Raised voice with negative implications; Mild threat to call Parent about behavior ("Do we need to call your mom?" or "You know what's going to happen when your mom gets here?") *If TA documented on previous visit, move to Low Risk	Raised voices with profanity or belittling remarks or threats; Use of profanity in general	Humiliating a child; Threatening physical harm; Screaming at a child, where child displays behavior demonstrating that he/she is afraid or upset	Extreme or repeated threats, humiliation or belittling remarks	N/A
Isolate in a dark room, closet or unsupervised area	Never	Never	N/A	N/A	Isolation	Isolation with aggravating circumstances such as but not limited to the door being closed or the room being dark	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
Use of mechanical or physical restraints or devices	Never	Never	N/A	N/A	Use of mechanical and/or physical restraints which may or may not have resulted in an incident and/or injury with no medical attention or with medical attention as a precaution	Use of mechanical and/or physical restraints with an incident and/or injury requiring professional medical attention OR restraints used for an egregious amount of time or there were egregious circumstances	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Have a system in place that would allow staff to take a short break if/when they feel they are losing control of their actions with children.

Things for child care programs to consider:

- Center staff should not allow or encourage parents to physically discipline their own children while on the center's premises. This includes spanking a child and hitting or popping a child on any of the child's body parts.

591-1-1-.11 Discipline

(2) Personnel shall not: ...use medication to discipline or control children’s behavior without written medical authorization issued by a licensed professional and given with the parent’s written consent;

Rule Type: Core Rule

Intent

To ensure proper administration of medication and to prevent its unauthorized use to discipline or to control the behavior of a child.

Clarification

Children should not be given medicines, drugs, herbal or folk remedies that will affect their behavior except as prescribed by their health care provider and with specific written instructions from the health care provider and parent(s) for use of the medicine.

Indicators

- ✓ Ask the Director if any children require medication for behavior control. If so, check the children’s records for proper authorization as specified by the rule.
- ✓ Ask staff if the facility has any “center use only” medication. If so, ask staff when and in what manner the medication would be used.
- ✓ Review the center’s policies and procedures for evidence of appropriate guidance and discipline techniques.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
Use medication to control behavior	Never	Never	N/A	N/A	N/A	Use of medication for discipline and/or to control behavior, other than as prescribed by a physician	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Things for child care programs to consider:

- Refer to the medication rules for additional information regarding the dispensing and documentation of medications administered to children by the center. The medication authorization form can be found on the Department of Early Care and Learning’s (DECAL) website at:
<http://www.dec.state.ga.us/documents/attachments/MedicationAuthorization.pdf>

- Contact the Department's Regional Inclusion Specialist for your area for additional information and support regarding the handling of challenging behaviors in the classroom. Contact information for the inclusion specialists can be found on DECAL's website at: <http://dec.al.ga.gov/CCS/InclusionSupportServices.aspx>

591-1-1-.11 Discipline

(2) Personnel shall not: ...restrict unreasonably a child from going to the bathroom; punish toileting accidents;

Rule Type: Core Rule

Intent

To ensure that children's individual toileting needs are met and respected.

Clarification

Children should not have to wait to go to the bathroom (when they obviously need to go and/or express a need), nor should they be punished for toileting accidents. Making a child clean up his/her own toileting accident is considered punishment and is prohibited by the rule.

Indicators

- ✓ Observe staff-child interactions to ensure that children are allowed to go to the bathroom when a need is expressed and not just during scheduled bathroom times. Ensure that staff are not demeaning children or enforcing consequences for restroom use outside of scheduled times. Staff should not restrict a child from activities such as free play, outside play, etc. because the child requested to use the restroom outside of a scheduled bathroom time.
- ✓ Ask staff how they handle toileting accidents. Ensure that staff are not punishing children for accidents (e.g., name calling, threats to call parent(s), time-out, making a child clean up his/her own accident, etc.).
- ✓ Review the center's policies and procedures for evidence of appropriate guidance and discipline techniques.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
Restrict unreasonably from going to the bathroom	Never	Never	N/A	Staff fail to respond appropriately and/or timely to a child's request or need to toilet (Staff states, "You should have gone to the bathroom during the bathroom break and now you can't go.")	Child(ren) not allowed to go to the bathroom as punishment, which may or may not have resulted in an incident and/or injury with no medical attention or with medical attention as a precaution	Child(ren) not allowed to go to the bathroom as punishment with an incident and/or injury requiring professional medical attention OR was not allowed to go for an egregious amount of time	N/A
Punishing toileting accidents	Never	Never	N/A	Staff uses an appropriate form of discipline as punishment immediately following a toileting accident (a 3 year old is put in time out for 3 minutes following a toileting accident)	Staff uses an inappropriate form of discipline as punishment immediately following a toileting accident (a child is made to stand in the corner facing the wall following a toileting accident or a child was forced to clean up their own accident)	Restriction/punishment for bathroom accidents with an incident and/or injury requiring professional medical attention OR with aggravating circumstances	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- If toileting accidents occur, interactions with the child about the accident should be calm, positive, and non-judgmental. Supportive assistance should be provided to minimize embarrassment, if applicable, to help the child clean up, store soiled clothing, handwash properly, and dress in clean clothing.

Things for child care programs to consider:

- Have a plan for children's individual toileting needs when additional staff are not available. For example, when children need to use the restroom during outside play time, when the restroom is located outside of the classroom, when toileting accidents occur, when assistance with clothing is necessary, etc.

591-1-1-.11 Discipline

(2) Personnel shall not: ...force-feed a child or withhold feeding a child regularly scheduled meals and/or snacks; force or withhold naps;

Rule Type: Core Rule

Intent

To ensure that staff provide children with the rest and nutrition they require while respecting individual differences among children.

Clarification

Center staff should never force-feed or withhold food from a child, or force or withhold naps from a child as a means of discipline or punishment. Force-feeding can result in choking or injury, and forcing or withholding naps can result in anger, irritability, and/or fatigue.

Indicators

- ✓ Observe staff-child interactions during meal/snack times and during rest periods for evidence of inappropriate practices as specified by the rule.
- ✓ Ask staff how they handle children who will not eat during meal times and who will not rest during nap times.
- ✓ Review the center's policies and procedures for evidence of appropriate guidance and discipline techniques.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
Force-feed or withhold feeding regularly scheduled meals/snacks	Never	Never	N/A	Feeding of a child was intentionally delayed but still occurred during the current meal or snack service	Feeding of a child was delayed but still occurred after the current meal or snack but before the next meal or snack; Child was compelled to eat with no incident or injury	Child(ren) physically force fed (a child's mouth is held and made to eat) which resulted in a serious incident and/or injury requiring professional medical attention; Food withheld (and not given to child for the entire day or for all meals or snack services)	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
Force or withhold naps	Never	Never	Telling child(ren) that they must lay in a particular position on the mat or cot *If TA documented on previous visit, move to Low Risk under .11(1)	Force or withhold naps with <u>no</u> physical contact	Physically force/withhold naps <u>without</u> an incident or injury	Physically force naps <u>with</u> an incident and/or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Food should not be used to reward children's behavior or withheld from children due to their behavior. This includes special snacks and treats throughout the day.
- Allow children to eat immediately upon sitting; they should not have to sit and wait with nothing to do, increasing the likelihood of behavioral problems and/or upset occurring.
- Allow children to leave the table when they finish eating, without waiting on all children to finish before getting up. Encourage them to clean up their own meal dishes, as they are able, handwash and then begin free play in easily supervised areas while the others are finishing. This will help prevent behavioral problems from occurring due to children waiting with nothing to do.
- Wait to place infants into cribs until they are asleep and remove them immediately upon waking.
- If older children do not fall asleep within 15 minutes of lying down, they should be allowed to engage in quiet activities they are interested in. If many children are not asleep after 15 minutes, consider whether the nap time is scheduled too early for the group.
- To assist children in falling asleep, rub their backs or rock children, as needed, use quiet instrumental music, and dim the lights, but keep enough light to easily supervise.
- If a child falls asleep earlier than planned, allow them to nap early. If this occurs before a meal/snack, set aside food to serve them after they wake up.

591-1-1-.11 Discipline

(2) Personnel shall not: ...allow children to discipline or humiliate other children;

Rule Type: Core Rule

Intent

To protect children from physical or emotional harm which can result from the punitive actions of other children such as, but not limited to, hitting, yelling, criticizing, biting, etc. To encourage children to treat each other with respect.

Clarification

Children must be protected from physical and emotional harm that can result from the punitive actions of other children, such as hitting, yelling, criticizing, biting, etc. Staff should never encourage a child to retaliate against another child (e.g., by biting back, by hitting back, etc.). When conflict arises among children, it is appropriate and more effective for staff to intervene and help the children use appropriate skills to resolve the conflict. Staff should encourage children to treat each other with respect by modeling this behavior for the children. Staff must never allow or direct a child to initiate discipline against or to belittle another child. Doing so promotes bullying behavior.

Indicators

- ✓ Observe children's interactions with each other. If children attempt to discipline and/or humiliate others, observe whether staff intervene to alleviate the problem.
- ✓ Ask staff how they handle situations where children attempt to discipline and/or humiliate other children (i.e., if no inappropriate interactions are observed).
- ✓ Review the center's policies and procedures for evidence of appropriate guidance and discipline techniques.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
Allow Children to discipline or humiliate other Children	Never	Never	Staff requires child(ren) to report the bad behavior of other child(ren) *If TA documented on previous visit, move to Low Risk	Staff allow and/or encourage child(ren) to humiliate other child(ren) (name calling, belittling remarks, threats, use of profanity, etc.)	Staff allow and/or encourage child(ren) to physically discipline each other with or without an incident and/or injury with no medical attention or with medical attention as a precaution	Staff allow and/or encourage child(ren) to physically discipline each other with an incident and/or injury requiring professional medical attention OR discipline with aggravating circumstances	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Embed activities into group time or circle time that teach children conflict resolution skills such as sharing, taking turns, requesting a toy, joining play with other children, etc. Use role play and/or puppet play to help children learn and practice these skills.
- Encourage children to use their words when expressing their feelings to others instead of acting them out.

Things for child care programs to consider:

- Monitor children's negative behaviors such as tattling, bossing, and bullying to prevent these behaviors from escalating into children mistreating other children.

591-1-1-.11 Discipline

(2) Personnel shall not: ...confine a child for disciplinary purposes to a swing, highchair, infant carrier, walker or jumpseat.

Rule Type: Core Rule

Intent

To protect children from the potential physical and emotional harm that can result from improper use of this type of equipment.

Clarification

The type of equipment referenced in the rule is not designed for restraining children. Using it for that purpose is punitive and unsafe. It is also not appropriate to place older children in confining equipment that they do not routinely use, even if given an activity such as a toy or a book, etc.

Indicators

- ✓ Observe staff-child interactions and circumstances surrounding children’s placement in the equipment specified by the rule. When observing children in confining equipment, look for signs of fatigue, frustration, restlessness, etc. and notice any children trying to escape the equipment.
- ✓ Ask staff how they handle children who have behavior issues or children whose actions could endanger themselves or other children.
- ✓ Review the center’s policies and procedures for evidence of appropriate guidance and discipline techniques.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
Confine a Child for disciplinary purposes to equipment	Never	Never	N/A	Child(ren) confined for discipline <u>without</u> an incident or injury	Child(ren) confined for discipline which resulted in an incident and/or injury with no medical attention or with medical attention as a precaution; Child(ren) confined for discipline for an extended amount of time	Child(ren) confined for discipline with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Use confining routine equipment only for the intended purpose and not for other purposes, such as discipline or supervision. For example, a highchair is designed for feeding an older infant or young toddler and should only be used by a child at meal times and snack times. A crib is intended only for infants to sleep and should only be used when an infant is asleep.

591-1-1-.12 Equipment and Toys

(1) All indoor and outdoor furniture, activity materials, and equipment shall be used: in a safe and appropriate manner by each Employee and child in attendance; and in accordance with the manufacturer's instructions, recommendations, and intended use. All equipment and furniture shall be used only by the age-appropriate group of children.

Rule Type: Non-Core Rule

Intent

To ensure children's safety and to protect children from injuries which can occur when furniture, materials, and equipment are used inappropriately. To foster children's growth and development with appropriate equipment and furniture.

Clarification

Children naturally interact with their environment in an exploratory way. As a result, the potential for injury often arises, particularly when children are using new equipment or developing new skills. The challenge for child care staff is to minimize the potential for injury and keep children safe.

Items such as furniture, activity materials, toys and equipment should be used for the intended purpose, and the manufacturer's instructions and recommendations (i.e., age labels, warnings, other safety measures, etc.) should be followed at all times. Since accidents and injuries can occur when children use items inappropriately, child care staff should demonstrate and teach children how to use the items safely, then closely supervise children's use of the items. Equipment and furniture should be of a size and skill level that is appropriate for the ages and developmental abilities of the children who use it.

Indicators

- ✓ Observe staff's and children's use of furniture, activity materials and equipment in each classroom and on each playground to ensure that items are used appropriately and in accordance with the manufacturer's intended use.
- ✓ Ask staff how they ensure the manufacturer's instructions for furniture, activity materials and equipment are being followed.
- ✓ Check toys, equipment and furniture in each classroom to ensure the items are appropriate for the ages and developmental abilities of the children who use them.

Best Practices:

- Expect that children will attempt to sit and/or climb on tables and equipment as they play and explore their environment. When they do, staff must model and explain appropriate use of the item and redirect children's behavior to how the item should be used.
- Check for recall information on furniture, materials, and toys, and sign up for product recall notifications at the following link: <https://www.recalls.gov/>.

Things for child care programs to consider:

- Use furniture, materials, and toys in accordance with the manufacturer's guidelines, intended use and design without modification. For example, high chair safety straps, feeding table seat straps, bouncer seat straps, and infant swing straps (indoors and outdoors) should not be removed and should be used anytime children occupy the equipment.

591-1-1-.12 Equipment and Toys

(2) Equipment and Furniture. Equipment and furniture shall be free from hazardous conditions such as, but not limited to, sharp rough edges or toxic paint and shall be kept clean.

(3) Equipment and furniture shall be placed so as to permit the children's freedom of movement and to minimize danger of accident and collision.

Rule Type: Non-Core Rule

Intent

To protect the health and safety of children by taking precautions to minimize the risk of injury and infection.

Clarification

Equipment and furniture that is not sturdy, safe, or in good repair, may cause falls, entrap a child's head or limbs, or contribute to other injuries. Disrepair may also expose objects that are hazardous to children.

Messy play is developmentally appropriate in all age groups and especially among very young children, the same group that is most susceptible to infectious disease due to their lack of sufficient hygiene practices. These factors lead to soiling and contamination of equipment, furnishings, toys, and play materials. To avoid transmission of disease within the group, materials must be kept clean and sanitized.

All equipment and furniture should be arranged so that children playing on or with one piece of equipment will not interfere with children playing on or with another piece of equipment. The placement of furnishings plays a significant role in the way space is used. If staff place furnishings in such a way that large runways are created, children will run in this area. If furnishings are placed too close together, children may fall into adjacent items causing injury to themselves or to others. The placement of furnishings should address children's needs for stimulation and development, minimize the risk of collisions and injury, and allow for adequate supervision.

Upon licensure, each classroom must be set up and ready for children with the appropriate amounts of equipment to accommodate each room's licensed capacity. For example, if a classroom is licensed for 15 children, there shall be 15 cots/mats available for children to use. This is also the requirement for cribs, personal storage spaces (i.e., cubbies), and appropriately sized table/chair space.

After the licensure process is complete and the child care program is in operation, all classrooms may or may not be filled to their licensed capacity with enrolled children. Due to this, the amount of larger equipment (e.g., cots, mats, cribs, chairs, etc.) that exceeds the number of enrolled children for each classroom may be stored elsewhere on the child care program's premises (i.e., closets, storage building, etc.), but must remain accessible to staff for use when more children are enrolled in the program and for inspection purposes. For example, if a classroom is licensed for ten children, but only seven children are enrolled, the extra cots/mats may be stored in a storage area outside of the classroom and inaccessible to children, to create more space for movement.

Indicators

- ✓ Check the condition of toys, equipment, and furniture in each classroom to ensure the items are clean and in good repair.
- ✓ Ask staff about the center's policy for cleaning toys, equipment, and furniture (i.e., how often, who is responsible, etc.).
- ✓ Observe the placement of toys, equipment, and furniture in each classroom to ensure:
 - Staff can adequately supervise the area.
 - Children can freely move around the items without risk of injury.
 - Items do not block the center's emergency exits as noted on the center's emergency plan.

Best Practices:

- Establish and implement a routine for checking toys, equipment, and furniture to ensure these items are kept clean and in good condition.
- Place toys and materials on low shelves, so that children can easily and independently access them safely. If storage containers are used, place them on shelves in an organized manner, and refrain from double-stacking multiple containers on top of one another on the same shelves. This will help discourage climbing and ensure children can easily reach and use all equipment and toys safely.
- Arrange the room in interest centers or play areas, instead of open play spaces, organized by type of play and with plentiful materials to choose from. This will help prevent accidents and collisions due to open running space in the classroom.
- Change batteries in toys promptly when they go dead so the toys remain operational and so that battery leakage is less likely to occur.

591-1-1-.12 Equipment and Toys

(4) Equipment and furniture shall be secured if it is of a weight or mass that could cause injury from tipping, falling, or being pulled or pushed over. Potentially unstable equipment and furniture that might injure a child if not secured include, but are not limited to, televisions, chests of drawers, bookcases, shelving, cabinets and fish tanks. Examples of items not required to be secured include, but are not limited to, child-sized tables and chairs, rocking chairs, and cribs.

Rule Type: Core Rule

Intent

To protect children's safety by taking precautions to minimize the risk of injury.

Clarification

Injuries can occur when children climb onto, fall against, or pull themselves up on television stands, shelves, bookcases, dressers, desks, chests, and appliances. In some cases, heavy objects (e.g., televisions, aquariums, heavy toys, containers full of toys, etc.) placed on top of furniture tip over and cause a child to suffer traumatic and sometimes fatal injuries. Securing and organizing potentially dangerous equipment and furniture is a critical step in ensuring children are safe in a child care program.

Equipment and furniture should be secured to the floor, wall, or other equipment if it is at risk of tipping or falling onto children. Large items such as shelves and bookcases should be secured firmly so that they are not at risk of being pushed or pulled over by a child. Smaller items such as televisions and aquariums that sit on top of shelves, counters, etc. should be secured to these surfaces if the items are within children's reach.

Indicators

- ✓ Check potentially unstable equipment and furniture (e.g., aquariums, televisions, bookcases, etc.) to ensure the items have been secured. Equipment and furniture should be secured if of a weight or mass that could injure a child if it fell over, or if it was tipped, pulled, or pushed over.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.12(4) - Equipment and furniture shall be secured if it is of a weight or mass that could cause injury from tipping, falling, or being pulled or pushed over	Never	Never	If room is not currently in use or potentially unstable equipment or furniture is observed outside the classroom area (fish tank in hallway, lobby, etc.); Facility is planning to add new equipment (ordering new cubbies, etc.)	Potentially unstable equipment or furniture observed in the classroom with <u>no</u> incident or injury	Potentially unstable equipment or furniture observed in the classroom or accessible to children in care with an incident and/or injury with no medical attention or with medical attention as a precaution	Potentially unstable equipment or furniture observed in the classroom or accessible to children in care with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Things for child care programs to consider:

- Additional information about securing equipment and furniture, and tip-over prevention can be found on the United States Consumer Product Safety Commission's website at:
<https://www.cpsc.gov/Safety-Education/Safety-Education-Centers/Tipover-Information-Center>

591-1-1-.12 Equipment and Toys

(5) There shall be table space provided for each child who is able to sit at a table unassisted. An appropriately sized chair or bench shall be provided for each child who is not an infant and who is able to use a chair or bench.

Rule Type: Non-Core Rule

Intent

To provide adequate table space for children to eat and engage in activities requiring fine motor skills. To ensure children’s comfort and safety and to protect them from injury.

Clarification

Table and chair height should be compatible with the size of the child who is using the equipment. When seated at a table, children’s feet should touch the floor and their arms should rest comfortably on top of the table. If benches are used, adequate space should be provided to ensure the comfort of each child. The manufacturer’s recommendation for age appropriateness should be considered and followed. High chairs should not be used by children who can sit unassisted at a table. Each classroom must contain adequate seating space for the classroom’s capacity.

Children cannot safely or comfortably use furnishings that are not sized for their use. When children eat or work at tables that are above mid-chest level, they must reach up to get their food and to do their work instead of bringing the food from a lower level to their mouth and having a comfortable arrangement when working to develop their fine-motor skills. When eating, this leads to scooping food into the mouth instead of eating more appropriately. When working, this leads to difficulty succeeding with hand-eye coordination. When children do not have a firm surface on which to rest their feet, they cannot reposition themselves easily if they slip down. This can lead to poor posture and increased risk of choking. When children use chairs that are too high for them, they are at risk of falling. Please see the chart below for table/chair height recommendations. Remember to always follow the manufacturer’s guidelines on all equipment for the final decision.

Chair and Table Size Recommendations

AGE	SEAT HEIGHTS						TABLE HEIGHTS	
	8"	10"	12"	14"	16"	18"		
Age 2	•	•					Toddler	15"-20"
Age 3		•	•				Toddler	16"-21"
Age 4			•	•			Toddler	18"-23"
Kindergarten			•	•			Standard	19"-23"
Grades 1 & 2			•	•			Standard	19"-25"
Grades 3 & up				•	•	•	Standard	21"-25"
*As a rule, there should be 6" to 10" between the chair seat and underside of table.								

Indicators

- ✓ Observe that the correct number of table spaces and chairs are available for the children in each classroom.
- ✓ Check tables and chairs to ensure they are appropriately sized for (and meet the needs of) the children in each classroom.

Best Practices:

- When a table and chair are appropriately child-sized, a child can sit on their bottom with their back against the back of the chair, with their knees comfortably under the table and their feet touching the floor, and the table top will be no higher than elbow height.
- Avoid use of bucket seat tables. As children's legs dangle without support, children can become uncomfortable, impacting their willingness to eat, and children's legs can go to sleep. Additionally, the back strain to lift children in and out of the bucket seat tables can injure staff members.

Things for child care programs to consider:

- During a center's initial licensure and/or change of ownership, the number of table spaces and chairs in each classroom must match the capacity of the classroom.
- Indoor areas used by various ages (e.g., classrooms with blended ages, cafeterias, etc.) must contain tables and chairs that are appropriately sized for all children who use the area(s).
- Classrooms must contain the required number of table spaces and chairs as specified above. Tables and chairs present in other areas (such as the cafeteria, library, etc.) do not count towards the classroom requirements.
- Follow the manufacturer's recommendations/instructions (e.g., age limits, weight limits, etc.) for all tables and chairs used by children.

591-1-1-.12 Equipment and Toys

(6) Toys. A variety of age-appropriate toys and play materials shall be available. They shall be stored on low, open shelves accessible to children in each room or assigned area.

(7) Toys that launch projectiles, such as dart guns, pop guns, slingshots, etc., shall not be allowed in the Center, and balloons shall not be accessible to preschool children.

Rule Type: Non-Core Rule

Intent

To promote children's development by ensuring that they have access to a variety of appropriate toys and play materials. To protect children from injury that can result from the use of potentially hazardous toys.

Clarification

Play is the way children learn about themselves, their environment and the people around them. As they play, children learn to solve problems, to get along with other people, and to control their bodies as they enrich their creativity and develop leadership skills. Toys and play materials stimulate and prolong play. When children play with a broad variety of toys and play materials, the experiences help them to develop to their fullest potential.

Children's toys and play materials should support a variety of activities as required by Rule #591-1-1-.03(5)(e-k). The selection of toys and materials can support learning about math and science concepts, encourage language and communication, and enable exploration of art and dramatic ideas while stimulating fine and gross motor development. A variety of appropriate toys and materials must be maintained in each classroom. The number of materials must be sufficient to ensure that all enrolled children can actively participate in play at the same time.

For optimal, hands-on learning to take place, toys and play materials must be arranged so children have direct access to them (not situated primarily for display, demonstration, or decoration). This visibility and accessibility ensures that children see their choices and can easily reach them. Toys and play materials that do not require adult supervision should be stored on open shelves within easy reach of the children and preferably near the area where they would use them. Crates or toy boxes (without lids or with lids that are easily removable) are acceptable storage containers for a few toys as long as children can easily remove the contents from the containers.

Latex balloons pose a choking hazard and a suffocation hazard for children. According to the American Academy of Pediatrics, latex balloons cause more choking deaths in children than any other toy or children's product. Uninflated and pieces of broken latex balloons pose a particular hazard because of their ability to conform to a child's airway and form an airtight seal. It is also possible for a child to accidentally ingest a balloon (or a part of it) while attempting to blow the balloon up. When a child bites an inflated balloon, the balloon may suddenly break and blow an obstructing piece of latex into the child's airway.

Projectile toys (i.e., toys that shoot objects into the air) pose many injury risks to children, especially to the eye and facial area, when children fire the toys at or near other children. Some of these toys also pose a choking and a suffocation hazard for children. For example, a small suction-tipped dart can lodge in a child's throat and block the child's airway, causing a loss of consciousness or death.

Indicators

- ✓ Observe the toys and play materials in each classroom to ensure that a variety is available and stored/placed where accessible to children.
- ✓ Check the center's premises to ensure that projectile toys are not present.
- ✓ Check all preschool classrooms to ensure that balloons are not accessible to children. Ask staff about the center's policy regarding balloons.

Best Practices:

- Toys and materials should be stored for easy, independent access by children on low shelves.
- Diverse age-appropriate materials should be provided to enhance teaching and learning opportunities, including the following suggested types of materials: fine motor, art, dramatic play, books, nature/science, blocks, math, and music.
- Toys and play materials should be sorted by type and organized into interest areas to create learning centers (e.g., book center, art center, music center, dramatic play center, etc.) focused on one type of play. For example, all dramatic play materials are located in one area to make a dramatic play interest center, and there is plenty of space provided for that type of play. This provides the opportunity for more in-depth play and skill enhancement opportunities.
- Place toys and play materials within arm's reach of non-mobile infants and children with disabilities as these children may need additional assistance to access the items.
- Ample opportunities for free play should be built into the schedule to allow children to access toys and materials for play. Free play is the best opportunity during the day for individualized teaching as caregivers rotate throughout the classroom(s) and talk with children about their play, asking them open ended questions, having conversations about their play, and adding new information and ideas to enhance their play.
- Toys should be available to rotate on a routine basis to ensure variety, to help alleviate children's boredom, and to support their interests.

591-1-1-.12 Equipment and Toys

(8) Toys for Children Under Three. Toys for children under three (3) years of age shall also be age-appropriate. Those toys shall be: non-toxic and lead-free; too large to be swallowed by a child and not capable of causing asphyxiation or strangulation; free of sharp pieces, edges or points; free of small parts which may be pried off by a child; free of rust; and easily cleaned with a disinfectant daily.

Rule Type: Non-Core Rule

Intent

To ensure developmentally appropriate play for children under three years of age. To protect the health and safety of children by minimizing the risk of infection, injury, and other hazards.

Clarification

Toys should be carefully selected, routinely inspected, and kept in good repair to ensure safety. Toys should be non-toxic and free of sharp edges, broken or small parts, rust, lead, etc. Children, especially infants and toddlers, should not have access to plastic bags, Styrofoam objects, balloons, or toys/objects with a diameter of less than one inch since these items pose a suffocation hazard and a choking hazard for children.

Eliminating small parts from children's environment will greatly reduce the risk of injury and fatality from aspiration. Objects should not be small enough to fit entirely into a child's mouth. If not already labeled by the manufacturer, toys or games intended for use by children three to five years of age and that contain small parts should be labeled "CHOKING HAZARD--Small Parts. Not for children under three." Because choking on small parts occurs throughout the preschool years, small parts should be kept away from children at least up to three years of age.

All materials used in a sensory table should be nontoxic and should not be of a size or material that could cause choking (e.g., kidney beans, etc.). For infants and toddlers, materials should be limited to foldable, moldable, scoopable, and pourable materials like water, wet sand and dry sand. All sensory table activities should be directly supervised for all ages.

When accessible, stuffed animals should be safe for use by children under three and made of material that is easily cleanable and machine washable. Stuffed animals should be washed at least once a week or more often if heavily soiled and checked frequently to ensure good repair (no exposed stuffing, split seams, or loose parts).

All toys can spread disease when children put the toys in their mouths. Toys can also spread disease when children touch the toys after putting their hands in their mouths during play, and when they touch toys after eating or toileting with inadequate hand hygiene. Since these behaviors are most common in children under three, toys used by these ages should be disinfected daily. If a bleach and water solution is used, it must be prepared daily due to rapid deterioration and the unused portions safely discarded at the end of the day. The disinfectant should be stored in a labeled, sealed container out of the reach of children and away from food and drink. If a commercial disinfectant is used, the manufacturer's label should indicate that the product kills bacteria, viruses, and parasites, and it should be used according to the instructions on the label.

Indicators

- ✓ Observe the toys in all classrooms occupied by children under three years of age. Check to ensure the toys are age-appropriate, clean, free of hazards, and safe for use by children under three as specified by the rule.
- ✓ Ask staff about their procedure for cleaning and disinfecting toys (i.e., when or how often, product used, etc.).

Best Practices:

- Small toys with hard surfaces can be set aside for cleaning by putting them into a dish pan labeled “soiled toys.” This dish pan can contain soapy water to begin removal of soil, or it can be a dry container used to bring the soiled toys to a toy cleaning area later in the day. Providing additional toys to rotate while others are being cleaned makes this method of preferred cleaning possible.
- Toys should be cleaned with soap and water, then rinsed with a sanitizing solution. Some toys may be safe to clean in the dishwasher. A dirty film can develop on the surface of the toys if the toys are only sprayed with disinfectant without first being cleaned with soap and water.
- Do not allow children to play with water beads due to the possible risk of gastrointestinal blockage(s) if swallowed.

Things for child care programs to consider:

- Any toy that can fit inside a paper towel roll could possibly be swallowed by a child under three years of age.
- According to the federal government’s small parts standard on a safe-size toy for children under three years of age, a small part should be at least one and one-quarter inches in diameter and between one inch and two and one-quarter inches long. Any part smaller than this poses a potential choking hazard.
- Magnets are generally small enough to pass through the digestive tract, however, they can attach to each other across intestinal walls causing obstructions and perforations within the gastrointestinal tract.
- Glitter can scratch the surface of the eye (when inadvertently rubbed in the eye) and is especially hazardous to children under three years of age.

591-1-1-.13 Field Trips

- (1) Notice to Parent(s).** A Center shall notify Parent(s) in advance of a child's participation in any field trip. The notice shall include the name and address of the trip destination, the date of the trip, time of departure and estimated arrival time back at the Center.
- (2) Parental Permission.** A Center shall obtain written permission from Parent(s) in advance of the child's participation in any field trip and such permission must be signed and dated by a Parent.

Rule Type: Non-Core Rule

Intent

To ensure that parents are aware of their child(ren)'s whereabouts while they are participating in a field trip under the care of the center. To ensure that parents approve of children's excursions or activities with destinations away from the center.

Clarification

Field trips can be a wonderful, off-site opportunity for both teachers and children, providing a memorable learning experience. However, it is imperative that parents are aware of their child's participation in a field trip as well as the location and date of the trip and the estimated times of arrival/departure to ensure they can locate their child if or when it becomes necessary.

Because field trips involve off-site excursions away from the child care facility, it is imperative that parents approve of all field trips prior to the date of the trip. Field trip approval/permission must be signed and dated by at least one of the child's parents. The center may occasionally accept an electronic approval (i.e., faxed or emailed permission/approval) from a child's parent as long as the electronic approval is received prior to the child's participation in a field trip. When electronic permission/approval is accepted, the parent should sign a printed copy of the electronic document with an original signature upon their return to the center. The center should maintain the signed document as part of their field trip records.

This rule does not permit the use of a blanket authorization that does not inform parents of the specific details of each field trip. However, the rule does permit a parent to sign one slip approving a number of specific trips as long as the details for each trip are specifically described and the permission is obtained in advance of the trips (such as weekly trips to a skating rink, trips to a movie theater during the summer, etc.). When monthly or summer calendars are used with multiple field trips, there must be a method to ensure approval for each trip.

Indicators

- ✓ Review the field trip notice information from the center's last field trip to ensure that the notice contained all the information as specified by the rule.
- ✓ Review the parental permission information from the center's last field trip to ensure that each child who participated had parental permission with all required information in advance of the trip.

- ✓ Ask the Director about the center's policy/procedure for handling situations where parents have not returned or given permission for their child to attend a field trip by the day of the trip.

Best Practices:

- Check field trip permission forms against the roster of children who will be attending the field trip to ensure the center has a signed and dated permission form for each child before they leave the center.
- Keep field trip permission forms in a central location (preferably with or attached to the roster for each field trip).

Things for child care programs to consider:

- Field trips should be educational experiences scheduled off-site and planned by center staff to reinforce classroom instruction.
- Sample field trip forms can be found on the Department of Early Care and Learning's (DECAL) website at: <http://www.decal.ga.gov/BftS/FormList.aspx?cat=Child%20Care%20Learning%20Center>

591-1-1-.13 Field Trips

- (3) **Additional Supervision. Regular Staff:** child ratios must be maintained on a trip and an additional Employee, chaperone or Student-in-Training who is at least sixteen (16) years of age shall be available to assist in the supervision of each group of twenty-five (25) children. Every person enlisted to assist in the supervision of children, other than a Parent, must comply with the background check requirements as outlined in Rule 591-1-1-.09, Criminal Records and Comprehensive Background Checks.
- (4) If the field trip involves transporting children, the Center must ensure it complies with the staffing requirements for transporting children.

Rule Type: Non-Core Rule

Intent

To protect the safety of children by ensuring that center staff have additional assistance in supervising and managing children in an unfamiliar environment, particularly in case of an emergency. To ensure that children are protected from any risk of abuse, harm, or neglect.

Clarification

There are increased hazards associated with any trip away from the controlled environment of the center. Children can be more difficult to manage during field trips due to their excitement and eagerness to explore new surroundings, therefore, increased supervision is necessary to ensure children's protection and safety.

In order to provide a safe and secure environment for the children who participate in field trip activities, all reasonable measures must be taken to protect children from the risk of abuse or neglect. Based on this objective, criminal background checks are required for individuals, other than parents, who assist in the supervision of children.

Indicators

- ✓ Check staffing arrangements if present at the center during the occurrence of a field trip.
- ✓ Review the participant list from the center's last field trip to determine that the required number of staff were present based on the number and ages of the children who were taken on the trip. Verify the ages of the children and the staff.
- ✓ Review the participant list from the center's last field trip to ensure that the required number of staff were present on the vehicle based on the number and ages of the children who were taken on the trip (i.e., if the field trip involved transportation).
- ✓ Ask the Director how the center determines the number of staff required for each field trip.

Best Practices:

- Tour the field trip destination site prior to the date of the trip to identify and prepare for potential safety and/or supervision problems.

Things for child care programs to consider:

- Additional supervision may be necessary (beyond the minimum requirement) for children with special needs or children with behavior issues.

591-1-1-.13 Field Trips

- (5) List of Trip Participants.** A list of children and adults participating in the trip shall be left at the Center as well as be taken on the trip in the possession of the adult in charge of the trip.
- (6) Emergency Medical Information.** Emergency medical information on each child to include 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 Parent(s) can be reached shall be left at the Center as well as be taken on the trip in the possession of the adult in charge of the trip.
- (7) Name Tags.** Each child on a field trip shall have on their person their name, and the Center's name address and telephone number.

Rule Type: Non-Core Rule

Intent

To protect children's health and safety during field trip excursions. To ensure that center staff and field trip staff can account for the children and adults who are participating in a field trip. To enable staff and emergency medical personnel to provide effective care to a child who suffers a medical emergency during a field trip. To ensure that children who are lost or injured on a field trip can be identified.

Clarification

During a field trip excursion, it is crucial for center staff and field trip staff to know which children and staff are participating in the field trip. Field trip staff should use the participant list to conduct frequent face-to-name checks to ensure that all children are regularly accounted for during the field trip. In the event of an emergency evacuation or relocation, center staff should refer to the participant list to determine that all children and staff remaining at the center have been accounted for.

Injuries are more likely to occur when a child's surroundings or routine changes. Activities outside the facility may pose an increased risk for injury. When children are excited or busy playing in unfamiliar areas, they are more likely to forget the safety measures they are accustomed to at the center. If a child is injured, having emergency medical information on hand helps the staff be prepared and prevents poor judgements from being made under the stress of an emergency. This information may also allow an injured child or a child with a chronic medical condition (such as asthma, diabetes, seizures, etc.) to receive emergency medical care more quickly and safely. Emergency medical information should include written instructions from the parent about special procedures/treatment plans, emergency contact numbers, child health information, and notification of special needs.

Children who are lost or injured on a field trip may not be able to identify themselves. Name tags ensure that children can be identified and that emergency personnel, if needed, can access emergency medical information in order to provide the necessary treatment. For example, in the case of a serious accident, the staff may not be conscious and able to identify children for the attending medical personnel. The rule does not require or advise that the name of the child be visible to the public, only that the name be somewhere on the child (e.g., inside a pocket, pinned inside a jacket, on an armband, etc.).

Indicators

- ✓ Review documentation from the center's last field trip to verify that a participant list of children and adults was taken on the field trip and a copy was left at the center.
- ✓ Review the emergency medical information for each child who attended the center's last field trip to ensure that each child's information was taken on the trip and the information was complete.
- ✓ Ask the Director and/or staff about the identification procedures used by the center when children participate in field trips (i.e., name tags, arm bands, t-shirts, etc.). If possible, observe the type of identification used and check to ensure it contains all the information specified by the rule.

Best Practices:

- Remember to take emergency medications (such as an EpiPen, an inhaler, etc.) and related medication authorization forms in case children with special medical needs require the medications during the field trip. Emergency medications should be kept inaccessible to children at all times.
- Check to ensure that emergency medical information forms contain complete documentation prior to the date of the field trip.
- Ensure that the emergency medical information forms that are left at the center are easily accessible.
- Prior to the children's departure from the center, check emergency medical information forms against the roster of children who will be attending the field trip to ensure a form is available for each child.

Things for child care programs to consider:

- Ensure that children's field trip identification does not pose a hazard to children. For example, name tags worn around children's necks can be a strangulation hazard.
- Sample field trip and children's emergency medical information forms can be found on the Department of Early Care and Learning's (DECAL) website at:
<http://www.dec.al.ga.gov/BftS/FormList.aspx?cat=Child%20Care%20Learning%20Center>

591-1-1-.14 First Aid and CPR

(1) Training.

- (a) All Staff who provide direct care to children must obtain certification in a biennial training program in pediatric cardiopulmonary resuscitation (CPR) and a triennial training program in pediatric first aid within the first 45 days of employment. Current and valid evidence of the successful completion of such training shall be maintained on the Center's premises. The hours obtained completing this certification will not count towards the required annual training hours.**
- (b) The training must be done by certified or licensed health care professionals or trainers and must deal with the provision of emergency care to infants and children.**

Rule Type: Non-Core Rule

Intent

To ensure the health and safety of children in a child care setting, caregiver staff who are qualified to respond to life-threatening emergencies must always be present. Training in pediatric cardiopulmonary resuscitation (CPR) and pediatric first aid is critical for all caregiver staff because a child's life may depend on staff knowing what to do in an emergency. To ensure that staff have been adequately trained by qualified personnel specifically related to the treatment of children.

Clarification

Pediatric first aid and pediatric CPR training is designed to concentrate on medical emergencies that affect children in a unique way. Effective training can teach staff how to identify signs and symptoms associated with pediatric illness or acute conditions, and to address them properly. In the minutes immediately following an emergency, how quickly a child is treated can significantly impact his/her future health. Caregiver staff properly trained in pediatric first aid and pediatric CPR may lessen the occurrences of injury and reduce the potential for death from life-threatening conditions and emergencies. Knowledge of pediatric CPR includes addressing a blocked airway (choking) as well as rescue breathing. Repetitive training, coupled with the confidence to use these skills, is critically important to the outcome of an emergency. Programs should follow training renewal cycles recommended by the American Heart Association (AHA). First aid and CPR training does not count towards the ten hours of required annual training (including first year training) or towards the required health and safety orientation training.

Courses in pediatric first aid and pediatric CPR should be taught in person by instructor-led demonstrations and practiced ensuring the technique could be performed in an emergency. Online-only CPR training and adult-only training do not meet this rule requirement. "Blended" training (online study plus hands-on skill practice and assessment) is acceptable.

Indicators

- ✓ Review staff records for evidence of pediatric first aid and pediatric CPR training to ensure that all direct care staff have obtained the training within the timeframes specified by the rule requirements.
- ✓ Check the training completion dates on the training certificates/certification cards to ensure the training has not expired.
- ✓ Check training certificates/certification cards to ensure the training was provided by a certified or licensed trainer and contains the necessary pediatric component.

Best Practices:

- Maintain copies of pediatric first aid and pediatric CPR certification in staff files or in a central location. Copy the front and back of the certification cards.
- Require all staff to get pediatric first aid and pediatric CPR training within 30 days of hire. This helps easily ensure the safety needs of all children in the program are met without delay because any teacher can then assist in an emergency. It also helps to ensure the licensing percentage requirements for training are consistently met as staffing fluctuates throughout the year and ensures that staff are meeting the rule requirement for having successfully completed pediatric first aid and pediatric CPR within 45 days of their hire date.
- Develop a tracking system to ensure that new employees obtain pediatric first aid and pediatric CPR training within the first 45 days of employment.
- Directors can create a calendar on their phone or computer with digital reminders 60 days prior to certification expirations for each staff person. This will enable the Director to proactively schedule staff for renewal training certifications for pediatric first aid and pediatric CPR prior to their expiration.

Things for child care programs to consider:

- Pediatric first aid and pediatric CPR training requirements for child care staff can be found at: <http://www.dec.state.ga.us/CCS/Training.aspx>
- Staff who provide direct care for children include, but are not limited to, lead teachers, assistant teachers, substitutes, staff involved with transportation, etc. Staff who do not provide direct care to children could include assistant directors, cooks, administrative staff, or maintenance and housekeeping staff; however, if any of these employees provide direct care to children at any time, they must obtain pediatric first aid and pediatric CPR training.
- Remember that first aid training is valid for three years, and CPR training is valid for two years from the date of completion, regardless of the expiration date on the card or certificate.
- Pediatric first aid and pediatric CPR training does not have to be certified by the American Heart Association or the American Red Cross. For example, certifications by the National Safety Council and American Safety and Health Institute are also acceptable. In addition, a licensed or certified health care professional who meets the rule requirement can also provide this training.

591-1-1-.14 First Aid and CPR

(2) Staffing Requirement.

- (a) When any child is present on the premises, at least fifty percent (50%) of the caregiver staff present shall be trained in pediatric cardiopulmonary resuscitation (CPR) and pediatric first aid.
- (c) During any field trip or transportation of children, there must always be a staff member present who has current evidence of the successful completion of pediatric cardiopulmonary resuscitation (CPR) and pediatric first aid.
- (d) The Center Director must have current evidence of successful completion of pediatric cardiopulmonary resuscitation (CPR) and pediatric first aid at all times.

Rule Type: Non-Core Rule

Intent

To ensure that the person responsible for the daily operation of the center and a sufficient number of caregiver staff are available and have the knowledge and skills necessary to protect children's health and safety in case of an emergency. To ensure that a person with emergency care training is present in the vehicle whenever children are transported.

Clarification

The center's Director is ultimately responsible for the health and safety of the children enrolled in the program and must be able to effectively monitor staff's training and ability to perform in an emergency. Caregiver staff properly trained in pediatric first aid and pediatric CPR may lessen the occurrences of injury and reduce the potential for death from life-threatening conditions and emergencies. Having at least fifty percent (50%) of caregiver staff trained in pediatric first aid and pediatric CPR increases the likelihood that a trained staff person is closer in proximity if an emergency arises. Drivers and other staff involved in transportation must take all reasonable steps to ensure the safety of the children who are transported. Since medical emergencies can occur during transportation activities, emergency care training is required for at least one staff person on the vehicle.

Indicators

- ✓ Review staff records for evidence of pediatric first aid and pediatric CPR training to ensure the center's Director, at least 50% of the caregiver staff, and, if applicable, the center's driver or another staff person on the vehicle have completed the training.
- ✓ Check the staff participant list from the center's last field trip (if applicable) and review staff records to ensure that at least one of the staff who attended the field trip has evidence of pediatric first aid and pediatric CPR training.

Best Practices:

- Maintain copies of first aid and CPR certifications in staff files/records or in a central location. Copy the front and back of the certification cards.
- Require all staff to get pediatric first aid and pediatric CPR training within 30 days of hire. This helps easily ensure the safety needs of all children in the program are met without delay because any teacher can then assist in an emergency. It also helps to ensure the licensing percentage requirements for training are consistently met as staffing fluctuates throughout the year and ensures that staff are meeting the rule requirement for having successfully completed pediatric first aid and pediatric CPR within 45 days of their hire date.
- Directors can create a calendar on their phone or computer with digital reminders 60 days prior to certification expirations for each staff person. This will enable the Director to proactively schedule staff for renewal training certifications for pediatric first aid and pediatric CPR prior to their expiration.

Things for child care programs to consider:

- Center Directors must have current and valid pediatric first aid and pediatric CPR training at employment. The center's driver or another staff person on the vehicle must have current and valid pediatric first aid and pediatric CPR training prior to transporting children.
- First aid and CPR training requirements for child care staff can be found at:
<http://www.decal.ga.gov/CCS/Training.aspx>
- Remember that first aid training is valid for three years, and CPR training is valid for two years from the date of completion, regardless of the expiration date on the card or certificate.

591-1-1-.14 First Aid and CPR

(2) Staffing Requirement.

- (b) There must always be one staff person present in each classroom where children are present that has current and valid pediatric cardiopulmonary resuscitation (CPR) and pediatric first aid training.

Rule Type: Core Rule

Intent

To ensure the health and safety of children in a child care setting, someone who is qualified to respond to life-threatening emergencies must be present at all times in each classroom and/or area where children are present.

Clarification

Pediatric CPR and pediatric first aid training is designed to concentrate on medical emergencies that affect children in a unique way. Effective training can teach staff how to identify signs and symptoms associated with pediatric illness or acute conditions, and to address them properly. In the minutes immediately following an emergency, how quickly a child is treated can significantly impact his/her future health. Having caregiver staff trained in pediatric CPR and pediatric first aid in each area children are present (e.g., classroom, playground, lunchroom, special use area, etc.) ensures that a trained staff person is always present and in close proximity if an emergency arises; therefore, lessening the occurrences of injury and reducing the potential for death from life-threatening conditions and emergencies.

Indicators

- ✓ Observe the center's premises to ensure that a staff person with pediatric first aid and pediatric CPR training is on site in each classroom and/or area where children are present and review staff records for evidence to ensure training is current and valid.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.14(2)(b) - There must always be one staff person present in each classroom where children are present that has current and valid pediatric cardiopulmonary resuscitation (CPR) and pediatric first aid training.	Never	Never	If program is considering using a previously licensed classroom that is not currently in use but will begin housing children in the future.	Only one staff person present in the classroom with pediatric first aid and CPR training, but the training is expired.	No staff person present in the classroom with any evidence of pediatric first aid and CPR training without an incident and/or injury	No staff person present in the classroom with any evidence of pediatric first aid and CPR training with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Require all staff to get pediatric first aid and pediatric CPR training within 30 days of hire. This helps easily ensure requirements for trained staff members on the premises are consistently met, no matter who is working.
- Maintain copies of pediatric first aid and pediatric CPR certification in staff files or in a central location. Copy the front and back of the certification cards.

Things for child care programs to consider:

- Staff who provide direct care for children include, but are not limited to, lead teachers, assistant teachers, substitutes, staff involved with transportation, etc. Staff who do not provide direct care to children could include assistant directors, cooks, administrative staff, or maintenance and housekeeping staff; however, if any of these employees provide direct care to children at any time, they must obtain pediatric first aid and pediatric CPR training.
- First aid and CPR training requirements for child care staff can be found at: <http://www.decal.ga.gov/CCS/Training.aspx/>.

591-1-1-.14 First Aid and CPR

(3) Supplies. Each building of the Center and any vehicle used by the Center for transportation of children shall have a first aid kit which shall at least contain: scissors; tweezers; gauze pads; adhesive tape; thermometer; band-aids, assorted sizes; antibacterial ointment; insect-sting preparation; an antiseptic cleansing solution; triangular bandages; rubber gloves; protective eye wear; a protective face mask; and cold pack. The first aid kit, together with a first aid instruction manual which must be kept with the kit at all times, shall be stored so that it is not accessible to children but is easily accessible to Staff.

Rule Type: Non-Core Rule

Intent

To ensure that center staff have basic first aid supplies to treat children in case of illness, injury, or adverse reaction to medication. To ensure that staff have immediate access to first aid supplies and emergency treatment procedures at any location where children are present. To protect children's safety by prohibiting their access to first aid kits since kits contain items or substances that could be dangerous.

Clarification

Minor accidents and unintentional childhood injuries can occur in child care settings. Even with careful supervision, children can sustain scrapes, bruises, cuts, bites, and falls in the normal course of their day. Center staff should have basic knowledge of first aid principles and should know how to use first aid supplies. A fully stocked first aid kit should be stored in a location known and accessible to all staff at all times, and the kit should contain enough supplies to meet the needs of the enrolled children. Because some of the items included in the first aid kit could be harmful, the kit should always be located out of children's reach. To help staff remember certain procedures in emergency situations, a first aid manual must be kept with the kit at all times.

Indicators

- ✓ Check each building and each vehicle used for transporting children for a first aid kit that contains all supplies as specified by the rule requirements. Check to ensure that a first aid instruction manual is kept with each kit.
- ✓ Check the expiration dates (if applicable) on the first aid kit items to ensure the items have not expired.
- ✓ Observe the location of the first aid kit in each building and on each vehicle to ensure the kits are stored where they are easily accessible to staff but inaccessible to children.

Best Practices:

- Conduct an inventory of first aid supplies once a month. Maintain a log with each kit that lists the date that the inventory was conducted, verifies that expiration dates of supplies were checked, confirms that thermometer batteries were checked, and includes the name/signature of the staff person who conducted the inventory.
- Replenish first aid supplies immediately after use to ensure that a complete first aid kit is available at all times.

- Keep the most frequently used first aid kit supplies such as band-aids, thermometers, antiseptic solution, etc. in each area used for child care to ensure these supplies are readily available to staff.
- Wrap cold packs in a cloth or place a cloth or thick gauze over the child's skin before applying the cold pack. A cold pack or ice can injure a child's skin if placed directly on the skin.
- Ensure that first aid kit items are kept in a centralized location that is out of children's reach but easily accessible to all staff within the building and on each vehicle (e.g., in the director's office, in the kitchen, in the vehicle's trunk, in a locked compartment on the vehicle, etc.).

Things for child care programs to consider:

- Discard and replace expired first aid kit items such as antibacterial ointment and insect sting preparation.
- A first aid kit checklist and a first aid kit manual/guide can be found on the Department of Early Care and Learning's (DECAL) website at:
http://www.decal.ga.gov/documents/attachments/FirstAidChecklist_Center.pdf
<http://www.decal.ga.gov/documents/attachments/FirstAidGuide.pdf>

591-1-1-.15 Food Service and Nutrition

(1) Compliance with USDA Nutritional Guidelines. Meals and snacks with serving sizes dependent upon the age of the child shall meet nutritional guidelines as established by the United States Department of Agriculture Child and Adult Care Food Program. Meals and snacks shall be varied daily, and additional servings of nutritious food shall be offered to children over and above the required daily minimum, if not contraindicated by special diets.

Rule Type: Non-Core Rule

Intent

To ensure that children's nutritional requirements are met. To ensure that children receive a variety of foods in their diet, and to encourage them to try different foods. To ensure that children receive an adequate amount of food to meet their individual needs.

Clarification

Food is essential in any early care and education setting to keep infants and children free from hunger and to provide them with the energy and nutrients needed during the critical period of their growth and development. Because children grow and develop more rapidly during the first few years of life than at any other time, the child care program must provide food that is adequate in amount and type to meet each child's nutritional needs. The United States Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP) provides guidelines for children's meal requirements. These guidelines are based on current scientific knowledge and ensure that children's nutritional needs are met through sound nutrition practices. Programs must follow the meal pattern guidelines whether or not they participate in and receive reimbursement from the CACFP. A copy of the Crediting Handbook for the CACFP can be found at: <http://dec.al.ga.gov/documents/attachments/CredibleFoodGuide.pdf>.

Child care programs have the opportunity to guide and support children's sound eating habits and food learning experiences. Early food and eating experiences form the foundation of children's attitudes about food, their eating habits, and consequently, their food habits. Sound food habits are built on eating and enjoying a variety of healthful foods; however, child care program staff should be aware that children between two and five years of age are often resistant to trying new foods. Food acceptance may take eight to fifteen times of offering a food before it is eaten. Staff should encourage but never require a child to eat a specified food or an amount of food.

Children will not eat the same amount each day because their appetites vary, and food sprees are common. They may also require more food during a growth spurt. Since caloric needs vary greatly from one child to another, centers should permit children to have one or more additional servings of nutritious foods over and above their initial age-appropriate portion. Additional servings of preferred items should not be withheld because a child did not eat every food on his or her plate.

All parents should be provided with written nutritional information concerning the nutritional requirements for meals and snacks brought from home. The center shall have a written agreement with the parent(s) as to the parent's responsibility to provide the child with nutritious food. When meals and snacks are brought from home by a child, the food shall be evaluated daily to ensure all the nutritional requirements stated in the rule are met. If not, the center must provide the child with the additional food necessary to meet the requirements.

Indicators

- ✓ Observe the center's menus for compliance with USDA guidelines and to ensure that meals are varied daily.
- ✓ Observe a meal service (if possible) to ensure compliance with USDA guidelines and to ensure additional servings are offered.
- ✓ Ask the Director, cook, or staff to describe how serving sizes are determined and the center's policy on additional servings (i.e., if not observed during the inspection visit).
- ✓ Check or observe meals and snacks brought from a child's home (if applicable) to ensure USDA requirements are met. If not, observe whether or not the center supplements the missing component(s).
- ✓ Ask the Director and/or staff about the center's procedures for checking food brought from home (if applicable) to ensure USDA requirements are met, and for maintaining and offering nutritious foods when meals and snacks do not meet USDA requirements.

Best Practices:

- Designate a staff person to be responsible for checking all food brought from home (if applicable) prior to each meal service. Document any missing components added to a child's meal.
- Teachers are encouraged to eat the same foods and drinks they are serving to children to intentionally model healthy eating practices for children. When staff consume food they are not offering to children, the food or beverage should be in unmarked containers where it cannot be seen, such as in a thermos or non-transparent food storage container.
- Staff members should consume only healthy food and drinks within the presence of children to encourage and model healthy food habits.
- Consider participating in the CACFP Food Program to assist with menu planning and with food reimbursement costs.
- Substitutions made due to family preferences or allergies should provide adequate nutritional value for the USDA required food component that was replaced. For example: If a child is allergic to milk, an appropriate milk substitute should be provided, not just water.

Things for child care programs to consider:

- Food brought from home shall be individually labeled with the children's names and storage and refrigeration requirements must be maintained as specified by the Food Service and Nutrition rules. Children should be monitored to ensure that there is no swapping of home-prepared food.
- Remember that food purchased from a caterer must meet USDA guidelines. If it does not, the center must supplement the missing component(s), and the supplemented food(s) must meet USDA guidelines.
- Ensure that additional food is prepared and available at each meal service for second servings. If/when the center lacks additional food from the meal, the food(s) offered as a second serving must be nutritious.
- Additional information about the USDA's Child and Adult Care Food Program requirements can be found at: <https://www.fns.usda.gov/cacfp/child-and-adult-care-food-program>

591-1-1-.15 Food Service and Nutrition

(2) Feeding of Infants and Children. A signed written feeding plan for children less than one (1) year of age shall be obtained from Parent(s). Instructions from the Parent(s) shall be updated regularly as new foods are added or other dietary changes are made. The feeding plan shall be posted in the child's assigned room and must include the child's feeding schedule, the amount of formula or breast milk to be given, instructions for the introduction of solid foods, the amount of food to be given and notation of any type(s) of commercially premixed formula which may not be used in an emergency because of food allergies.

Rule Type: Non-Core Rule

Intent

To ensure that center staff who care for children less than one (1) year of age know individual infants' nutrition requirements as determined by written instructions from the parent(s) and follow the feeding plan designed for each individual child.

Clarification

Infants in child care programs have individual feeding needs. A feeding plan is necessary at this age due to the infant's inability to articulate hunger, the importance of diet to growth, and the variance of diet as a child grows. Center staff are responsible for feeding infants appropriately based on the regular feeding routines parents have developed in consultation with their child's medical provider. The plan should be posted or placed in a designated area within the classroom to ensure staff are aware of the plan for each infant. This also helps to protect a child from receiving food that could cause a severe allergic reaction. Feeding according to the parents' plan also provides consistency between the center and the child's home.

Indicators

- ✓ Check to ensure that the center has an infant feeding plan for each child under one year of age.
- ✓ Observe the location of the feeding plans in each infant classroom to ensure that the plans are posted and are available in the appropriate room.
- ✓ Review the infant feeding plans for complete information/documentation as specified by the rule requirements.
- ✓ Observe the feeding of infants or ask staff about infant feedings to ensure they are following the feeding plans.
- ✓ Check feeding plans for evidence of periodic updating or ask staff about the center's policy for updating the plans.

Best Practices:

- Review each infant's feeding plan with his/her parent(s) at the beginning of each month to ensure that changes have been updated and documented on the form.

- Add the formula name or type to the feeding plan(s) whenever the center provides the infant formula.
- Attach the child's picture to his/her feeding plan. This will assist newly hired staff and substitutes in determining which plan belongs to which child and will help to ensure that the correct child receives the correct formula and breast milk.

Things for child care programs to consider:

- Include an infant feeding plan form in the enrollment packet (if appropriate based on the child's age) to ensure parents complete the form before their child's admission. The Department's sample infant feeding plan can be found at: <http://www.decal.ga.gov/documents/attachments/InfantFeedingPlanCCS.pdf>
- Check infant feeding plan forms for complete information/documentation at the point of submission by the parent(s). Remember that times should be specific (i.e., 10:00 AM, 12:00 PM, etc.) and not general (i.e., every four hours, every six hours, etc.).
- It is acceptable for parents to update existing feeding plans with new information rather than completing a new form each time there is a change in their infant's eating habits. The new information should be notated (i.e., initialed or signed, and dated) to clearly indicate the information that was updated.

591-1-1-.15 Food Service and Nutrition

(2) Feeding of Children.

- (a) Center Personnel shall hold and feed infants less than six (6) months of age and older children who cannot hold their own bottles or sit alone. Baby bottles shall never be propped; the infant's head shall be elevated while feeding.**
- (b) Honey shall not be served to children less than one (1) year of age.**
- (c) Age-appropriate solid foods (including cereal) shall not be given to infants or children less than one (1) year of age until recommended as developmentally appropriate by the child's primary care physician and indicated in writing by the Parent(s). As soon as the feeding plan indicates that a child is ready for solid foods, the child shall be fed from individual spoons and individual containers or dishes. A child shall not be fed directly from the original baby food container if the contents are to be fed to the child at more than one (1) meal or to more than one (1) child.**
- (d) As soon as the child exhibits a desire to feed him/herself, the child shall be assisted and encouraged to use their fingers for self-feeding, eat with a spoon, and to drink from individual cups.**
- (e) The Center shall encourage and support breastfeeding. Centers shall have a designated area set aside for breastfeeding mothers to breastfeed.**
- (f) Food for infants or children less than one (1) year of age shall be cut into pieces one-quarter inch or smaller and food for toddlers shall be cut into pieces one-half inch or smaller to prevent choking.**
- (g) Center Personnel shall ensure that children do not have excessive amounts of food in their mouths while eating and are chewing their food appropriately to prevent instances of choking. Children shall always be seated when eating and shall not be allowed to lie down or be put to sleep while food is present in their mouths.**

Rule Type: Non-Core Rule

Intent

To ensure comfort and support, aid digestion, and prevent choking. To protect infants from a food that can cause infant botulism. To prevent contamination and the spread of infection. To provide support and to foster independence, development, and social interaction. To support a mother's comfort and determination to continue breastfeeding, and to encourage best practices for infant nutrition.

Clarification

Staff should be aware of complications, such as choking, associated with an infant's drinking in a reclining position and with falling asleep with a bottle of breast milk, formula, milk, juice, etc. in the mouth. According to the American Academy of Pediatrics, the former may increase the incidence of ear infections, and the latter may result in the accelerated decay of teeth. In addition, providing comfort and holding during feeding is associated with supporting infants' emotional and social development.

Rule 591-1-1-.15(2)(b) does not refer to honey used as an ingredient in cookies, crackers, cereal, etc. Liquid honey should not be given to a child under one year of age as there is a risk that it could cause infant botulism which grows inside a baby's gastrointestinal tract. Symptoms of infant botulism include respiratory failure, loss of head control, and paralysis.

Staff should not feed solid foods to an infant until the center has obtained written instructions from the child's parent. These instructions should be developmentally appropriate and based on the recommendations of the child's primary health care provider. When infants are fed solid foods before they are developmentally ready, it could lead to allergies, digestive problems, and increased risk of choking. Typically, age-appropriate solid foods are introduced around 6 months of age but could be introduced sooner or later based on each child's developmental status. Staff should communicate with each infant's parents to ensure successful feeding and to determine which solid foods the parents have introduced and are feeding to the child.

Solid foods provided to infants and toddlers should be cut into pieces that are appropriately sized, as specified by the rule. This includes food that is brought into the center by the child or food that is prepared by a catering service. Food that has been cut into small, manageable pieces makes it easier for children to self-feed and reduces the risk of children choking on food that could block their airway. Almost 90% of fatal choking occurs in children younger than four years of age. Staff should not offer to children younger than four years of age foods that are associated with an increased risk of choking incidents (i.e., round, hard, small, thick, sticky, smooth, compressible, dense, or slippery). Staff should also watch for common problems that typically occur when young children begin to feed themselves and discourage activities that could lead to choking. "Squirreling" of several pieces of food in the mouth increases the likelihood that a child may choke. A choking child might not make any noise so staff should carefully watch children who are eating.

Meals should be pleasant social and learning experiences for children of all ages. Staff should interact with children during mealtimes to model good nutrition habits and to support, assist, and encourage children as they are learning to feed themselves. When eating, children should never be allowed to lie down and should remain seated. To ensure adequate supervision during mealtime activities, staff should be seated within arm's reach of children who are 36 months of age and younger.

The child care program should encourage, provide arrangements for, and support breastfeeding. Staff should support the mother's plan to breastfeed her child(ren). Facilities should have a designated place set aside for mothers who want to breastfeed while their child is in care, as well as a private area with an electrical outlet (not a bathroom) where mothers can pump their breast milk. The designated area should be an environment where mothers feel they are welcome to breastfeed, pump, or bottle feed.

Indicators

- ✓ Observe staff as they feed infants to ensure proper procedures are followed as specified by the rule requirements. If not observed, ask staff how infants who are less than six months of age, or who cannot hold their own bottles or sit alone are fed.
- ✓ Ask the Director or staff about the use of honey to ensure it is not served to infants.
- ✓ Ask the Director or staff about the procedures for introducing age-appropriate solid foods into a child's diet. Observe a meal service to ensure children are fed from individual utensils and dishes, and to ensure original

baby food containers are not used for more than one feeding and for more than one child. If not observed, ask staff how children are fed.

- ✓ Review infant feeding plans for written parental instructions regarding the introduction of solid foods.
- ✓ Observe children who are learning to feed themselves, if possible. Notice staff's interactions to ensure they are offering support and are allowing children to feed themselves as appropriate.
- ✓ Observe foods that are being fed to infants and toddlers, if possible. Check to ensure the foods have been cut into appropriately sized pieces as specified by the rule requirements. If not observed, ask the Director or staff about food preparation procedures for infants and toddlers.
- ✓ Observe children who are eating, if possible. Check to ensure they are seated and properly supervised, and that they are not allowed to have excessive amounts of food in their mouths. If not observed, ask the Director or staff about mealtime procedures.
- ✓ Observe the area designated for breastfeeding. If not observed, ask the Director or staff if they have a designated area for mothers to breastfeed.

Best Practices:

- Develop and use a daily take-home sheet to provide parents with information about food served to their child while in the center's care. Include the type of food consumed, amounts, and other important notes regarding food service, as applicable.
- During meals and snacks, it is easiest to actively supervise if teachers sit with the children, eat with children consuming table food, and make it a time for pleasant social conversation. When teachers use the time to interact with children, they build positive relationships with children, encourage increased language and social skills, and keep children safe all at the same time. This is encouraged during meals for children of all ages.
- For infants consuming bottles and baby food, have the bottle or food prepared and ready to immediately serve before calling the child over or placing them in a high chair. For older children, have food and drinks already prepared, and on the table, before calling children over to the table, and keep food and drinks for seconds within easy reach of the table. This will assist teachers to remain within arm's reach of children who are eating/drinking.
- Allow children to leave the table when they finish eating, without waiting on all children to finish before getting up. Encourage them to clean up their own meal dishes, as they are able, handwash and then begin free play in easily supervised areas while the others are finishing.
- During meals and snacks, a minimum of two staff members is useful. One staff member can sit, eat, assist and talk with the children, remaining at the table the entire meal time and remaining within arm's reach of children under 3, while the second staff member can get up as needed to attend to children's needs when they transition away from the table.

Things for child care programs to consider:

- Include an infant feeding plan form in the enrollment packet (if appropriate based on the child's age). The Department's sample infant feeding plan can be found at:
<http://www.decal.ga.gov/documents/attachments/InfantFeedingPlanCCS.pdf>
- Children may be developmentally ready to feed themselves and to drink from a cup when they are between six months and one year of age. The transition from a bottle to a cup can come at a time when a child's fine motor skills allow use of a cup and when recommended by the child's parent and/or primary care physician.

- The area designated for breastfeeding can be located in the child's classroom and does not have to be a separate room or area.
- Information on Reducing the Risk of Choking in Young Children at Mealtimes can be found on the Department's website at:
<http://www.decal.ga.gov/BftS/FormList.aspx?cat=Child%20Care%20Learning%20Center>.
- Information on Intentional Mealtimes and connecting the Georgia Early Learning Development Standards (GELDS) into mealtime routines and classroom activities can be found on the Department's website at:
<http://www.decal.ga.gov/BftS/FormList.aspx?cat=Child%20Care%20Learning%20Center>.

591-1-1-.15 Food Service and Nutrition

(3) Baby Bottles and Formula. All baby bottles shall be clearly labeled with the individual child's name. Formula or breast milk shall be supplied by the Parent daily in bottles. Only the current day's formula or breast milk shall be served. Bottles shall be refrigerated at a temperature of forty (40) degrees Fahrenheit or less. If formula must be provided by the Center, only commercially prepared, ready-to-feed formula shall be used. Refrigerated or frozen breast milk shall only be heated or thawed under warm running water or in a container of warm water.

Rule Type: Non-Core Rule

Intent

To ensure that children receive the formula or breast milk intended for them and to ensure that the formula or breast milk is fresh, properly stored, and heated to prevent spoilage and injury.

Clarification

Bottles should be labeled with the child's first and last name. Any markers used for labeling should be permanent and non-toxic. To prevent spoilage, bottles of formula or breast milk should not be allowed to stand at room temperature. Prepared bottles should be refrigerated until ready to use. Refrigerators used to store formula or breast milk should have a temperature of forty (40) degrees Fahrenheit or less to slow the growth of bacteria.

Avoid using bottles made of plastics containing bisphenol A (BPA) or phthalates, sometimes labeled with recycling code 3, 6, or 7. A safer alternative is bottles made of plastic containing polypropylene or polyethylene (labeled BPA-free) or plastics with a recycling code of 1, 2, 4, or 5. If glass bottles are used, they should only be used with a silicone sleeve or silicone bottle jacket to prevent breakage, and should not be used by infants/toddlers who self-feed, as the weight of such bottles would not be developmentally appropriate and due to an increased risk of injury.

If a parent does not supply enough bottles, a child's individual bottle may be reused as long as it is properly cleaned, rinsed, and sanitized between uses. Only commercially prepared, ready-to-feed formula is to be used in this case. If containers of premixed formula or breast milk bags are provided by parents, the items should be labeled with the child's name, kept refrigerated or frozen (as appropriate), and used only for the child intended. Powdered and concentrated formula that must be mixed onsite is not permitted due to the risk of contamination and the potential for improper mixing by the center's staff.

Microwave ovens must never be used to heat bottles because it could cause them to explode or the milk to get too hot. Since the liquid heats unevenly, it can be much hotter than it feels. Microwave heating can destroy special substances in formula and breast milk. Bottle warmers and crock pots may be used to warm bottles if they are kept out of children's reach.

Indicators

- ✓ Check bottles to ensure they are labeled with a child's first and last name.

- ✓ Check the temperature of the refrigerator(s) used for bottle storage to ensure the temperature is 40 degrees Fahrenheit or below.
- ✓ Ask the Director and/or staff about the center's policy regarding formula, breast milk and bottles. Observe all center-provided formula(s) to ensure the formula is commercially prepared, ready-to-feed.
- ✓ Observe the center's procedure for warming bottles and for thawing breast milk. If not observed, ask the Director and/or staff how bottles are warmed, and breast milk is thawed.

Best Practices:

- Check each bottle daily to ensure the child's first and last name is clearly visible on the body of the bottle and not just on the bottle cap. When only the cap of the bottle is labeled, staff cannot identify to whom the bottle belongs once the cap has been removed.
- Place a thermometer in each refrigerator and monitor the refrigerator's temperature routinely to ensure the temperature remains at 40 degrees Fahrenheit or below.

Things for child care programs to consider:

- Obtain detailed written instructions from the parent(s) on thawing and preparing frozen breast milk to ensure nutrients are not lost during the process.

591-1-1-.15 Food Service and Nutrition

(4) Feeding Chairs. A feeding chair or similar equipment designed for feeding children shall be provided for the use of each child being fed who is capable of sitting up but who is unable to sit unassisted at a table. The chair or similar equipment must be cleaned with a disinfectant after each use. Such chair or similar equipment shall have a broad base to prevent tipping; a surface that the child cannot raise; a strap or other device which prevents the child from sliding out of the chair; and a feeding surface free of cracks.

Rule Type: Non-Core Rule

Intent

To protect children from injury and to prevent the spread of infection. To ensure that feeding chairs are well-constructed and equipped with proper devices that protect against falls.

Clarification

An infant feeding chair is a great way to get an infant or toddler involved in eating, but every year thousands of children are injured due to highchair related accidents. Infant feeding chairs offer potential for entrapment, falls and other injuries. The majority of injuries are the result of a fall - either because the safety restraints were not used or because they were too loose. Falls from highchairs can be dangerous because highchairs are often used in kitchens and dining areas with hard flooring such as tile or wood. If a child falls headfirst onto these hard surfaces, serious injuries can occur.

The entire feeding chair should be disinfected after each use to reduce the spread of harmful bacteria and viruses capable of causing foodborne illness. In addition, ensuring that feeding chair surfaces are free of cracks diminishes the spread of foodborne pathogens. When there are cracks in the feeding chair surface, foodborne pathogens can enter the cracks and prevent the surface from being effectively cleaned and sanitized.

Indicators

- ✓ Check feeding chairs and similar equipment for the conditions specified by the rule.
- ✓ Observe children's placement in feeding chairs and similar equipment to ensure staff are using the equipment in accordance with the manufacturer's instructions/recommendations and to ensure that the equipment is appropriate for the children's ages and abilities. For example, highchair and feeding table seat straps should be present and used anytime children occupy the equipment, and equipment weight and age limits should be followed.
- ✓ Observe the center's cleaning procedures for feeding chairs and similar equipment. If not observed, ask staff about the cleaning procedures for these items (i.e., when cleaned, products used, etc.).

Best Practices:

- Have additional feeding chairs available in case one of the feeding chairs in use becomes broken or inoperable.
- It is best practice and a developmentally appropriate practice for children that are able to walk to seat themselves in child-sized tables and chairs.
- When a table and chair are appropriately child-sized, a child can sit on their bottom with their back against the back of the chair, with their knees comfortably under the table and their feet touching the floor, and the table top will be no higher than elbow height.
- Avoid use of bucket seat tables. As children's legs dangle without support, children can become uncomfortable, impacting their willingness to eat, and children's legs can go to sleep. Additionally, the back strain to lift children in and out of the bucket seat tables can injure staff members.

591-1-1-.15 Food Service and Nutrition

(5) Menus. The Center shall provide a menu listing all meals and snacks to be served during the current week except for School-age Centers where the food may be provided by the Parent(s) by agreement between the School-age Center and the Parent(s). Substitutions shall be recorded on the posted menu. Menus shall be retained at the Center for six (6) months.

Rule Type: Non-Core Rule

Intent

To inform parents of the foods their children are being served so that family meals at home can be balanced to meet the child's total nutritional needs. To maintain accurate nutritional records that assist in compliance determination.

Clarification

Planning menus in advance helps to ensure that food will be on hand. Parents must be informed about food served at the facility to know how to balance it with the food they serve at home. Also, if a child has difficulty with any food served at the facility, parents can address this issue with appropriate staff members. Posted menus must be amended to reflect any and all changes in the food actually served. Substitutions should be of equal nutrient value to ensure proper nutrition is maintained.

Indicators

- ✓ Check the menu to ensure that all the required meals and snacks are listed on the menu.
- ✓ Observe the food components served to children during meal time (if possible) to ensure the food served coincides with the food listed on the posted menu. If not, observe whether or not the substitutions are recorded on the menu.
- ✓ Observe documentation of six months of retained menus.
- ✓ Observe the agreement between the parents and the center if the parents are responsible for providing the children's food.

Best Practices:

- Post menu substitutions as soon as a decision is made to change an item on the menu. This ensures that parents have access to the information as early as possible in case of a child's food allergies and/or food intolerances. It also ensures that substitutions are posted as required and not forgotten.
- Refer to the posted menu with children when they ask about or discuss what foods will be served for meals/snacks. Pointing to different words and reading them to the children will help children develop an understanding of how print is used, which is a pre-literacy skill.

Things for child care programs to consider:

- When a center participates in the Child and Adult Care Food Program (CACFP), the guidelines for paperwork retention may be more stringent than the rule requirements and should be followed to ensure compliance with the CACFP.

591-1-1-.15 Food Service and Nutrition

(6) Meal Service.

(a) Children shall be served all meals and snacks scheduled for the period during which they are present. In those Centers where the Parent(s) of children enrolled provide the meals and snacks, the Center shall ensure that no child remains at the Center without receiving the scheduled nutritious meals and snacks. There shall be a period of at least two (2) hours between each required meal or snack. The following meals and snacks shall be scheduled and served by the Center when appropriate: breakfast or a morning snack, lunch, an afternoon snack, supper if a Center operates evening care and an evening snack prior to bed time if a Center operates night time care.

(b) Food and beverages shall be served in individual plates or bowls and with individual glasses or cups.

Rule Type: Non-Core Rule

Intent

To ensure that children receive nutritious meals and snacks at appropriate times during the hours they are at the center. To ensure that guidelines recommended by the United States Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP) are met. To prevent the spread of infection and to ensure sanitation.

Clarification

The United States Department of Agriculture's CACFP regulations, policies, and guidance materials provide the basic guidelines for sound nutrition, meal requirements and sanitation practices. Eligible programs may choose to participate in the CACFP to assist with meal food costs, but all programs must comply with USDA regulations whether or not the program participates in the CACFP. Meals and snacks should be provided on a frequent basis to meet the nutritional needs of infants and children. Young children, especially those under the age of six, need to be offered food every two to three hours.

Appetite and interest in food varies from one meal or snack to the next. To ensure that the child's daily nutritional needs are met, small feedings of nourishing food should be scheduled over the course of a day. Snacks should be nutritious as they often are a significant part of a child's daily intake. Children in care for more than eight hours need additional food because this period represents much of a young child's waking hours. Food brought from home should be nourishing and safe for the individual child. The center should have food available to supplement a child's food brought from home if the food is deficient in meeting the required nutritional components as described in the USDA meal pattern guidelines.

Evening Care is care provided to children between the hours of 7:00 P.M. and 12:00 midnight. Night-time care is care provided to children between the hours of 12:00 midnight and 6:00 A.M. Centers that close for business on or before 7:30 PM are not required to serve children an evening meal. Those that operate after 7:30 PM are required to serve children an evening meal.

Food and drink must be served to children in individual plates, bowls, and cups. Serving dishes and cups must not be shared between children simultaneously to prevent the transmission of germs from one child to another. Serving dishes and cups must be adequately cleaned and sanitized between uses.

Indicators

- ✓ Check the center's posted menu and the classrooms' daily schedules to ensure the required meals and snacks are served based on the center's hours of operation.
- ✓ Check the center's posted menu to ensure the required meals and/or snacks are served for evening and night-time care, if applicable.
- ✓ Observe that children are served meals and snacks as scheduled.
- ✓ Check the classrooms' daily schedules to ensure that meals and snacks are scheduled at least two hours apart.
- ✓ Review the center's policies and procedures for information regarding the center's meal service and food brought from home.
- ✓ Ask the Director and/or staff about the center's procedure when a parent forgets to send a child's meal or snack, if applicable.
- ✓ Observe a meal service to ensure that children are served food and drink on individual plates, bowls, glasses and/or cups.

Best Practices:

- Meals/snacks should be served to children no closer than 2 hours apart and no more than 3 hours apart while in care.
- If a child falls asleep earlier than planned, allow them to nap early. If that occurs before a meal/snack, set aside food to serve them after they wake up.

Things for child care programs to consider:

- Children's food items should not be placed directly on the table for their consumption. For example, crackers and other finger foods should be placed on individual plates or napkins and not directly on the table. This requirement does not apply to highchair food trays since the trays function as a plate for the children seated in the highchairs.

591-1-1-.15 Food Service and Nutrition

(6) Meal Service.

- (c) Children shall be encouraged but not forced to eat.**
- (d) Caregivers shall not use food to punish or reward children.**
- (e) Children shall be given necessary assistance in feeding and encouraged to develop good nutritional habits.**
- (f) Hot food shall not be served at a temperature which would cause the children to burn their mouths upon consuming the food.**
- (g) Drinking water shall be available to all children and shall be offered at least once between meals and snacks.**

Rule Type: Non-Core Rule

Intent

To provide support and to encourage good nutritional habits in a non-punitive manner. To protect children from burning their mouths while consuming hot food. To ensure that children's individual needs for drinking water are met.

Clarification

Mealtime should be a pleasant time with social interaction for children. Talking to children and offering help in a non-threatening, supportive manner can contribute to a child's willingness to eat the food that is served. Food should not be used to reward children's behavior or withheld from children due to their behavior. This includes special snacks and treats throughout the day. Hot liquids and hot foods should be kept out of children's reach until cool enough to be consumed.

When children are thirsty between meals and snacks, water is the best choice. Drinking water should be offered and available to children, and they should be allowed to get water as needed. Water needs vary among children and increase during times in which dehydration is a risk (e.g., on hot summer days, during exercise, and on dry days in winter). Young children (i.e., children under three years of age) might lack the ability to recognize thirst and/or the verbal skills to express a need for water, therefore, child care program staff should offer drinking water to these ages between each meal and snack.

Indicators

- ✓ Observe staff-child interactions during mealtimes, if possible.
- ✓ Observe food preparation/food service practices, if possible, to ensure that staff allow hot foods to cool prior to children's consumption. If a problem is suspected, check the temperature of these foods.

- ✓ Observe to ensure that drinking water is available and offered, and that children are allowed to get water as needed. If not observed, ask the Director and/or staff about the center's practice regarding drinking water.
- ✓ Check the daily schedule(s) and/or ask staff to ensure that children under three years of age are offered drinking water between each meal and snack, or more often.

Best Practices:

- Allow and urge staff to sit at the table and eat with children during mealtimes as this can encourage social interaction and conversation. It also provides an opportunity for staff to model appropriate eating behaviors, to teach children about food, to assist slow eaters, and to prevent children's behaviors such as fighting, eating each other's food, and stuffing food into their mouths.
- Encourage family style dining in classrooms where children are three years of age and older. This allows children to self-serve their meals and teaches them correct portion sizes.
- Place water pitchers with disposable cups in each classroom if drinking fountains are not available/operable, or if children are too small to reach the drinking fountains. The availability of small pitchers of water and disposable cups in the classrooms and on the playgrounds encourages children to serve themselves water whenever they are thirsty.
- Ensure that children's water bottles are sanitized at the end of each day when allowing children to bring reusable water bottles from home.

Things for child care programs to consider:

- Include scheduled water breaks in the daily classroom schedules to help staff remember to offer drinking water throughout the day.

591-1-1-.15 Food Service and Nutrition

(7) Restrictions. Food shall be served according to manufacturer's instructions and recommendations. Foods that are associated with young children's choking incidents, such as, but not limited to, peanuts, hot dogs, raw carrots, popcorn, fish with bones, cheese cubes, grapes and any other food that is of similar shape and size of the trachea/windpipe shall not be served to the children less than four (4) years of age. Children older than four (4) years of age may be served these foods provided that the foods are cut in such a way as to minimize choking. Food shall not be accessible or served to children until it has been chopped, diced, cut or mashed and is appropriate for each child's age and individual eating, chewing and swallowing ability.

Rule Type: Non-Core Rule

Intent

To protect children from foods that can cause choking.

Clarification

Almost 90% of fatal choking occurs in children younger than four years of age. Staff should not offer to children younger than four years of age foods that are associated with an increased risk of choking incidents (i.e., round, hard, small, thick, sticky, smooth, compressible, dense, or slippery). Examples of these foods are hot dogs and other meat sticks (whole or sliced into rounds), raw carrot rounds, whole grapes, hard candy, nuts, seeds, raw peas, hard pretzels, chips, peanuts, popcorn, rice cakes, marshmallows, spoonfuls of peanut butter, hard or frozen chunks of fruit, string cheese, and chunks of meat larger than can be swallowed whole. Peanuts may block the lower airway, and a chunk of hot dog, a cheese cube, or a whole seedless grape may completely block the upper airway. Hot dogs are most commonly associated with fatal choking in children. The compressibility or density of a food item is what allows the food to conform to and completely block a child's airway.

When serving food to children, center staff must read food product labels and follow the instructions and recommendations of the manufacturer for ages served and preparations. Food items should not be served or accessible to children until properly prepared (i.e., chopped, diced, cut, or mashed, when appropriate.). This includes food that is brought into the center by the child or food that is prepared by a catering service. To reduce the risk of choking, menus should reflect food items that are age appropriate and developmentally suitable for the children served.

Indicators

- ✓ Observe a meal service (if possible) to ensure staff follow the manufacturer's instructions and recommendations for the food items served.
- ✓ Check the posted menu and observe a meal service (if possible) to ensure restricted foods are not served to children under four years of age.
- ✓ Ask the Director and/or cook about the center's policy regarding food restrictions for children under four years of age.

- ✓ Observe children's classrooms to ensure that all foods are inaccessible to children until properly prepared (i.e., chopped, diced, cut, or mashed) as determined by the food items served, and the ages and developmental abilities of the children.

Best Practices:

- Develop and use a daily take-home sheet to provide parents with information about food served to their child while in the center's care. Include the type of food consumed, amounts, and other important notes regarding food service, as applicable.

Things for child care programs to consider:

- Information on Reducing the Risk of Choking in Young Children at Mealtimes can be found on the Department's website at:
<http://www.decal.ga.gov/BftS/FormList.aspx?cat=Child%20Care%20Learning%20Center>.

591-1-1-.15 Food Service and Nutrition

(8) Foods and drinks with little or no nutritional value, i.e., sweets, soft drinks, etc. shall be served only on special occasions and only in addition to the required nutritious meals and snacks. Powdered nonfat dry milk shall only be used for cooking purposes.

Rule Type: Non-Core Rule

Intent

To ensure proper nutrition and to ensure that centers do not serve non-nutritious foods in place of nutritious meals and snacks. To protect children from illness due to contamination.

Clarification

It is acceptable for children to be served non-nutritious food (e.g., cupcakes, candy, ice cream, etc.) on special occasions such as birthday parties, holiday parties, etc., however, these foods should not take the place of nutritious meals and snacks. Since powdered milk is of lower nutritional value than fluid milk and subject to contamination during the reconstitution process, it should only be used for cooking purposes. The cooking process kills bacteria.

Indicators

- ✓ Check the posted menu and observe a meal service (if possible) to ensure non-nutritious foods are not served to children in place of the required nutritious meals and snacks.
- ✓ Ask the Director and/or staff about the center's policy regarding food served to children during special occasions (e.g., holiday parties, birthday parties, etc.).

Things for child care programs to consider:

- Ask parents to provide nutritious foods for holiday parties and special occasions instead of non-nutritious foods such as cupcakes, chips, cookies, etc.

591-1-1-.15 Food Service and Nutrition

(9) Modified Diets. When a child requires a modified diet for medical reasons, a written statement from a medical authority shall be on file. When a child requires a modified diet for religious reasons, a written statement to that effect from the child's Parent(s) shall be on file. All caregiver Personnel shall be informed of the diet restriction for the child and only food that complies with the prescribed dietary regimen but still meets the food and nutrition requirements shall be served to the child.

Rule Type: Non-Core Rule

Intent

To ensure that there is a valid reason for children's special diets and that the caregivers respect these diets. For example, some children have food allergies, while some families have cultural or religious stipulations regarding food items. To ensure that a child on a modified diet receives food that is nutritional.

Clarification

Some children may have medical conditions or religious reasons that require special dietary modifications from the center's daily menu. A written care plan from the primary care provider must be on file for modified diets due to medical reasons. A written care plan from the child's parent(s) must be on file for modified diets due to religious reasons. These plans must clearly state the food(s) to be avoided and food(s) to be substituted. This information should be updated periodically if the modification is not a lifetime special dietary need. When modified diets are required, it is the child care program's responsibility to ensure they are compliant with the United States Department of Agriculture's (USDA) requirements.

Staff should be trained about a child's dietary modification to ensure that no child in care ingests inappropriate foods while at the facility. The proper modifications should be implemented whether the child brings their own food, whether it is prepared on site, or prepared by a catering service. The facility should inform all families and staff if certain foods, such as nut products (e.g., peanut butter, etc.), should not be brought from home because of a child's life-threatening allergy. Staff should also know what procedure to follow if ingestion occurs. In addition to knowing ahead of time what procedures to follow, staff must know their designated roles during an emergency. The emergency plan should be dated and updated routinely, or as needed.

Indicators

- ✓ Ask the Director if any enrolled children require a modified diet. If so, check to ensure that a written statement has been obtained from the child(ren)'s medical authority or parent (as applicable due to the reason for the modified diet).
- ✓ Ask the Director about the center's procedure for informing caregivers of children's diet restrictions.
- ✓ Ask the Director, cook, or staff about the center's policy for determining whether food meets a child's dietary modification and nutrition requirements.

- ✓ Observe a meal service (if possible) to ensure that children with modified diets are only served food allowed by the modification.

Best Practices:

- Provide a copy of the center's menu in advance to parents of children with modified diets. This will enable parents to notify the center prior to the date of a meal service if a modification is needed.
- Substitutions made for modified diets should provide adequate nutritional value for the USDA required food component that was replaced. For example: If a child is allergic to milk, an appropriate milk substitute should be provided, not just water.

Things for child care programs to consider:

- Ensure that all staff (including substitutes, volunteers, etc.) are aware of classroom allergies prior to assignment in the classroom. Parents of other children should be aware of allergy situations to ensure that food sent into the center is not harmful to the child with an allergy. When sharing allergy information with other parents, do not disclose the name of the child with the allergy.
- Ensure parents are aware of the center's policy regarding modified diets/substitutions. If a child requires a modified diet, this information should be included as part of the child's admission and enrollment paperwork.
- Post information about a child's dietary restrictions in a secure location within the child's classroom. This information should be known and easily accessible to any staff who provide direct care to the child; however, the information should not be visible to other people entering the classroom (i.e., parents, housekeeping or maintenance personnel, etc.).

591-1-1-.15 Food Service and Nutrition

(10) Unconsumed Food. Any portions of food or drink which are served to children or placed on the table for service and are not consumed at that meal or snack by the children to whom the portions are served shall be thrown away. Any formula or breast milk remaining one hour from the beginning of the feeding shall be discarded or returned to Parent(s).

Rule Type: Non-Core Rule

Intent

To protect children from receiving food or drink that has been contaminated.

Clarification

Contamination can cause food poisoning and/or the spread of other diseases. Food that has been served but not eaten must be thrown away to help prevent illness from contamination. Food that has been placed on the table, touched by people or utensils, or food that has been placed near persons who have sneezed or coughed may potentially be contaminated. This rule does not apply to bottles containing unconsumed infant formula or breast milk that are required to be returned to the parent at the end of the day, or to food left on a serving cart as long as the food was not served on the table.

Indicators

- ✓ Observe clean-up procedures following a meal service, if possible. If not observed, ask the Director and/or staff about the center's practice regarding leftover food that has been served to children.
- ✓ Ask staff in the infant classroom(s) about the center's practice regarding uneaten formula or breast milk.

Best Practices:

- Immediately remove and discard food that has fallen to the floor during a meal service.
- Involve children in helping to clear their own plates and throw away the remaining food, when age appropriate. This encourages independence and teaches self-help skills.

Things for child care programs to consider:

- All discarded food items must be placed in garbage containers that are lined with plastic liners and have tight-fitting covers.

591-1-1-.15 Food Service and Nutrition

(11) Catered Food. Food purchased from a caterer shall be prepared in a facility with a current food service permit and shall be maintained at a safe temperature [forty (40) degrees Fahrenheit or below for foods requiring refrigeration or one hundred forty (140) degrees Fahrenheit for foods which must be heated prior to serving] until served.

Rule Type: Non-Core Rule

Intent

To ensure that food is prepared according to approved standards and maintained at a safe temperature to prevent spoilage and to protect children from contamination.

Clarification

When the center obtains food from a caterer, the center is required to have a copy of the caterer's food service permit and a copy of the most recent food service inspection which indicates the caterer's grade/score. The inspection score must be 90 or above. After preparation, food should be transported promptly in clean, covered, and temperature-controlled containers. Hot food should be maintained at temperatures not lower than 140 degrees Fahrenheit, and cold food should be maintained at temperatures of 40 degrees Fahrenheit or lower. Centers receiving food from a caterer must ensure that food is maintained at the proper temperatures until served.

Indicators

- ✓ Check the center's records for evidence of a current food service permit and inspection report for any caterer used by the center, if applicable.
- ✓ Observe or ask the center's Director how catered food is transported and maintained at the proper temperatures as specified by the rule requirement.

Things for child care programs to consider:

- Secure and maintain a copy of the caterer's most recent food service inspection report on file. A current food service inspection report is needed to verify the caterer is maintaining an inspection score of 90 or above.

591-1-1-.15 Food Service and Nutrition

(12) Vending Machines. Soft drink vending machines and other food dispensers shall not be maintained on Center premises for children's use. Vending machines and dispensers for Staff shall be outside of the children's areas.

Rule Type: Non-Core Rule

Intent

To ensure that children receive only the food intended for them according to the guidelines for health and nutrition contained in these rules. To ensure that vending machines and other food dispensers are inaccessible to children for safety purposes.

Clarification

Children in full-time care may consume more than half of their daily calories while in child care; therefore, child care centers have a responsibility to serve nutritious meals and snacks and to create environments that support healthy eating. This is especially important since the dietary preferences children establish during the preschool years may track into adulthood. Food and beverage vending machines influence children's diets and can affect children's overall dietary intake and health since most of these machines sell items of minimal nutritional value such as soft drinks, sweets and chips. Young children are more likely to have the content of the vending machines influence their dietary choices when the machines are located in areas where children have access to them. When children make poor dietary choices, they are at a higher risk for developing unhealthy dietary habits which can subsequently lead to obesity and risk of diabetes, coronary artery disease, tooth decay, etc. Vending machines also pose a safety hazard to children since the machines can tip over, and children have been known to entrap body parts when reaching into the machines.

Indicators

- ✓ Observe the location of any vending machines and food dispensers. If observed, ask the Director and/or staff about vending machine and/or food dispenser use.

Things for child care programs to consider:

- Children can be influenced by non-nutritious items in vending machines and food dispensers when the machines are visible to them (even when machines are placed outside of the child care areas of the center). This encourages children to want the items and to request that their parents purchase the items for them. Having these non-nutritious items on the premises condones the use of them.

591-1-1-.16 Governing Body and Licenses

Each Center shall have a clearly identified governing body which shall be empowered and responsible for determining all policies and procedures and ensuring compliance with these rules and regulations. The chairperson or chief executive officer of the governing body shall complete a statement of responsibility on behalf of the governing body acknowledging the same in connection with any application for License or Permit on a form provided by the Department. If the Center is individually owned, then the owner(s) will complete the statement of responsibility.

- (a) **Application for License.** Prior to filing for licensure, an applicant shall attend an orientation of no more than 16 hours that has been approved by the Department. This orientation shall, at a minimum, provide instruction on the application process and give an overview of the Department's regulations that relate to the operation of early child care learning centers.
1. **Orientation.** An existing License Holder applying for another Child Care Learning Center License is not required to attend another orientation within two years following the successful completion of a prior orientation.
 2. An applicant applying for multiple Child Care Learning Center Licenses at one time is only required to attend one orientation.
- (b) **Director's Training.** Prior to the issuance of an initial License, the Director of a Center responsible for its day-to-day operations shall have completed a 40-hour director's training course that has been approved by the Department. At a minimum, the subject matter taught at a Director's training course shall cover the areas of administrator competencies that serve as a framework for professional development, which include, but are not limited to, early learning standards, business management, communication, developmentally appropriate practices, professional and leadership development, and advocacy for the Center, Parents, children and Staff.
- (c) **No person shall operate a Center without a License or Permit.** A separate License or Permit is required for each address or location at which a Center is proposed to be operated even when all of the proposed Centers are owned by the same person or entity. A separate License or Permit is also required for each Center operated at a single location by the same governing body.
1. **Temporary License.** The Department may at its discretion issue a temporary License if the health and safety of the children to be served by the Center will not be endangered. A temporary License will be valid for a specified period not to exceed one (1) year and may be issued when the Center is not in full compliance with these rules but has demonstrated satisfactory evidence that it is making progress toward meeting these rules and has submitted an acceptable Plan of Correction.
 2. **Restricted License.** The Department may at its discretion issue a restricted License in lieu of a temporary or regular License. The restricted License may be granted either in connection with the initial application process for a License or Permit or as a result of a subsequent determination made by the Department concerning compliance with these rules. The restriction shall appear on the face of the License and shall restrict a Center from providing care or services which are beyond the capability of the License Holder to provide. The restriction may also limit the number and/or age of the children served by the Center.

3. **Regular License.** A License will be issued upon presentation of evidence satisfactory to the Department that the Center is in compliance with applicable statutes and these rules. The License is valid for one year unless voluntarily surrendered by the holder, reduced to a restricted or temporary License or suspended or revoked by the Department.
4. **Qualification Requirement.** In order to obtain or retain a License or Permit, the Director of the Center and its Employees must be qualified as defined in these rules to administer or work in a Center. The Department may presume that the Director and Employees are qualified subject to a satisfactory Comprehensive Records Check Determination. However, the Department may require additional reasonable verification of the qualifications of the Director and Employees either at the time of application for a License or Permit or at any time during the License or Permit period whenever the Department has reason to believe that a Director or Center Employee is not qualified under these rules to administer or work in a Child Care Learning Center. Reasonable verification which may be required by the Department may include, but need not be limited to, any or all of the following: statement(s) from an attending physician or other health care professionals attesting to the mental and/or physical health of the applicant and/or staff member; letters of reference from designated persons in the community where the applicant and/or staff member intends to work or is working; certified copies of court orders and additional criminal records checks.

(d) **License or Permit is Non-transferable.** A License or Permit to operate a Child Care Learning Center is not transferable in any way. Each License and Permit shall be returned to the Department immediately upon the expiration, suspension, revocation, restriction of the License or Permit or closure or termination of the operation.

(e) **License Fees.** Every License or Commission issued by the Department to operate a Child Care Learning Center shall be subject to an annual fee. Such annual fee shall be determined by the following:

1. Capacity of one to 25 children.....\$50.00
2. Capacity of 26 to 50 children.....\$100.00
3. Capacity of 51 to 100 children.....\$150.00
4. Capacity of 101 to 200 children.....\$200.00
5. Capacity of more than 200 children...\$250.00

If such annual fee is not paid by the date set forth by the Department, the Department may issue a late fee of up to \$250.00 within 30 days of the due date. If such annual fee and any imposed late fees are not paid within 30 days of the due date, the Department shall revoke the License or Commission.

(f) **Amended License.** If there is a change in the name of the program or Center, changes in the ages of the children to be served, an increase in the regular hours of operation such that the Center would be providing evening or night-time care in addition to day-time care, changes in the services provided, additions to or changes in the use of the building by the licensed Center, an application for an amended License shall be submitted at least thirty (30) days prior to the change, except in the case of an emergency. If an emergency situation arises which makes it impossible to give thirty (30) days' notice, the management of the Center shall notify the Department by telephone and shall submit an application for an amended License as soon as management becomes aware of the change that will be necessitated by the emergency situation. In no case, however, shall a new owner operate the Center without first securing a new License or Permit from the Department.

- (g) False or Misleading Information.** The application for a License or Permit, including the Records Check Application, must be truthfully and fully completed. In the event that the Department has reason to believe that the application has not been completed truthfully, it may require additional verification of the facts alleged. The Department may refuse to issue or revoke a License or Permit where false statements have been made in connection with the application or any other documents submitted to the Department.
- (h) E-mail Contact Information.** Each Center issued or applying for a License or Permit in the state of Georgia shall provide the Department e-mail contact information (“Contact Information”) so that this agency may contact the Center and send information to the Center via e-mail. It shall be the Center’s responsibility to maintain correct contact information, to update the Department if contact information changes, and to respond timely to information requests from the Department transmitted to the provided e-mail address. Delivery of any such information, including but not limited to directives, bulletins, data requests, notices of proposed amendments to rules and regulations, and any other matters affecting Centers, to said e-mail address shall be considered valid so long as the Department does not receive a failure to deliver message.
- (i) Permit.** The Department may issue a Permit for a program to operate without a License for a limited term in situations, such as but not limited to, a change of ownership.
- 1. An application for a Permit to operate a Child Care Learning Center shall be submitted to the Department on the forms provided by the Department.**
 - 2. A Permit Applicant or Permit Holder must provide evidence of a satisfactory Comprehensive Records Check Determination for the Director and every Employee and a satisfactory Fingerprint Records Check Determination for every Provisional Employee of the program.**
 - 3. A Permit Applicant or Permit Holder may continue to employ an individual from the prior ownership, if applicable. During the Permitting process, such individual may be present at the Center while any child is present for care based on the prior satisfactory Comprehensive Records Check Determination so long as that determination is valid and current, no more than 5 years old and the individual has not had a lapse of employment from the child care industry that lasted for 180 days (6 months) or longer.**
 - 4. The Permit Applicant or Permit Holder shall not allow any individual to reside at the Center or be present at the Center while any child is present for care if the Center knows or reasonably should know that the individual has a Criminal Record, an unsatisfactory Fingerprint Records Check Determination or an unsatisfactory Comprehensive Records Check Determination.**
 - 5. Each Director and Employee must receive a satisfactory Comprehensive Records Check Determination and each Provisional Employee must receive a satisfactory Fingerprint Records Check Determination issued by the Department before that individual can be present at the Center while any Child is present for care or reside in the Center and prior to issuance of a License.**
 - 6. Issuance of a Permit.** A Permit will be issued, upon presentation of evidence satisfactory to the Department that a Center is in compliance with applicable statutes and these rules. The Permit shall be valid for 21 calendar days unless voluntarily surrendered by the Holder or suspended or revoked by the Department.
 - 7. Renewal of a Permit.** A Permit may be renewed only if every resident and member of the Center’s Staff has both submitted a Records Check Application to the Department and submitted to a fingerprint scan within 21 calendar days of the issuance of the initial Permit.

Rule Type: Non-Core Rule

Intent

To make applicants aware of the requirements and processes to obtain and maintain a license or permit whether via a new application or a change of ownership from the Department. To provide information about the types of licenses issued by the Department. To inform applicants of their responsibility to provide accurate and truthful information to the Department.

591-1-1-.17 Hygiene

(1) Bathtubs and Showers. If used, bathtubs and showers shall be cleaned with a disinfectant after each use.

Rule Type: Non-Core Rule

Intent

To prevent the spread of infectious disease by properly sanitizing the specified areas.

Clarification

Many infectious diseases can be prevented through appropriate hygiene and sanitation practices. Contamination of hands and equipment in classrooms/bathrooms has played a role in the transmission of diseases in child care settings. Regular and thorough cleaning of bathtubs and showers with a disinfectant helps to prevent transmission of illness. The moist environment in these spaces is conducive to the growth of germs that could spread between persons using this area.

Indicators

- ✓ Observe bathtubs and showers for cleanliness.
- ✓ Ask staff about cleaning and disinfecting procedures for bathtubs and showers, especially in centers where children bathe and shower (such as evening and night-time care facilities).

Best Practices:

- Clean and disinfect shower curtains (if used) to prevent mold, mildew, etc.
- Establish a policy about providing assistance to children as they bathe and/or shower depending on the age and ability of the children.
- Caring for Our Children (Standard 5.4.3.2) states that all bathing facilities should have a conveniently located grab bar that is mounted at a height appropriate for a child to use. Nonskid surfaces should be provided in all tubs and showers. Bathtubs should be equipped with a mechanism to guarantee that drains are kept open at all times, except during supervised use. Water temperature should not exceed 120 degrees Fahrenheit and anti-scald devices should be permanently installed in the faucet and shower head.

Things for child care programs to consider:

- Follow the manufacturer's instructions when mixing and using bleach and water disinfectant and mix the solution fresh each day. The manufacturer's instructions should also be followed when using a commercial disinfectant.
- Store items such as shampoo, conditioner, body wash, items labeled "Keep out of reach of children", and other hazardous items in an area that children cannot access. These items should not be left in bathtubs and showers where children could reach them.

591-1-1-.17 Hygiene

(2) Children's Hygiene. To the extent possible, Personnel shall keep children clean, dry and comfortable.

Rule Type: Non-Core Rule

Intent

To ensure that the health, and the physical and emotional comfort of children is protected. To prevent the spread of infection and disease by ensuring that children are not exposed to potentially infectious germs.

Clarification

Cleanliness is particularly important for children in child care settings due to close interpersonal contact among children and between children and staff, and the inability of young children to practice proper sanitation procedures on their own. It is important to change soiled diapers each time a child wets or has a bowel movement because germs grow best in warm, moist places. Prolonged exposure of a child's delicate skin to a soiled diaper may cause diaper rash, which appears as red, raised areas on the skin, sometimes with a yellow or white raised center. Children's clothing should be changed immediately when dirty, wet, or soiled with body waste.

Babies and small children are unable to regulate their body temperature in the same way adults do. The temperature in the classroom should be comfortable for a lightly clothed adult. Children should be comfortably clothed so as not to be overheated, sweaty, cold, or shivering.

Center staff should be sensitive, attentive, and responsive to children's needs. This contributes to children feeling understood, valued, and safe, and promotes self-esteem and trust. For example, children should be soothed, consoled, and reassured in times of distress, dressed appropriately at all times, etc.

Indicators

- ✓ Observe children to ensure they are clean, dry, and comfortable.
- ✓ Observe staff to ensure they are sensitive, attentive, and responsive to children's needs.
- ✓ Check the center's daily log sheets or other record keeping method (if used) to determine how often children's diapers are checked and/or changed, or their clothes are changed. If the center does not use a record keeping method for this purpose, ask staff about their procedure for checking and changing diapers and clothes.

Best Practices:

- Keep additional items (such as jackets, pants, shirts, socks, etc.) on hand for children who do not have adequate extra clothing.
- Plan specific times throughout the day to routinely check and wipe children's faces (e.g., when returning from outdoor play, after meals and snacks, prior to departure, etc.).
- Use single-use tissues when wiping children's noses, then discard the dirty tissues in a waterproof or plastic-lined, covered trash container. Nasal bulb syringes may be used as long as they are provided by the parent(s) or purchased by the center for individual use and labeled with the child's name. Instructions on how to use a nasal bulb syringe can be found at:
<http://www.nationwidechildrens.org/suctioning-the-nose-with-a-bulb-syringe>
- Plan specific times throughout the day when diapers will be changed for all diapered children. Add this information to the daily schedule posted in each classroom where diapered children are housed.
- Use a daily report sheet to record times of diaper checks and changes. Diapers should be visually inspected at least every two hours and whenever the child indicates discomfort or exhibits behavior that suggests a soiled or wet diaper.
- Remember that children's needs can often be determined by the signals they provide through their behavior. Staff must be able to identify signs of distress in children and respond accordingly. For example, staff should soothe, console, and reassure a child who is upset or ill, and hold and calm a child who is afraid.

Things for child care programs to consider:

- Ensure that children are dressed appropriately at all times. During cold weather, children should wear jackets, scarves, hats and gloves, when necessary, during outdoor play. During warmer weather and/or during indoor play, children should not be overdressed. In addition, staff should not allow children to be partially dressed (such as when soiled or wet clothing has been removed), regardless of whether or not a change of clothing has been provided by the parent(s).
- Place wet/soiled clothing in an individual plastic bag ready for parental pick-up at the end of the day.

591-1-1-.17 Hygiene

(3) Children’s Personal Items. Children’s combs, toothbrushes and cloth towels shall be kept clean.

Rule Type: Non-Core Rule

Intent

To prevent the spread of infection by ensuring that sanitary procedures are used with children’s personal items.

Clarification

Lice, scabies, and ringworm are common infectious diseases in child care and can be transmitted by sharing personal articles such as combs, towels, clothing, and bedding. Keeping these items clean and providing space for personal items to be stored separately helps prevent the spread of disease.

In child care programs where tooth brushing is an activity, each child should have a personally labeled, soft toothbrush of age-appropriate size. No sharing or borrowing of toothbrushes should be allowed. After use, toothbrushes should be stored on a clean surface with the bristle end of the toothbrush up to air dry in such a way that the toothbrushes cannot contact or drip on each other and the bristles are not in contact with any surface. Storage racks and devices used to hold toothbrushes should be labeled and disinfected as needed. When a toothbrush becomes contaminated through contact with another brush or use by more than one child, it should be discarded and replaced with a new one.

Indicators

- ✓ Observe the storage of children’s personal items. Check to ensure these items are stored separately and are labeled with the child’s name.
- ✓ Ask staff about the cleaning procedures for children’s personal items.

Best Practices:

- Replace toothbrushes every three to four months or sooner if the bristles become frayed.
- Schedule times when children’s personal items will be sent home to be cleaned before being returned to the center.
- Keep toothpaste out of children’s reach and follow the use instructions on the tube/container. Ensure that toothpaste has been approved for children’s use.
- Provide individual and separate storage spaces for children’s personal items. Storage spaces should not be shared between children, and children’s personal items should not touch the items of other children in neighboring storage spaces. This also applies to children’s coat hooks.

591-1-1-.17 Hygiene

(4) Contagious Diseases. Children, Parents, 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 contagious communicable disease (such as fever, coughing, fatigue, muscle aches, diarrhea, etc.) or any virus or illness (such as COVID-19, etc.) identified during a public health emergency.

Rule Type: Non-Core Rule

Intent

To protect people from exposure to contagious disease.

Clarification

For their own protection and the protection of others, all children, parents, child care staff and those supervised by staff must be in good health and pose no health risk to others. Anyone with signs or symptoms of a contagious communicable disease or any illness or virus identified during a public health emergency, or any people who may have knowingly been exposed to such should not be present in the child care facility.

Staff and children can best work and participate in program activities when they are healthy. Therefore, it is important to recognize symptoms that may indicate illness and pose a high risk of transmission. The child care facility should establish quality best practices and follow the recommendations of the Centers for Disease Control and Prevention (CDC) and the Georgia Department of Public Health (DPH). The CDC and the DPH provide essential information about recognizing the signs of illness and limiting the potential for further exposure. Communicable disease recommendations can also be found on the Common Infectious Illnesses chart located on the Department of Early Care and Learning's (DECAL) website at:

<http://dec.al.ga.gov/documents/attachments/CommunicableDiseaseChart.pdf>.

During public health emergencies, more stringent hygiene and safety practices may be needed to protect the health of children, parents, and staff within the child care facility. This could include:

- Limiting families' access to the front door of the facility or the door of their respective child's classroom.
- Prohibiting unnecessary visitors.
- Conducting health screenings on staff and children upon arrival.
- Modifying sign-in/sign-out procedures.
- Restricting operational services.
- Limiting group size, program capacity, hours of operation, etc.
- Requiring personal protection equipment (i.e., face masks, gloves, etc.).

Indicators

- ✓ Ask the Director and/or staff about the center's policy regarding the exclusion of children, parents, staff and persons being supervised by staff who have symptoms of a contagious disease, virus or illness such as those indicated by the rule. Ask specifically how these situations are handled.

- ✓ Review the center's policies and/or handbook to determine if the rule is addressed.
- ✓ Observe the center's modified program operational procedures (i.e., arrival/departure, health checks, group size limitations, etc.) if required due to a public health emergency.

Best Practices:

- Maintain a list of substitutes and floaters that management can contact to fill in as needed (and on short notice) when regular staff are ill. Plan in advance to ensure that substitutes and floaters meet all requirements and have complete documentation on file (i.e., staff applications, criminal record clearances, documentation of orientation training, etc.) prior to their work in the facility.
- Encourage all families to have a back-up plan for child care in the event of short- or long-term exclusion from the center.
- Require, if necessary, a primary health care provider's note prior to a child's readmission to determine whether the child is a health risk to others and to provide guidance when the child requires special care.
- Conduct daily health checks to identify potential concerns about a child or a staff person's health, including recent illness or injury. Health checks may serve to reduce the transmission of infectious diseases within the child care facility by identifying who should be excluded from the center.
- Establish hand hygiene stations at the entrance of the facility, so that staff and children can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60 percent alcohol. Keep hand sanitizer out of children's reach and supervise use.
- Develop sign-in and sign-out procedures that reduce exposure to contamination and maintain sanitation practices. Staff may sign children in and out of the facility for families if a computer or keypad system inside the facility is used. If a tablet located outside the facility is used by families during drop-off and pick-up, the tablet should be disinfected after each use. If a paper sign-in system is used by staff or families, writing utensils should be sanitized after each use.

Things for child care programs to consider:

- During a public health emergency, consider the following:
 - Stagger arrival and drop off times and/or plan to limit direct contact with parents as much as possible.
 - Post signage to designate separate entrances and exits into the program to accommodate social distancing practices.
 - Only allow children and staff who are required for daily operations and ratios inside the building and classrooms.
 - Restrict staff to one classroom with one group of children. Limit the use of "floater" teachers to reduce the number of people coming in and out of classrooms.

591-1-1-.17 Hygiene

(5) Drinking Fountains and Cups. Drinking fountains, if available, shall be safe and kept clean, have regulated pressure, not be mounted on sinks used for diaper changing activities and have an angle jet with an orifice guard above the rim. Single-service drinking cups shall be provided when appropriate drinking fountains are not available, and cups shall be discarded after each use unless the cups are sanitized in a dishwasher between each use.

Rule Type: Non-Core Rule

Intent

To minimize the spread of infection and to prevent cross-contamination. To ensure that children have a safe and adequate supply of drinking water available.

Clarification

Drinking fountains are sometimes the most prevalent mode of drinking water delivery in child care facilities; however, they can also be potentially high-risk areas of cross contamination for bacteria and germs. Moist surfaces such as those on a drinking fountain are a common source of rotavirus contamination within the child care environment. Drinking fountains should be kept clean and sanitary and maintained to provide adequate drainage. The water pressure should be regulated so the water stream does not contact the orifice guard or splash on the floor but should rise at least two inches above the orifice guard. Children should be taught to drink water from the fountain without mouthing the fixture.

When drinking fountains are not available for children's use, single-service drinking cups should be provided. Single-service disposable cups should be discarded after each use. Non-disposable reusable cups should be sanitized after each use in a dishwasher, or in a three-compartment sink used to wash, rinse, and chemically sanitize the cups (whether the reusable cup is assigned to the same child or not).

Indicators

- ✓ Observe the center's drinking fountains for the conditions specified by the rule (i.e., if drinking fountains are present and in use).
- ✓ Ask staff about the center's cleaning and disinfecting procedures for drinking fountains. If children are observed mouthing the drinking fountain equipment, observe to ensure that staff clean and disinfect the drinking fountain(s) immediately and/or prior to another child's use.
- ✓ Observe staff's and children's use of drinking fountains to ensure the equipment is only used for the intended purpose. For example, drinking fountain equipment should not be used to rinse paint brushes, etc.
- ✓ Observe the availability of drinking cups if drinking fountains are not present and/or in use.

- ✓ Observe the use of drinking cups to ensure that single-service disposable cups are discarded after each use and non-disposable reusable cups are sanitized between each use. If not observed, ask staff to describe how the cups are used and sanitized.

Best Practices:

- Clean and disinfect drinking fountains at least daily, or more often when visibly dirty.
- Allow at least eighteen (18) inches of space between a drinking fountain and a sink or towel dispenser to help prevent contamination of the drinking fountain by organisms being splashed or deposited during use.
- Provide a platform or a step stool if the drinking fountain is too high for young children to reach. This prevents children from mouthing the orifice as they attempt to drink water.

Things for child care programs to consider:

- Monitor drinking fountain equipment to ensure it is not hazardous to children (e.g., free of sharp and/or rusty grates, exposed electrical cords, etc.).
- Ensure that children's water bottles are sanitized at the end of each day when allowing children to bring reusable water bottles from home.

591-1-1-.17 Hygiene

(6) Garbage. Garbage and organic waste shall be stored in containers that are lined with plastic liners and have tight-fitting covers. Trash and garbage shall be removed from the building daily or as often as necessary to maintain the premises in a clean condition.

Rule Type: Non-Core Rule

Intent

To minimize unpleasant odors and the presence of rodents, flies, roaches and other vermin at the center. To protect the health and safety of children.

Clarification

Garbage containers attract animals and insects. When trash contains organic material (such as food waste), decomposition creates unpleasant odors. Proper storage and disposal of garbage not only prevents the spread of disease, it also helps to prevent offensive odors and other problems with insects and rodents.

Child care centers should choose and use garbage containers that control sanitation risks, pests, and offensive odors. The center should have enough waste containers to hold all the garbage that accumulates between periods of removal from the premises. Waste containers should be water tight and lined with waterproof (plastic) liners since liners reduce the contamination of the containers.

Indicators

- ✓ Observe the containers used for garbage and organic waste to ensure they have plastic liners and tight-fitting covers.
- ✓ Ask the Director and/or staff about the frequency and procedure for removing trash and garbage from the building(s).
- ✓ Observe trash and garbage storage to ensure that clean and sanitary conditions exist (e.g., bags of trash and garbage are not stored on the floor, trash and garbage containers are emptied when full, etc.).

Best Practices:

- Hands-free waste containers that are step-operated prevent hands from becoming contaminated with germs that can be transferred to other objects and persons. Caring for Our Children recommends using this type of container in the restroom.

Things for child care programs to consider:

- Be aware of local sanitation regulations and requirements (if applicable) for the removal of trash and garbage from the premises.

591-1-1-.17 Hygiene

(7) Handwashing, Children. Children’s hands shall be washed with liquid soap and warm running water: immediately upon arrival for care, when moving from one child care group to another and upon re-entering the child care area after outside play; before and after eating meals and snacks, handling or touching food, or playing in water; after toileting and diapering, playing in sand, touching animals or pets, contact with bodily fluids such as, but not limited to, mucus, saliva, vomit or blood and after contamination by any other means.

Rule Type: Core Rule

Intent

To prevent the spread of infection and to teach children safe and healthy hygiene practices.

Clarification

According to the American Academy of Pediatrics (AAP), handwashing is the simplest and most important basic measure for preventing the spread of infection in child care facilities. The AAP also recommends that a written reminder of the handwashing policy be posted at each sink (used by adults and/or children). Handwashing requirements apply to diapered children as well as non-diapered children. If a child is asleep when he/she arrives at the center, staff do not need to wake the child to wash his/her hands, but the child’s hands should be washed as soon as the child awakens.

Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. When children wash their hands at the proper times and with the proper technique, the amount of illness in child care can be drastically reduced. Children should first wet their hands using comfortably warm, running water (between 60- and 120-degrees Fahrenheit), then thoroughly lather their hands with soap outside of the water stream ensuring the palms, the backs of hands, and in between fingers are thoroughly scrubbed for at least twenty seconds to remove organisms such as virus-containing particles and bacteria. Hands should then be rinsed and dried with a disposable, single-use towel that is discarded in a hands-free trash can. Caregivers should teach children how to wash their hands then monitor children’s hand hygiene practices.

Bar soap is often left sitting in a pool of water, especially when many people are using it frequently. A soap bar, which is always wet, is a good place for germs to grow and multiply. Since these germs could spread when others use the soap, liquid soap should be used instead. Liquid soap should be safe for children (i.e., free of a warning to “Keep out of reach of children”) and within children’s reach during handwashing activities. This fosters independence and allows children to practice their self-help skills. Caregivers should provide assistance to children as needed depending on their developmental levels. Hand sanitizer should not be used in place of soap and water handwashing.

Indicators

- ✓ Observe children’s handwashing procedures in each classroom. Observe whether staff remind children to wash hands. If not observed, ask staff about children’s handwashing routines.
- ✓ Check children’s sink areas for liquid soap and warm running water.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.17(7) - Child Handwashing: Children shall wash their hands at all required times	Never	Never	Children observed to use hand sanitizer or bar soap instead of liquid soap; Children not washing hands after leaving restroom and Staff reminding them within a few minutes; Warm water not used *If TA documented on previous visit move to Low Risk	Inconsistent hand washing following toileting and diapering and/or prior to meals and snacks; Children not washing hands <u>immediately</u> : upon arrival, when moving from one classroom to the next and after outside play, <u>before & after</u> : handling or touching food, water play, <u>after</u> : sand play, touching animals/pets, contact with bodily fluids, or other contamination; Warm water is not available	<u>No</u> hand washing observed throughout the Center following toileting and diapering or prior to meals and snacks	Evidence of spread of illness due to lack of hand washing (confirmed by CDC or HD)	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Avoid whole group handwashing lines. Instead, allow children to handwash individually or in small groups to minimize wait times.
- Stand with children at the sink to ensure they use proper handwashing techniques and to provide assistance when needed.
- Sing a song with children as they wash their hands to ensure hands are washed for twenty seconds. For example, sing “Row, Row, Row Your Boat” or “Happy Birthday to You” twice during each handwashing activity.
- Remind children of proper handwashing techniques and model the techniques for them on a regular basis. Lead by example by having staff follow all handwashing protocols themselves.
- Plan transition times before meals so that children are seated at the table and fed immediately after their hands are washed. After handwashing and before food is served, children should not be allowed to return to play, to handle toys or books at the table, or to sit on the floor as these activities can re-contaminate their hands.

Things for child care programs to consider:

- Post a copy of the Department’s handwashing poster beside all sinks used by children. This will serve as a visual reminder of proper handwashing techniques. The Department’s handwashing poster can be found on the Department of Early Care and Learning’s (DECAL) website at:
<http://dec.al.ga.gov/documents/attachments/HandwashingChart.pdf>

591-1-1-.17 Hygiene

(7) Handwashing, Children.

- (a) Washcloth handwashing is permitted for infants when the infant is too heavy to hold for handwashing or cannot stand safely to wash hands at a sink and for children with special needs who are not capable of washing their own hands. An individual washcloth shall be used only once for each child before laundering.

Rule Type: Non-Core Rule

Intent

To prevent the spread of infection. To accommodate the needs and developmental skills of very young children and children with special needs.

Clarification

According to the American Academy of Pediatrics (AAP), handwashing is the simplest and most important basic measure for preventing the spread of infection in child care facilities. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. The AAP also recommends that a written reminder of the handwashing policy be posted at each sink (used by adults and/or children). Handwashing requirements apply to diapered children as well as non-diapered children.

Washcloths should only be used for handwashing under the conditions specified by the rule. It is acceptable to use individual washcloths to wipe children's faces, arms and legs regardless of the age of the child. An individual washcloth means one that has been laundered after each use and not shared among children. Disposable wipes, paper towels, or other single-use towels may be used in place of a washcloth.

Indicators

- ✓ Observe the use of washcloths for handwashing to ensure they are only used under the conditions specified by the rule. If used, observe that washcloths are single use. If not observed, ask the Director and/or staff to describe the center's procedure for using washcloths (if applicable).

Best Practices:

- Plan transition times before meals so that children are fed immediately after their hands are washed. After handwashing and before food is served, children should not be allowed to return to play, to handle toys or books, or to sit on the floor since these activities can re-contaminate their hands.

Things for child care programs to consider:

- Post a copy of the Department's handwashing poster beside all sinks used by children. The Department's handwashing poster can be found on the Department of Early Care and Learning's (DECAL) website at: <http://dec.al.ga.gov/documents/attachments/HandwashingChart.pdf>

591-1-1-.17 Hygiene

(8) Handwashing, Staff. Personnel shall wash their hands with liquid soap and warm running water: immediately upon arrival for the day, when moving from one child care group to another, and upon re-entering the child care area after outside play; before and after diapering each child, dispensing medication, applying topical medications, ointments, creams or lotions, handling and preparing food, eating, drinking, preparing bottles, feeding each child, and assisting children with eating and drinking; after toileting or assisting children with toileting, using tobacco products, handling garbage and organic waste, touching animals or pets, handling bodily fluids, such as, but not limited to, mucus, saliva, vomit or blood and after contamination by any other means.

Rule Type: Core Rule

Intent

To prevent the spread of infection.

Clarification

According to the American Academy of Pediatrics, handwashing is the simplest and most important basic measure for preventing the spread of infection in child care facilities. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Hands and forearms should first be wet and then rubbed vigorously with liquid soap outside of the water stream ensuring the palms, the backs of hands, and in between fingers are thoroughly scrubbed for at least twenty seconds using comfortably warm, running water (between 60- and 120-degrees Fahrenheit). This removes organisms such as virus-containing particles and bacteria from the skin and rinses them away. Thorough rinsing should be followed by drying the hands with a single-use, disposable towel that is discarded in a hands-free trash can.

Bar soap is often left sitting in a pool of water, especially when many people are using it frequently. A soap bar, which is always wet, is a good place for germs to grow and multiply. Since these germs could spread when others use the soap, liquid soap should be used instead. Liquid soap should be safe for children (i.e., free of a warning to “Keep out of reach of children”) if stored within children’s reach. Hand sanitizer should not be used in place of soap and water handwashing.

“Contamination by any other means” includes, but is not limited to, wiping children’s noses, cleaning a table, and sneezing into the hand. The use of single-use gloves is **not** a substitute for washing hands. For example, if a staff person wears gloves while changing diapers, that person should discard the single-use gloves and wash his/her hands after each diaper change.

Indicators

- ✓ Observe staff’s handwashing practices in each classroom. If not observed, ask staff about their handwashing routines.
- ✓ Check staff’s sink areas for liquid soap and warm running water.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.17(8) - Staff Handwashing: Staff shall wash their hands at all required times	Never	Never	Staff observed to use hand sanitizer or bar soap instead of liquid soap; Warm water not used; Staff did not wash their hands before the first diaper change *If TA documented on previous visit, move to Low Risk	Inconsistent hand washing observed related to toileting, diapering, serving food, or other contamination; Staff not washing hands <u>immediately</u> : upon first child's arrival and after outside play, <u>before & after</u> : dispensing medication/lotion, eating/drinking, food prep/feeding children, <u>after</u> : touching animals/pets, garbage, bodily fluids or other contamination; Staff observed to wear gloves (disposable/single use) in place of handwashing; Warm water is not available	<u>No</u> hand washing observed throughout the Center related to toileting, diapering, serving food, or other contamination	Evidence of spread of illness due to lack of handwashing (confirmed by CDC or HD)	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Have staff lead by example by following all handwashing protocols themselves.
- Ensure all staff consistently follow handwashing steps and do so at all the necessary times, including when entering a classroom, after coughing/sneezing/blowing nose, when hands look dirty, after touching animals or their cages, before eating, after playing outside, and after using the bathroom.
- After hands are washed and dried, the faucet should be turned off with the same towel used to dry hands so that freshly cleaned hands do not touch the faucet.
- Recent research has shown that the drying of hands with hand dryers spreads germs faster than with that of drying hands with paper towels. While there are no current rule requirements regarding hand dryers, best practice encourages child care programs to have children and staff dry hands with a single-use paper towel.
- Include information about staff handwashing requirements in the personnel policies and/or staff handbook.

Things for child care programs to consider:

- Post a copy of the Department's handwashing poster at each sink used by adults. This will serve as a visual reminder of proper handwashing techniques. The Department's handwashing poster can be found on the Department of Early Care and Learning's (DECAL) website at:
<http://dec.al.ga.gov/documents/attachments/HandwashingChart.pdf>

591-1-1-.17 Hygiene

(9) Laundry. If laundry is done on Center premises, the laundry area shall be located outside the children’s activity rooms or areas and not used as a passageway by children to travel from one area to another whenever any soiled or clean laundry is exposed.

Rule Type: Non-Core Rule

Intent

To control the spread of infection and protect the health and safety of children.

Clarification

Laundry areas must be inaccessible to children since dangerous equipment and cleaning supplies are located in this area. Frontloading washers can be particularly dangerous because the controls are often located on the front panel, within easy reach of a young child, and the doors lock when the machine is started. When children handle soiled laundry, their hands can be contaminated with germs which may cause the spread of illness. When children handle clean laundry, germs on their hands can be spread to these items and onto the persons who use them.

If washer and dryer units are located in passageway areas that are used by children, a barrier should be placed around the equipment or the openings to both units should be secured to restrict children’s access to the equipment.

Indicators

- ✓ Observe the location of the center’s laundry area.
- ✓ Check to ensure that children do not have access to soiled or clean laundry, and/or to washer and dryer equipment.

Best Practices:

- Place a “Staff Only” sign on the laundry room door as a visual reminder that no children are allowed in this space.

Things for child care programs to consider:

- Remember that laundry products such as detergent, bleach, fabric softener, etc. must be kept out of children’s reach at all times. These items must be stored in a locked area or in an area that is not accessible to children.

591-1-1-.17 Hygiene

(10) Potty Chairs. If used, toilet potty chairs shall after each use be emptied by disposal in a flush toilet, cleaned with a disinfectant, and stored in the bathroom. If a sink is used, the sink shall also be disinfected.

Rule Type: Non-Core Rule

Intent

To prevent the spread of infection and protect the health and safety of children.

Clarification

Potty chairs carry distinct risks to the child care environment. Since potty chairs are one of the places where germs, which cause disease, are most likely to live and spread, the equipment must be handled with extreme care and attention to sanitation. Potty chairs must be used and stored in the bathroom, and emptied, cleaned and disinfected immediately after each use. Staff should follow the manufacturer's instructions for the type of disinfectant used (i.e., bleach or commercial product).

Indicators

- ✓ Observe the location and children's use of potty chairs (if applicable).
- ✓ Ask staff to describe how and when potty chairs are cleaned.
- ✓ Observe potty chairs to ensure they are empty and clean when not in use.
- ✓ Observe that staff disinfect sinks after each use (i.e., if sinks are used to clean and disinfect potty chairs).

Best Practices:

- Use potty chairs constructed of plastic or similar nonporous synthetic products. Wooden potty chairs are not recommended, even if the surface is coated with a finish. The finished surface of wooden potty chairs is not durable and may become difficult to wash and disinfect effectively.

Things for child care programs to consider:

- Store potty chairs in an area of the bathroom that is not accessible to children. Potty chairs should be accessible to children only under direct supervision.

591-1-1-.17 Hygiene

(11) Soiled Containers and Items. Separate containers shall be used for storing soiled disposable items, such as disposable diapers, disposable washcloths and soiled nondisposable items, such as cloth diapers, washcloths and bed linens. Such containers shall be waterproof or equipped with a leakproof disposable liner, covered, easily cleaned and maintained in such a manner so as the contents of the container are never accessible to the children.

(12) Wet clothing. Children's wet or soiled clothing shall be stored in individual plastic bags immediately after being removed from the child.

Rule Type: Non-Core Rule

Intent

To prevent contamination and to control the spread of infection by ensuring that children are not exposed to soiled, potentially infectious items. To facilitate the return of non-disposable articles to parents.

Clarification

Separate, plastic-lined soiled item containers that children cannot access prevent children from coming into contact with bodily fluids and help to control odors within the child care facility. Soiled item containers should be placed in areas that are not accessible to children, or the type of container used should restrict children's access to the contents (e.g., container has a lid that will lock or latch, container is so tall that children cannot lift the lid to access the contents, etc.).

Soiled or wet clothing should be stored in plastic bags **without** rinsing prior to storage. Clothing soiled with feces should not be washed at the center. Staff should first empty any feces from the diaper/clothing into the toilet (being careful not to touch the water with their hands), then place the diaper/clothing into sealed plastic bags for parents to pick up at the end of the day. Individual bags must be used to ensure that the correct articles are returned to parents.

Indicators

- ✓ Observe the storage of soiled disposable and soiled non-disposable items to ensure that separate containers are used.
- ✓ Check soiled item containers to ensure they are waterproof or have a leakproof disposable liner, covered, and easily cleaned.
- ✓ Observe the location of soiled item storage containers. If located in an area where children have access to the containers, ensure that the contents are not accessible.
- ✓ Observe the storage of children's wet or soiled clothing. If not observed, ask staff about the storage procedures for these items.

Best Practices:

- Use a hands-free container for soiled items so that hands are not required to open the lid to place items inside the container.

Things for child care programs to consider:

- Label soiled item containers to indicate which container should be used for soiled disposable vs. soiled non-disposable items. This will serve as a visual reminder for staff and will ensure that they discard soiled items in the appropriate container.

591-1-1-.18 Kitchen Operations

(1) Food. Food shall be in sound condition, free from spoilage and contamination and safe for human consumption. Eggs, pork, pork products, poultry and fish shall be thoroughly cooked. All raw fruits and vegetables shall be washed thoroughly before being cooked or served. Foods not subject to further washing or cooking before serving shall be stored in such a manner as to be protected against contamination. Meats, poultry, fish, dairy products and processed foods shall have been inspected under an official regulatory program. Hot foods shall be maintained at a temperature of one hundred forty (140) degrees Fahrenheit or above except during serving. Food and drinks shall be prepared as close to serving time as possible to protect children and Personnel from foodborne illness.

Rule Type: Non-Core Rule

Intent

To prevent foodborne illnesses and to prevent contamination and spoilage which can result from improper handling or transportation of food. To ensure that raw food is free of dirt, pesticides, and any other disease-causing agents. To ensure food has been inspected and approved for human consumption.

Clarification

Food products should be inspected by the United States Department of Agriculture (USDA) or other recognized authority prior to acceptance at the facility. The center should not use cans that are dented, rusted, swollen, leaking, or unlabeled; home-canned or home-frozen foods; packages/other containers that are punctured or otherwise damaged; cracked or unclean eggs, etc. The center should not use any product that has passed its labeled expiration date.

Raw fruits and vegetables must be rinsed thoroughly before cooking or serving and should be covered afterward to prevent contamination.

Salmonella poisoning, trichinosis, and other foodborne illnesses can be contracted from consuming undercooked eggs, pork, pork products, poultry and fish. If raw meats have been mishandled, bacteria may grow and produce toxins which can cause foodborne illness. A chart on the safe minimum cooking temperatures for foods can be found at: <https://www.foodsafety.gov/keep/charts/mintemp.html>.

Bacteria grow most rapidly in the range of temperatures between 40- and 140-degrees Fahrenheit (°F), doubling in number in as little as 20 minutes. Hot foods that are kept at 140 °F will help to ward off the onset of bacteria growth. Food should never be left out of refrigeration for over two hours. If the air/room temperature is above 90 °F, food should not be left out for more than one hour.

Indicators

- ✓ Check food for the conditions specified by the rule. Notice any damage to packaging, expiration dates that have expired, condition of canned goods, use of home-canned or home-frozen foods, USDA labels (if applicable), etc.
- ✓ Observe kitchen operations during food preparation. If not observed or if the center uses catering services, ask the Director or kitchen staff about the center's food preparation policies and procedures.
- ✓ Check mealtimes listed on the daily classroom schedules and observe meal service to ensure that meals and snacks are served promptly after food is prepared.

Best Practices:

- Create a system for checking non-perishable foods to ensure these items have not expired (e.g., on the 1st and 15th of every month). Schedule routine times for kitchen staff to check perishable items such as leftovers in the refrigerator, fresh fruits and vegetables, etc.
- Identify multiple staff persons who are knowledgeable and aware of kitchen operations and assign these staff to kitchen duties during the cook's absence.
- Keep thermometers on hand to ensure that hot foods are maintained at the proper temperature of 140 °F or above prior to serving.

Things for child care programs to consider:

- Remember that the person primarily responsible for food preparation (i.e., the cook) and the Director must complete food preparation training within the first year of employment as required by Rule 591-1-1-.33(5).
- Ensure that all requirements, policies and procedures of the Child and Adult Care Food Program (CACFP) are followed if the center participates in the program.

591-1-1-.18 Kitchen Operations

(2) Food Preparation Areas. Each Center shall have a designated space for food preparation separate from rooms used by children and in an area not used for diaper changing. The area shall be kept clean and free of accumulation of dust, dirt, food particles and grease deposits. Food preparation surface areas shall be nonporous with no unsealed cracks or seams.

(3) Ventilation shall be provided either by mechanical or natural means so as to provide fresh air and control of unpleasant odors in the food preparation area.

(4) Kitchen lights shall be shielded.

Rule Type: Non-Core Rule

Intent

To ensure sanitary conditions and prevent contamination of food and drinks. To ensure that food preparation does not interfere with other planned activities. To provide proper environmental conditions conducive to safe food preparation and to prevent odors and condensation that could contribute to food contamination.

Clarification

The presence of children in the food preparation area increases the risk of contamination of food and the risk of injury to children. All surfaces that come into contact with food, including tables and countertops, as well as floors and shelving in the food preparation area should be in good repair, kept clean, and sanitized. Food should not be prepared on or near the diaper-changing surface. The use of a separate area for food preparation helps to reduce contamination from these areas and/or surfaces.

“Nonporous” means that counter tops and other preparation surfaces are smooth, waterproof, and easy to clean. Cracked or porous materials should be replaced because they trap food and other organic materials in which microorganisms can grow. Harsh scrubbing of these areas tends to create even more areas where organic material can lodge and increase the risk of contamination. Repairing cracks, seams, or other damaged areas with tape is not acceptable. Wooden butcher block counters must be sealed. Wooden cutting boards and utensils are not permitted.

“Mechanical or natural” ventilation means by an exhaust fan or operable screened window. The requirement cannot be met only by a ceiling fan or only by central heating/air in the kitchen or food preparation area. Properly maintained vents and filters control odor, fire hazards, and fumes. An exhaust system must collect fumes and grease-laden vapors properly at their source. Proper construction of the exhaust system ductwork assures that grease and other build-up can be easily accessed and cleaned. Use of shielded or shatterproof bulbs prevents injury to people and contamination of food.

Indicators

- ✓ Observe the center's designated food preparation area to ensure the area is clean and separate from children's rooms and diapering.
- ✓ Check food preparation surfaces to ensure the surfaces are nonporous, and free of unsealed cracks and/or seams.
- ✓ Observe the ventilation used in the food preparation area (i.e., mechanical or natural) and check to ensure that the ventilation is operable (i.e., vented exhaust fan has suction, window is screened and operable).
- ✓ Check kitchen lights and stove hood lights for protective shields.

Things for child care programs to consider:

- Remember that kitchen areas should be cleaned daily or more often, if needed. Food preparation equipment such as stovetops, ovens, microwaves, etc. should be kept clean.
- Repair cracks and seams on food preparation surfaces in accordance with manufacturer's guidelines.
- Fluorescent light bulbs encased in plastic by the manufacturer are acceptable for the shielded requirement.

591-1-1-.18 Kitchen Operations

(5) Refrigeration. All perishable and potentially hazardous foods shall be refrigerated at a temperature of forty (40) degrees Fahrenheit or below and served promptly after cooking. Freezer temperature shall be maintained at zero (0) degrees Fahrenheit or below.

Rule Type: Non-Core Rule

Intent

To prevent contamination of food by disease-causing organisms.

Clarification

“Potentially hazardous foods” means any perishable food consisting of milk or milk products, eggs, meat, poultry, fish, shellfish, or other ingredients that can support rapid and progressive growth of harmful organisms. Refrigeration slows bacterial growth. Bacteria grow most rapidly in the range of temperatures between 40- and 140-degrees Fahrenheit (°F); therefore, a refrigerator set at 40 °F or below will protect foods. While many foods will freeze at about 32 °F, they should be stored at 0 °F to slow down deterioration.

To help ensure the safe storage of foods, it is important that child care centers verify refrigerator and freezer temperatures. Refrigerators should be set to maintain a temperature of 40 °F or below and freezers at 0 °F. The temperature inside a refrigerator should be 40 °F or below throughout the unit, so that any place is safe for storage of any food. It is recommended that centers use a thermometer in the refrigerator and freezer to ensure maintenance of required temperatures.

Indicators

- ✓ Check the temperature of the center’s refrigerator(s) and freezer(s) with a thermometer. Ensure that proper temperatures are maintained (i.e., 40 °F or below for refrigerator(s), and 0 °F or below for freezer(s)).
- ✓ Observe perishable and potentially hazardous foods to ensure these items are refrigerated properly.
- ✓ Observe a meal and/or snack service to ensure that perishable and potentially hazardous foods are served promptly after cooking or promptly after being removed from the refrigerator (if no cooking is required).

Best Practices:

- Place a working thermometer in each refrigerator and freezer to ensure appropriate temperatures are maintained. Create a schedule to routinely monitor the temperatures.

Things for child care programs to consider:

- Defrost the freezer(s) according to the manufacturer's guidelines and instructions (i.e., when and how to).
- The center shall provide proper storage and refrigeration for food brought from home (i.e., sack lunches, lunch boxes, snacks, etc.).
- Consider using a thermometer with a digital alarm notification for the refrigerator and freezer to send a notification when temperatures fall lower than the recommended temperature.

591-1-1-.18 Kitchen Operations

(6) Dishwashing. Non-disposable dishes, glasses and silverware shall be properly cleaned by pre-rinsing, or scraping, washing, sanitizing and air drying. A three (3) compartment sink or a dishwasher with a sani-cycle or capability of maintaining a rinse water temperature of a minimum of one hundred fifty (150) degrees Fahrenheit and a two (2) compartment sink shall be available. Dishes, glasses and silverware shall be rinsed in the approved dishwasher or rinsed in a chemical sanitizer and air dried.

Rule Type: Non-Core Rule

Intent

To prevent cross-contamination and prevent the spread of infection.

Clarification

The accumulation of food residues can decompose and support the rapid development of food poisoning toxins or other organisms; therefore, dishes, glasses and silverware must be properly cleaned before reuse. Pots and pans used in the cooking process only require washing and rinsing since children do not handle these items. If the center uses disposable dishes, cups and silverware, only a two (2) compartment sink is required; however, if any non-disposable dishes, cups, or silverware are used (including children's sippy cups), the center must meet the conditions specified by the rule. If the dishwasher does not have a sani-cycle or a rinse water temperature of at least one hundred fifty (150) degrees Fahrenheit, dishes, cups, and silverware should be sanitized for at least one-half minute. Adding chlorine bleach to the rinse cycle in the dishwasher is acceptable.

The steps for using a three-compartment sink are: scrape; pre-rinse; wash thoroughly in a hot detergent solution (first compartment); rinse in clear warm water (second compartment); immerse in a chemical sanitizing agent (third compartment); air dry on a non-porous drain rack. The washing water must be kept clean, and the sink refilled as often as necessary. Drying cloths should not be used to dry or drain clean dishes. A bucket, tub, basin, etc. will not be acceptable as a third compartment with a two-compartment sink.

Indicators

- ✓ Observe or ask staff if non-disposable dishes, glasses, and silverware are used. If so, observe that a three-compartment sink, or a dishwasher and a two-compartment sink are available for dishwashing. Check to ensure that the sinks and dishwasher are in working order.
- ✓ Observe that a two-compartment sink is available for washing pots, pans, and serving utensils if all the dishes, glasses, and silverware used by the center are disposable.
- ✓ Ask the cook (or other staff responsible for washing dishes) to describe dishwashing steps if a three-compartment sink is used.
- ✓ Check the dishwasher for a sani-cycle, if applicable. If the dishwasher does not have a sani-cycle, check the water temperature during the rinse cycle or ask the Director and/or cook to describe how dishes are sanitized.

Best Practices:

- Encourage kitchen staff and any other staff involved in the center's food service to take refresher food service/food preparation training bi-annually.

Things for child care programs to consider:

- Follow the manufacturer's instructions when using bleach or a commercial sanitizer.
- If the dishwasher malfunctions, it will need to be repaired/replaced as soon as possible. While waiting for repairs or a replacement, the center must use all disposable dishes, cups, and silverware or wash, rinse, and sanitize dishes in a three-compartment sink.

591-1-1-.18 Kitchen Operations

(7) Storage Areas. Each Center shall have a designated space for storage of food and kitchen items. The area shall be kept clean and free of accumulation of dust, dirt, food particles and grease deposits.

(8) Containers of food shall be stored above the floor on clean surfaces protected from splash and other contamination. Containers for food storage other than the original container or package in which the food was obtained, shall be impervious and non-absorbent, have tight-fitting lids or covers and labeled as to contents.

(9) Cleaning materials shall be stored separately from food.

Rule Type: Non-Core Rule

Intent

To ensure sanitary conditions. To protect food from contamination by moisture, insects, rodents, dust, cleaning materials, etc. To ensure that children only receive the food intended for them. To facilitate cleaning of the kitchen area.

Clarification

Food storage areas should be dry, clean, and well-ventilated. It is recommended that shelves be easily cleanable and at least six inches off the floor. It is acceptable for cleaning materials to be stored on a separate shelf in a pantry (such as the bottom shelf) as long as food cannot be contaminated by the materials.

Once an original food container has been opened, the contents must be protected from contamination. Opened bags of flour, sugar, etc. can be placed in plastic bags for additional protection. Twist ties and firm clamps are acceptable for closing bags of food (such as frozen foods, bread, and cookies). If used, reusable food storage containers should have openings large enough for scrubbing purposes and smooth inside surfaces (such as glass or plastic). Reusable food storage containers should be clearly labeled to easily identify the contents of the container.

Indicators

- ✓ Check food and kitchen item storage areas for cleanliness (e.g., no evidence of insects and rodents, and refrigerator(s), freezer(s), pantries and cabinets free of food spills and splatters, etc.).
- ✓ Observe the storage of food and food containers to ensure these items are stored above the floor and on clean surfaces protected from splashes and other contamination. If food is observed in the classroom(s), check for proper storage.
- ✓ Observe food storage containers (other than the original container) to ensure they are impervious and non-absorbent, have tight-fitting lids or covers, and are labeled as to contents. If open bags/boxes of food are observed in the original container, check to ensure they are closed.
- ✓ Check to ensure that food and cleaning materials are stored separately.

Best Practices:

- Develop a schedule for cleaning the refrigerator(s), freezer(s), and food storage areas.

Things for child care programs to consider:

- Add the date that the food product was opened and placed into a storage container on the container's label as this will allow staff to monitor the freshness of the food. This helps to ensure that only quality food is provided and served to children.

591-1-1-.18 Kitchen Operations

(10) Garbage. Garbage shall be stored in trash containers with lids. Containers shall be emptied and cleaned as needed. Acceptable facilities, including water and detergent or steam, shall be provided and used for cleaning containers. Areas around outside containers shall be kept clean.

Rule Type: Non-Core Rule

Intent

To ensure sanitary conditions and to prevent invasion by animals and insects.

Clarification

Kitchen garbage often contains organic material such as fruit and vegetable peels, egg shells, and food scraps. This material attracts insects and animals, and the decomposition of the material creates unpleasant odors. Proper storage and disposal of garbage not only prevents the spread of disease, but it also helps to control unpleasant odors and other problems with insects and animals.

Garbage containers should be constructed of durable metal or other types of material, designed and used so insects and animals do not have access to the contents, and so they do not leak or absorb liquids. The containers must be kept covered with tight-fitting lids or covers when stored and emptied and cleaned as needed. This requirement applies to garbage containers located on the inside as well as the outside of the facility. Garbage areas should be free of litter and waste that is not contained, and exterior garbage containers should be stored on an easily cleanable surface.

Indicators

- ✓ Observe all kitchen garbage storage containers to ensure they have lids and are emptied and cleaned as needed.
- ✓ Observe areas around outside garbage storage containers for cleanliness.
- ✓ Ask the Director about the center's cleaning procedures for garbage storage containers.

Best Practices:

- Use a daily schedule for removal of trash from inside the kitchen.
- Create a cleaning schedule for garbage storage containers.

Things for child care programs to consider:

- Remember that kitchen garbage containers should have liners, and liners should be replaced each time the container is emptied.

591-1-1-.18 Kitchen Operations

(11) Hygiene. Kitchen Staff shall wash their hands and arms thoroughly with liquid soap and warm running water before starting food service work and shall wash hands during work hours as often as may be necessary to remove soil and contamination as well as after visiting the toilet room.

Rule Type: Non-Core Rule

Intent

To promote good hygiene, prevent contamination of food, and prevent the spread of infection.

Clarification

Frequent handwashing is the single most effective means of preventing the spread of bacteria and viruses that can cause food-borne illness. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Since kitchen staff are primarily responsible for the center's food preparation and food service, it is important that they practice proper handwashing techniques at all times such as prior to, during, and after food preparation and after handling raw meat.

To ensure hands and arms are washed thoroughly, staff should apply liquid soap after wetting their hands and arms with warm running water (between 60- and 120-degrees Fahrenheit). Hands and arms should then be rubbed vigorously as they are washed for at least twenty seconds, rinsed thoroughly with running water, and dried with a clean, single-use or disposable towel.

Indicators

- ✓ Observe the handwashing procedures of kitchen staff. If not observed, ask staff to describe their handwashing procedures.
- ✓ Check handwashing sink areas for liquid soap and warm running water.

Things for child care programs to consider:

- After hands and arms are washed and dried, staff should turn off the faucet with the same towel they used to dry their hands.

591-1-1-.18 Kitchen Operations

(12) Exclusion of Children. Children shall not be permitted in the kitchen except as part of a planned, supervised learning experience.

Rule Type: Non-Core Rule

Intent

To protect children's safety.

Clarification

The presence of children in the kitchen increases the risk of contamination of food and the risk of injury to children from burns or potentially dangerous appliances/utensils. Use of kitchen appliances and cooking techniques may require more skill than can be expected for children's developmental level. The most common burn in young children is scalding from hot liquids tipped over in the kitchen. The kitchen should be used by staff who know and follow the food safety rules of the facility, so they do not contaminate food and surfaces used for food-related activities. Under adult supervision, children may be encouraged to help with developmentally appropriate food preparation, which increases the likelihood that they will eat new foods.

Indicators

- ✓ Observe whether children have access to the kitchen area. Ask the Director and/or staff about kitchen access and any planned learning activities that take place in the kitchen.

Best Practices:

- Place a "Staff Only" sign on the kitchen door as a visual reminder to staff that children should not be present.
- Encourage staff to plan and implement food activities within the classroom(s) instead of the kitchen.

Things for child care programs to consider:

- Remember that the kitchen area must be completely surrounded by a minimum of a four-foot wall/barrier with a door that is at least four feet in height (i.e., if the kitchen isn't fully enclosed with floor to ceiling walls and a full door).

591-1-1-.19 License Capacity

(1) Usable Space Per Child. A Center’s License capacity is based upon its size. A Center must have thirty-five (35) square feet of usable space per child. Kitchens, bathrooms, closets, halls, storage areas or rooms, offices, rooms designated for Staff use, other single use areas and space occupied by adult size furniture shall be excluded in determining usable space.

Rule Type: Core Rule

Intent

To ensure that the indoor environment provides adequate space for children’s growth and development through exploration, freedom of movement, etc.

Clarification

Young children relate to the world through their bodies and their senses, and they require space in which to learn by moving and doing. The size of the play space influences how children behave in a child care setting. According to the American Academy of Pediatrics, crowding reduces the ability to control the spread of infection. Crowding can also have a negative effect on children’s activities and state of mind. Inadequate space can lead to aggressive, destructive and unfocused behavior. In addition, the risk of injury from accidents rises when children have insufficient play space. Children’s behavior is more positive when the environment includes enough space for them to participate in developmentally appropriate activities.

- To determine the usable floor space in each child care room/area and the total licensed capacity for the center:
1. Measure the length and width of the room/area from inside wall to inside wall. (A conversion chart converting inches into decimals is shown below.) Multiply the measurements together to determine the square footage of the room/area. Protrusions such as bathrooms, closets, door insets, etc. are not counted when determining the licensed capacity of the child care room/area. These protrusions must be deducted from the square footage of the room/area to obtain the usable floor space.
 2. Divide the usable floor space by 35 square feet to obtain the licensed capacity of the child care room/area. To express the figure as a whole number, decimals of .50 and above should be rounded up, and those of .49 and below should be rounded down.
 3. Add the capacity of each child care room/area together to obtain the total licensed capacity for the center.

Conversion Table: Inches to Decimals	
INCHES	DECIMALS
1	.08
2	.17
3	.25
4	.33
5	.42
6	.50
7	.58
8	.67
9	.75
10	.83
11	.92

Areas designated for special use (e.g., cafeteria, gym, activity room, etc.) by programs must be approved by the Department and adhere to applicable licensing requirements. These spaces are limited for use to no more than 30 minutes a day by each group of children. Requirements for mixed age groups and staff:child ratios shall be maintained when using these areas.

Indicators

- ✓ Observe the number of children present in each classroom and check against the assigned capacity for that classroom.
- ✓ Observe the total number of children present in the center and check against the center's total licensed capacity. If the center has more than one building, observe the total number of children present in each building and check against the building's licensed capacity.
- ✓ Observe and/or ask about the utilization of special use areas to ensure applicable licensing requirements are being met and the program is following guidelines for use.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.19(1) - A Center must have thirty-five (35) square feet of usable space per child	Never	Never	If additional child arrives and Staff immediately reconcile licensed capacity of classroom OR if a special activity is occurring in a special use area, remind of parameters such as time limits and appropriate activities	Up to 10% over capacity with <u>no</u> incident or injury	More than 10% over capacity OR over capacity with an incident and/or injury with no medical attention or with medical attention as a precaution	Over capacity with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Post the licensed capacity of each classroom on a wall inside the classroom.
- A sectioned-off foyer located at the entrance of the center is not required. However, a foyer may be helpful to prevent access to the entrance/exit by children, control dirt and germs entering the classroom, and create less interruption of the classroom as parents and children enter and exit the building(s).
- Smaller group sizes and ratios enable an optimal environment for careful supervision, individualized care, and intentional teaching.
- With smaller group sizes and ratios, high quality care and learning can take place because there is enough support to enable it to occur.

Things for child care programs to consider:

- Remember that only licensed space can be utilized for the care of children. The center must submit an amendment application to the Department and be given prior approval before increasing its licensed capacity and/or using an unlicensed space for children. The application can be completed through DECAL KOALA found at: <https://www.decalkoala.com/Default>.
- Remember that the total licensed capacity of the center and/or building can be limited by factors such as the number of available sinks and toilets, the size of the playground area(s), the fire marshal's occupant load, etc.

591-1-1-.19 License Capacity

(2) Exception. Upon approval by the Department, a Center may designate two (2) specific one (1) hour periods each day when only twenty-five (25) square feet of space per child is provided for children three (3) years of age and older in their assigned rooms or areas. This provision is intended to account for increased attendance for before-school and after-school care.

Rule Type: Non-Core Rule

Intent

To comply with the legal requirement of O.C.G.A. 20-1A-10(i) which allows a child care learning center to designate two (2) one-hour periods daily during which twenty-five (25) square feet of usable space per child may be provided for children three years of age and older.

Clarification

The licensed capacity of a child care learning center is based on having thirty-five square feet of usable floor space per child as noted in Rule 591-1-1-.19(1); however, a center is permitted to designate two specific one-hour periods each day when it may increase its licensed capacity for children three years of age and older. This provision accounts for increased attendance by school-age children before and/or after school. It is allowed since the periods of increased capacity are short in duration and typically include periods of outdoor play time and sedentary indoor activities such as snacks and homework.

During the designated periods of increased capacity, which may be either two separate hours or two consecutive hours, the center may provide only twenty-five square feet of usable floor space per child in classrooms licensed for children three years of age and older. The center must submit a written request and gain approval from the Department before the increase in capacity is allowed. The approved designated hours remain constant and may only be changed by submitting a new written request to the Department.

Indicators

- ✓ Observe the number of children in each classroom and check against the classroom's assigned 25 square foot capacity. Check for adherence to the designated time periods.
- ✓ Confirm with the Director the designated time periods for the 25 square foot capacity approval and verify in KOALA Outback.
- ✓ Observe the total number of children present in the center and check against the center's total licensed capacity during the 25 square foot time period(s). If the center has more than one building, observe the total number of children present in each building and check against the building's licensed capacity during the 25 square foot time period(s).

Best Practices:

- Post each classroom's 25 square foot capacity on a wall inside the classroom (if applicable).

Things for child care programs to consider:

- Remember that the 25 square foot capacity of the center and/or building can be limited by factors such as the number of available sinks and toilets, the size of the playground area(s), etc.
- The 25 square foot capacity increase is only valid for the two approved hours and does not apply to the remainder of the day when extra children may be present due to school holidays, summer breaks, etc.
- The center must submit a 25 square foot request application to the Department and be given approval prior to increasing a classroom's capacity. The application can be completed through DECAL KOALA found at: <https://www.decalkoala.com/Default>.
- For a classroom to be eligible for the 25 square foot approval, all the children in the classroom must be three years of age and older.
- Remember to post the 25 square foot approval letter with the Center's license.

591-1-1-.20 Medications

(1) Parental Authorization. Except for first aid or as authorized under Georgia law, Personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or Parent. Such authorization will include when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of Parent.

(2) Dispensing Medication. Written authorization to dispense medications shall be limited to two (2) weeks unless otherwise prescribed by a physician or authorized under Georgia law. Medication shall only be dispensed out of its original container which must be labeled with the child's name or as authorized under Georgia law.

(3) Dispensing Records. The Center shall maintain a record of all medications dispensed to children by Personnel to include the date, time and amount of medication that was administered; any noticeable adverse reactions to the medication; and the signature or initials of the person administering the medication.

Rule Type: Core Rule

Intent

To protect children's health and safety by ensuring they receive proper medication in the correct dosage as authorized and instructed by their parent, legal guardian, or physician. To provide documentation as a protection to both the child and the center, and to provide this information to parents.

Clarification

Medications can be crucial to the health and wellness of children; however, they can also be very dangerous when improperly administered. Before assuming responsibility for administration of prescription and/or non-prescription medication, the center must have clear, accurate instructions from a child's parent. The center should use the details on the medication authorization form to ensure that a child receives the proper dosage of prescribed and over-the-counter medication as authorized and instructed by his/her parent. These details are not required for non-prescription topical medications such as diaper rash ointment (e.g., Desitin, Vaseline, etc.), sunscreen, and insect repellent; however, written parental authorization for their use is required.

In situations where a child has a chronic medical condition which requires that an emergency medication, such as an Epi-Pen, remain on the center's premises a signed parental authorization must be maintained on site for the medication. The authorization should reflect that the medication is for "Emergency Use Only" and should contain specific information regarding when staff should administer the medication (e.g., "in case of allergic reaction such as swelling and difficulty breathing", etc.). In other emergency situations such as a child having a high fever, the center may obtain verbal authorization from the parent over the telephone to be followed with a written and signed authorization when the parent arrives at the center.

A medication authorization can exceed the two-week limitation for a child who has a chronic condition that requires consistent, long-term medication provided that a physician's authorization is maintained in the child's file or when authorized by Georgia law. The related chronic condition should be noted on the authorization form signed by the parent. An authorization with that notation remains valid until the parent notifies the center of a change or until the

expiration date of the prescription. A parent may renew a medication authorization by completing a new form at the end of the two-week period (if necessary) to continue a medication as long as the child's physician has authorized the medication for a longer time period. In these situations, the physician's authorization/statement should also be maintained on file at the center.

Proper labeling of medications is crucial for safety. Prescription and over-the-counter medications should be in the original containers and labeled with a child's full name. A center may have over-the-counter medications (e.g., Tylenol or Benadryl) on hand for emergency situations; however, procedures must be in place for their use and staff must be aware of the procedures. These medications must be marked "For Center Use Only" and parental authorization (verbal and written) must be obtained if these medications are dispensed.

All medications must be within the expiration dates noted on the containers. Sample medications are allowed as long as there is a doctor's statement to indicate the name of the medication, the child's name, dosage, date, times per day to administer and the duration period that the medication should be administered.

Administering medication requires skill, knowledge and careful attention to detail. Center staff must be diligent in their adherence to the medication administration policy and procedures to prevent any inadvertent medication errors which may be harmful to a child. The medication dispensing record protects the person who administers medication by documenting the process. The medication dispensing record should reflect that medication was administered as authorized by the parent and should document the reason if the medication was not administered (e.g., child absent, medication not brought by the parent, etc.). The record can be in any format as long as it contains the required information as noted in the rule.

Indicators

- ✓ Review a sample of five medication authorization forms to ensure that complete information has been obtained from the parent(s) as specified by the rule requirements and to verify that dispensing record documentation is complete and does not exceed a two-week period unless a physician's authorization/statement is on file.
- ✓ Check all medications present at the center to ensure the medications are in the original containers, are labeled properly and have not expired.
- ✓ Review the center's policies and procedures regarding medication administration requirements.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.20(1) - Parental authorization showing: Child's name, medication name, Rx # (if applicable), date(s) and time(s) to be given, dosage, Parent/Guardian signature & date authorizing	If medication has not been administered since last visit or since medication was last evaluated; If forms are inaccessible *If this is the case, cite Staff .31(1)(a)	If program does not administer any medication	If planning to dispense medication in the future; Isolated instance of incomplete paperwork other than missing parent signature *If TA documented on previous visit, move to Low Risk	Incomplete paperwork: missing date(s), prescription name and/or number, dosage, time(s), etc.; Medication is on-site with no medication authorization, but not dispensed	Dispensed medication without authorization with no adverse reaction; Missing Parent/Guardian signature with no adverse reaction; Incorrect type/amount dispensed with no adverse reaction; Medication not dispensed as authorized	Dispensed medication without authorization with an adverse reaction; Missing Parent/Guardian signature with an adverse reaction; Incorrect type/amount of medication dispensed with an adverse reaction; Medication dispensed to the wrong child	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
.20(2) - Dispensing medication: Limit to two weeks, original container labeled with Child's name	If medication has not been administered since last visit or since medication was last evaluated; If forms are inaccessible *If this is the case, cite Staff .31(1)(a)	If program does not administer any medication	If planning to dispense medication in the future; Medication container only has first or last name, not full name; *If TA documented on previous visit, move to Low Risk	Medication not in original container with no incident or adverse reaction	Medication dispensed beyond two weeks without physician's authorization with no incident or adverse reaction	Medication not in original container with an incident or adverse reaction; Medication dispensed beyond two weeks with an incident or adverse reaction	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
.20(3) - Dispensing records showing: Date(s), time(s), amount administered, adverse reaction, staff initials	If medication has not been administered since last visit or since medication was last evaluated; If forms are inaccessible *If this is the case, cite Staff .31(1)(a)	If program does not administer any medication	If planning to dispense medication in the future; Isolated instance of incomplete paperwork other than missing parent signature *If TA documented on previous visit, move to Low Risk	Incomplete dispensing record: not documenting adverse reaction(s) or not documenting N/A or None for no adverse reactions, missing date(s) or time(s) dispensed, initials, amount dispensed etc.	Dispensed medication not documented at all with no incident or injury	Dispensed medication not documented at all with an incident or injury (i.e. over medicating a child)	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Review medication authorization forms and check medication containers at the point of submission by the parent(s) to ensure all information has been filled out correctly on the forms and to ensure the containers are original and correctly labeled.
- Assign one primary staff person and a back-up staff person to dispense all medications and to maintain documentation of dispensing records.
- Schedule specific times during the day when medication will be administered (e.g., 11AM and 3PM) and notify parents that medications will only be dispensed at these specific times. Include this information in the center's policies and procedures.

- Keep a dispensing record of all medications administered to children while they are in the center's care regardless of who administers the medications. For example, if a child self-administers a non-emergency injection, maintain documentation as a protection for the child and the center.
- Store current medication authorization forms in a private central location (e.g., in a notebook, on a clipboard, etc.) that is accessible only to staff who are authorized to dispense medications.

Things for child care programs to consider:

- Refer to the American Academy of Pediatrics' medication administration training material (i.e., the "5 Rights of Medication Administration") for best practices when administering medication to children. This information can be found at:
<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-child-care/Pages/Healthy-Futures.aspx>
- The American Academy of Pediatrics' resource document "5 Rights of Medication Administration-Rationale and Considerations" can be found at:
https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-child-care/Documents/M3_5Rightsp.pdf
- The Department's sample medication authorization form and sample food allergy action plan can be found on the Department of Early Care and Learning's (DECAL) website at the following links:
<http://www.dec.al.ga.gov/documents/attachments/MedicationAuthorization.pdf>
<http://www.dec.al.ga.gov/documents/attachments/AllergyActionPlan-CCS.pdf>
- A sample asthma action plan from Children's Healthcare of Atlanta can be found at:
<https://www.choa.org/~media/files/Childrens/medical-services/asthma/asthma-action-plan-older-children.pdf?la=en>.

591-1-1-.20 Medications

(4) Storage. Medications shall be kept in a storage cabinet or container which is locked or otherwise not accessible to the children and shall be stored separate from cleaning chemicals, supplies or poisons. Medications requiring refrigeration shall be placed in a leakproof container in a refrigerator that is not accessible to the children.

Rule Type: Core Rule

Intent

To protect the health and safety of children by providing safe storage of medication.

Clarification

Child-resistant safety packaging has been shown to significantly decrease poison exposure incidents in young children. It is not necessary to lock a medication storage container that is clearly inaccessible to children, such as a container placed on a high shelf out of children's reach. A leakproof container means that the container should be covered or enclosed to prevent leakage. The original medication bottle is acceptable provided the cap is tightly secured to prevent leakage. Additional measures may be necessary to make a refrigerator (located in the classroom) inaccessible to children when medications are stored inside the refrigerator. For example:

- Place a lock on the door handle of the refrigerator.
- Wrap a rubber strap or Velcro strip around any small (compact model) refrigerator. The strap or strip should fit tightly enough around the refrigerator so that a child could not insert their head between the strap/strip and the refrigerator.
- Place and secure a small refrigerator on counter space that is out of children's reach and not in the diapering area.

Indicators

- ✓ Observe the center's storage of all medication for the conditions specified by the rule requirements. Ensure that medications are not stored in children's book bags, in cubbies that children can reach, in diaper bags if accessible to children, etc.
- ✓ Ask the Director and/or staff about the center's medication storage practices (if not observed during the inspection visit).

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.20(4) - Storage: Kept in a locked or inaccessible storage cabinet or container; separate from cleaning chemicals, supplies or poisons; refrigerated meds kept in leak-proof container	If medication has not been administered since last visit or since medication was last evaluated	If program does not administer <u>any</u> medication	If planning to dispense in the future	Medication stored with cleaning chemicals/supplies or poisons with <u>no</u> incident or injury; Medication accessible but <u>not</u> handled or ingested by a child (located in cubbies, drawer, etc.)	Medication handled with <u>no</u> incident or injury	Child ingested and/or handled medication <u>with</u> an incident and/or injury; Medication stored with cleaning chemicals/supplies or poisons <u>with</u> an incident and/or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Ensure keys are accessible to staff at all times if medications are stored under lock and key.

Things for child care programs to consider:

- Advise staff in each classroom to check children's book bags, diaper bags, etc. as children arrive for care each day. When observed, medications should be removed and stored appropriately.

591-1-1-.20 Medications

(5) Unused Medication. Medicines which are no longer to be dispensed shall be returned to the child's Parent(s) immediately.

Rule Type: Non-Core Rule

Intent

To ensure that a safe and healthy environment is maintained for children.

Clarification

Medication (prescription and non-prescription) should be returned to the parent immediately when the authorization to dispense the medication expires. This eliminates the risk of an employee giving the wrong medication to a child.

In the event medication cannot be returned to the parent (e.g., child no longer enrolled), it should be disposed of according to the recommendations of the U.S. Food and Drug Administration (FDA). The current guidelines are as follows:

- If a medication lists any specific instructions on how to dispose of it, follow those directions.
- If there are community drug take back programs, participate in those.
- Remove medications from their original containers and put them in a sealable bag. Mix medications with an undesirable substance such as kitty litter or used coffee grounds. Place the mixture into the regular trash and make sure children do not have access to the trash.

Proper disposal of medication is important to help ensure a healthy environment for children within the community. There is growing evidence that throwing out or flushing medications into sewer systems may have harmful effects on the environment. Documentation should be kept by the child care facility of all disposed medications.

Indicators

- ✓ Observe stored medications. Check to ensure that a current medication authorization form is on file for all medication present in the center (i.e., unless the medication belongs to the center or a staff person and is labeled as such).
- ✓ Ask the Director and/or staff about the center's policy and procedure for returning medications to parents (i.e., when the medication authorizations have expired).

Best Practices:

- Develop a system for notifying parents when medications are no longer authorized (e.g., a note in the child's cubbie, a reminder attached to the child's book bag, etc.). This will serve as a reminder for parents to retrieve the medications from the center.
- Create a system for routinely checking medication storage areas for medications that lack current authorization.

Things for child care programs to consider:

- Remember to label all medications that belong to the center or a staff person.

591-1-1-.20 Medications

(6) Non-Emergency Injections. Non-emergency injections shall only be administered by appropriately licensed persons unless the Parent and physician of the child sign a written authorization for the child to self-administer the injection.

Rule Type: Non-Core Rule

Intent

To ensure that children receive routine injections safely from a person who is trained to administer the injections.

Clarification

A non-emergency injection is a routine injection, such as that received by a child who is diabetic. Non-emergency injections can also include insulin/medication pumps attached to children's bodies. Children who have sufficient training and experience to give themselves injections can do so with written permission from their parents and physicians. Center staff (who are not appropriately licensed) may not administer non-emergency injections unless a variance request with supporting documentation has been submitted to and approved by the Department.

If injections are administered, proper disposal of used syringes is required.

Indicators

- ✓ Ask the Director and/or staff if any enrolled children require non-emergency injections. If so, ask who administers the injections to the children.
- ✓ Ask the Director if the center has a variance approval for any staff person who administers non-emergency injections if the staff person is not a licensed professional (e.g., a registered nurse, a licensed practical nurse, etc.). Observe the variance approval documentation, if applicable.
- ✓ Check the center's records for proper licensure (if applicable) of any staff person authorized to administer non-emergency injections to a child.
- ✓ Check for written authorization from the child's parent and physician if any child self-administers non-emergency injections.
- ✓ Review the center's policies and procedures for information regarding non-emergency injections.

Best Practices:

- Check with the local trash removal service or the local health department to determine which syringe disposal methods are available in the area. Syringe disposal guidelines and programs vary depending on where the center is located.

Things for child care programs to consider:

- Ask your regional consultant for variance information for non-emergency injections (if needed).

591-1-1-.21 Operational Policies and Procedures

A Center shall establish and implement written policies and procedures which shall be kept current, be consistent with applicable laws, regulations and these rules, made available to the Parent(s) and used to govern the operations of the Center.

(1) The policies and procedures shall include the following:

- (a) A description of services to be provided which specifies the ages of children to be served, days and times of operations and days and times that the Center is closed;**
- (b) A description of enrollment and admission requirements which specifies the Parents' responsibilities for supplying needed information to the Center and escorting the child to and from the Center;**
- (c) 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;**
- (d) A description of the Center's transportation and field trip services (see rule .36 about transportation requirements);**
- (e) A description of handling administration of medication (see rule .20 about medications), and notifying Parent(s) of noticeable adverse reactions to prescribed medications;**
- (f) A description of parental notification in cases of illnesses and injury and exclusion of sick children (see rule .07 about children's health);**
- (g) A description of parental notification when a notifiable communicable disease is present (see rule .07 about children's health);**
- (h) A description of handling medical emergencies (see rule .07 about children's health);**
- (i) A description of meals and snacks served, including guidelines for food brought from the child's home;**
- (j) Permission for access by the child's Parent(s) to all Center areas used by the child (see rule .22 about parental access);**
- (k) Child abuse reporting law requirements;**
- (l) A description of behavior management and discipline actions used by the Center, to include the program's practices regarding the expulsion and suspension of children enrolled for care.**
- (m) Nondiscrimination statement;**
- (n) Center-sponsored religious and cultural activities, if any;**
- (o) If licensed for the care of an infant or toddler: Center's diapering procedures, Center's toilet training procedures, and Center's feeding procedures;**

- (p) A written plan for handling emergencies, including but not limited to severe weather, loss of electrical power or water and death, serious injury or loss of a child, a threatening event, or natural disaster which may occur at the Center. The Center will have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, and continuity of operations. The plan must apply to all children in care and will include specific accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions. Such plan shall include assurance that no Center Personnel will impede in any way the delivery of emergency care or services to a child by licensed or certified emergency health care professionals.
- (q) A description of the safe sleep practices followed by the Center that includes the following information: the initial placement of infants on their backs to sleep; no cover or other soft items in crib; appropriate sleep clothing for infants to be provided by Parent; individual crib, cot or mat and bedding provided and changing and cleaning practices for these items; infants who fall asleep in other equipment, on the floor or elsewhere will be moved to a crib to sleep; and no swaddling or positioning devices used.
- (r) A description of the practices followed by the Center to prevent shaken baby syndrome and abusive head trauma in children up to five years of age that includes the following information: how to recognize, respond to, and report the signs and symptoms of shaken baby syndrome and abusive head trauma; strategies to assist staff members in understanding how to care for infants and how to cope with a crying, fussing, or distraught child; strategies to ensure staff members understand the brain development of children up to five years of age; and a list of prohibited behaviors when dealing with children.

(2) The Center shall have written documentation signed by the Parent(s) in each child's file that the Director or designee has: provided to the Parent(s) a copy of the Center's policies and procedures required by this rule; advised the Parent(s) of the safe sleep practices followed by the Center; advised the Parent(s) of the child's progress, issues relating to the child's care and individual practices concerning the child's special needs; and encouraged participation by Parent(s) in Center activities.

(4) The Center shall provide the Parent(s) with a copy of the Center's policies and procedures as required by this rule.

Rule Type: Non-Core Rule

Intent

To ensure organization and structure within the center. To ensure compliance with applicable laws and with the Department's rules and regulations. To ensure that a parent's decision to enroll a child at the center is based on accurate, clear information about the center's operation. To enhance communication between parents and the center, and to ensure that the center and parents have a clear and written understanding of their mutual responsibilities.

Clarification

Each center must have policies and procedures to guide the actions of all individuals involved in the center. They ensure and endorse the well-being of all families, children, staff, and volunteers who are connected to the center's operation. When policies and procedures are well thought out and implemented, they provide a common understanding and clear expectations for all those involved. Procedures provide clear instructions and guidelines on what should/must be done in a particular set of circumstances or with regard to a particular issue.

Policies and procedures help new staff and families familiarize themselves with the center's practices and provide information regarding the center's expectations. Policies should be regularly reviewed to ensure that they meet the needs of those working with and/or for the center. Policies should be revised when changes occur at the center and within the wider community. The center must provide a current copy of its policies and procedures to parents and maintain written documentation of their understanding and agreement.

Programs should have policies and procedures in place to prevent and identify abusive head trauma, such as shaken baby syndrome. Abusive head trauma, including shaken baby syndrome, is severe child abuse that can result in death or devastating long-term neurological problems. It causes brain injury from violent shaking or blunt impact on the child's head, usually when a parent or caregiver is frustrated because the child is crying. It is important for program staff to have training and an understanding of the vulnerabilities of children to help prevent injuries and properly handle infants, as staff may care for children who are fussy or cry often. It is helpful for staff to understand that these behaviors are normal and learn effective ways to manage them. Infants are most vulnerable to head injury because they do not have head control, however toddlers and children who have better head control are also at risk for head injuries. Staff who have direct contact with children, including substitutes and Volunteers, should have training on preventing and identifying abusive head trauma and shaken baby syndrome. The training should include information on abusive head trauma prevention and recognition topics, brain development for children ages birth to five years, how the brain grows and what can hurt the brain in infancy and early childhood, and how to safely hold an infant to prevent shaken baby syndrome and abusive head trauma, etc.

Policies and procedures should include prohibited behaviors when dealing with children, such as but not limited to, shaking a child, tossing a child into the air or into a crib, chair, or car seat, and pushing a child into walls, doors, and furniture. Shaken baby syndrome and abusive head trauma are a medical emergency and timely emergency care is essential. Signs and symptoms of head trauma or shaken baby syndrome (e.g., irritability, difficulty staying awake, difficulty breathing, inability to lift the head, seizures, lack of appetite, vomiting, and bruises) may appear quickly or a few hours after an incident. It is important for staff to be aware of what injuries look like and how to respond so children can get immediate care.

Indicators

- ✓ Review a copy of the center's policies and procedures. Check to ensure the policies and procedures address all information specified by the rule requirements and are relevant to the facility.
- ✓ Check 5% of children's records (or a minimum of five records, whichever is greater) for written documentation signed by the children's parents confirming their receipt of the center's policies and procedures and verifying they have been advised of the information specified by the rule requirements.
- ✓ Ask the Director and/or staff how the center meets the requirements for this rule.

- ✓ Ask the Director about the center's practice for updating the policies and procedures and for notifying children's parents of the updates.

Best Practices:

- Review and update written policies and procedures annually or more often, if needed. Provide copies of policies, which include pertinent plans and procedures, to all staff and parents at least annually, and two weeks before new policies or changes to existing policies go into effect.
- Present policies and procedures orally to parents who are not able to read. Parents who are not able to understand the policies because of a language barrier should have the policies presented to them in a language with which they are familiar.
- Include an inclusion statement within the policies and procedures that covers how children with special needs are supported to participate in all class activities, how therapies are conducted onsite (when applicable), any early childhood intervention partners with whom the program works on a regular basis, and any required documentation of a child's needs required by the program.

Things for child care programs to consider:

- Include information about liability insurance in the center's policies and procedures (i.e., whether the center does or does not carry the insurance).
- Use the Department's sample safe sleep practices policy. It can be found on the Department of Early Care and Learning's (DECAL) website at: <http://dec.al.ga.gov/documents/attachments/Sample-SafeSleepPracticesPolicy.pdf>
- Information on the prevention of abusive head trauma and shaken baby syndrome may be accessed by visiting the National Center of Shaken Baby Syndrome at <https://dontshake.org/>.

591-1-1-.21 Operational Policies and Procedures

(3) The Center shall conduct drills for fire, tornado and other emergency situations. The fire drills will be conducted monthly and tornado and other emergency situation drills will be conducted every six months. The Center shall maintain documentation of the dates and times of these drills for two years.

Rule Type: Non-Core Rule

Intent

To intentionally protect the health and safety of children and staff in case of an emergency. To help prepare children and staff for the appropriate steps to take when an emergency occurs. Documentation of drills ensures that all children have been accounted for and are out of harm's way.

Clarification

Emergency drills are necessary to prepare children and staff on how to respond appropriately to numerous potential emergencies. "Other emergency situations" include, but are not limited to, evacuation, shelter in place, and lockdown. Routine practice of emergency drills fosters a calm, competent response to an emergency when it occurs. A child who is coached properly ahead of time will have a better chance to be safe. Documentation ensures that all children are accounted for, that emergency plans are conducted appropriately, and drills are carried out in a timely manner.

Indicators

- ✓ Review the center's emergency drill documentation. Check to ensure that fire drills are conducted monthly, tornado and other emergency drills are conducted every six months, and documentation of drills is maintained for two years.
- ✓ Check to ensure that emergency drills are conducted during licensed operating hours.

Best Practices:

- Practice drills at varying times to ensure that all children are familiar with procedures.
- Practice drills on transportation vehicles to ensure that children and staff know how to respond if an emergency occurs while they are present in the vehicle.
- Inform parents whenever emergency drills take place in the center (i.e., send notes home, etc.).
- Plan specifically for the evacuation of infants, toddlers, children with special needs and/or children with chronic medical conditions. The center should be able to evacuate all children to a safe location outside of the facility within two minutes or less of an emergency alarm.
- Prepare children for emergency drills prior to practicing the drills.
- Practice emergency drills using the same alarm that would be used during an actual emergency to ensure children are familiar with the sound and know how to respond. Use a different sounding alarm, such as a whistle, for a tornado drill versus a fire drill so that children and staff are not confused about which type of emergency drill is taking place.
- Notify the fire department and the fire alarm company prior to the practice of fire drills.

- Have the center's fire evacuation procedure reviewed and approved by a fire official to ensure the evacuation routes and meeting location are ideal for children's safety.
- Position evacuation cribs close to an exit door and ensure these cribs are easily identified.
- Keep hallways and/or rooms used for sheltering-in-place free of clutter. When possible, these areas should also be free from windows.
- Assign one staff person the responsibility of scheduling and documenting emergency drills. Maintain documentation in a central location for easy access by center staff, child care consultants, etc.
- Keep an easy-to-carry emergency preparedness kit in a central location or in each classroom for staff's use during emergency situations and drills. Emergency kits should contain classroom rosters, first aid kits, and children's emergency contact information. Other potential items to include in the kit are drinking water, snacks, diapering supplies, books and/or activities for children's use at an evacuation site, etc.
- It may not be feasible to conduct all types of drills on a routine basis for potential emergencies, such as relocation (off premises) and reuniting children with families. Center staff should routinely review the center's emergency preparedness manual, so they are aware of the actions to take whenever such emergencies occur.

Things for child care programs to consider:

- Post evacuation plans by each exit door.
- A sample emergency drill form can be found on the Department of Early Care and Learning's (DECAL) website at: http://dec.al.ga.gov/documents/attachments/FireandTornadoDrillForm_Center.pdf

591-1-1-.22 Parental Access

The custodial parent(s) of the child shall at any time the child is in attendance be permitted access to all child care areas of the Center and shall make his or her presence known to Center Staff prior to removing the child from the Center.

Rule Type: Non-Core Rule

Intent

To promote good relations with parents and provide consistency for children. To ensure parents' right of access to a center, providing the opportunity to monitor the quality of care their children receive. To help prevent the release of any child to an unauthorized person, and to enable the center staff to provide close supervision of the children in their care.

Clarification

Parents should be encouraged to observe and participate in the care of their children. An open-door policy may be the single most important method for preventing the maltreatment of children. When access is restricted, areas observable by the parents/guardians may not reflect the care the children actually receive. Parents should be allowed to enter child care areas, but policy should mandate that they check with a staff member before entering the children's areas and/or taking their child from the center.

Indicators

- ✓ Ask the Director and/or staff about the center's policy on parental access during the center's operational hours.
- ✓ Observe parents' access to the center's premises, if possible.
- ✓ Review the center's policies and procedures for parental access information.

Best Practices:

- Obtain legal documentation of custody agreements and maintain them on file (if applicable, due to custody situations).

Things for child care programs to consider:

- Remember that the parental access statement must be posted with the center's posted notices.

591-1-1-.24 Personnel Records

- (1) A Center must maintain a personnel file on the Director, all Employees, Provisional Employees, Personnel, Staff, Students-in-Training, Volunteers, Clerical, Housekeeping, Maintenance, and other Support Staff for the duration of the term of employment plus one (1) calendar year, and it shall contain the following: identifying information to include: name, date of birth, social security number, current address and current telephone number; employment history; as applicable to the position held: evidence of education and qualifying work experience, evidence of required orientation including date and signature of person providing the orientation; evidence of all training required by these rules which shall include: title of training, date of training, trainer's signature, location of training and number of clock hours obtained; a statement completed by the staff member that the information provided is true and accurate; and any other records required by these rules.
- (2) Personnel files shall also contain daily attendance records or other employee payroll records for the Employee for the preceding six (6) month period which may be stored away from the Center provided that the Center notifies the Department of its intention to store these records off-site, provides the Department with the name, address and phone number of the custodian of these records and allows the Department, at its discretion, to have access to these records at the custodian's location immediately or access at the Center within seven (7) business days of a Department representative's request. The Department may, at its discretion, accept photocopies of the requested records which are provided within seven (7) business days of the Department representative's request for the same.

Rule Type: Non-Core Rule

Intent

To ensure that essential information on each staff person is documented and readily available to the center and to the Department.

Clarification

Complete identification of staff, paid or volunteer, is an essential step in safeguarding children in child care. The documentation contained in a staff person's record provides important information for the employer and maintaining complete records of each staff person is a sound administrative practice. The information in a staff person's record is subject to the Department's review during inspection visits and complaint investigations and is used to determine that the center's staff meet all aspects of the rule requirements. Attendance records can be used to determine staff assignments, to aid in the surveillance of staff:child ratios, and to provide data for program planning. For reference purposes, personnel files for staff who are no longer employed by the center must be retained for one calendar year from the date of termination.

Indicators

- ✓ Review 10% of staff's personnel records (or a minimum of five records, whichever is greater) to ensure the records contain all information and documentation as specified by the rule requirements.
- ✓ Observe staff's daily attendance records to ensure the records are available for the preceding six-month period.

Best Practices:

- Check staff application forms at the point of submission to ensure that the staff person has documented all required information on the application form. Remember that 10-year employment history information should include how the staff person spent his/her time in-between jobs (if applicable) for the past 10 years.
- Maintain staff records in an organized manner for ease of access by the center and the licensing consultant.
- Create a plan for routinely checking staff records to ensure they are complete and up to date.
- Ensure that the staff forms used by the center are the most recent and up-to-date forms available from the Department's website. If the center creates and uses different staff forms than the Department's samples, the forms must contain all information as required by the rules.

Things for child care programs to consider:

- The Department's sample staff application and orientation form can be found on the Department of Early Care and Learning's (DECAL) website at:
<http://www.decal.ga.gov/BftS/FormList.aspx?cat=Child%20Care%20Learning%20Center>.

591-1-1-.25 Physical Plant

(1) Ceilings. Ceilings shall be at least seven (7) feet in height.

(11) Flooring. Floor coverings shall be tight, smooth, free of odors and washable or cleanable.

(14) Lighting. A Center shall be lighted with a minimum of twenty-five (25) foot candles of illumination except during scheduled nap or rest periods. Areas used for napping shall be lit dimly. A Center shall provide outside lighting at entrances and exits used by children when the Center provides evening or night-time care.

Rule Type: Non-Core Rule

Intent

To protect the health and safety of children and to promote their well-being.

Clarification

Centers must provide a minimum ceiling height standard that is common to most building codes. Ceiling height must be adequate for staff to supervise and reach children who require assistance. Adequate open space promotes a sense of well-being for children and staff, while ceilings that are too low can have a negative, confining effect.

All floor surfaces, including carpet, area rugs, linoleum, wood, tile, etc., should be washable or easily cleanable to avoid transmission of disease and to maintain an environment that supports cleanliness. All coverings should be tight to reduce tripping hazards. Floors should be free from cracks, bare concrete, dampness, splinters, and sliding rugs. Carpeting should be clean, in good repair, nonflammable, and nontoxic. Each bathroom floor should be impervious to water and capable of being kept in a clean and sanitary condition. Cracked or porous floors cannot be kept clean and sanitary. Dampness promotes the growth of mold. Rugs without friction backing or non-slip pads are tripping hazards. Flooring materials must not pose health, safety, or fire hazards.

Children require adequate lighting during active and quiet periods. Good lighting protects children's vision, prevents accidents, and provides a sense of safety and well-being. Inadequate lighting has been linked to eyestrain, headache, and non-specific symptoms of illness. Wherever possible, natural light from windows should be provided in classrooms. All areas of the facility should have glare-free natural and/or artificial lighting that provides adequate illumination and comfort for activities. Outside lighting protects children from hazards that may cause injuries as they enter and exit the building during evening and night-time care. Adequate outside lighting may also discourage unauthorized persons with malicious intent, particularly in high crime areas, from frequenting the area.

Lighting levels should be reduced during nap times to promote resting or napping behavior in children. During napping and rest periods, rooms should be light enough to ensure that staff can continue to properly observe and supervise children and to evacuate the center in case of an emergency. The rule does not require window coverings for rest periods.

Indicators

- ✓ Observe the height of the ceilings in the center. Measure the height if any areas appear lower than seven (7) feet.
- ✓ Observe the condition of all flooring surfaces throughout center to include carpet, area rugs, linoleum, wood, tile, etc. Check for cleanliness, tripping hazards, and physical damage.
- ✓ Observe lighting during children's active and quiet periods to ensure that it is sufficient for activities/supervision.
- ✓ Observe lighting at entrances, exits and walkways if the center provides evening and/or night-time care.

Best Practices:

- Provide natural lighting in rooms where children work and play for more than two hours at a time, if possible.
- Ensure that staff can control the amount of natural light in the room if/when the light is too bright or causes glare that interferes with classroom activities. The center can use adjustable blinds, curtains, or other window coverings that staff can open and close if the use of these items complies with fire code regulations.
- Use lamps, if needed, during children's nap/rest periods to ensure there is enough light available for staff to clearly see the resting children.

Things for child care programs to consider:

- Concrete may be approved as an acceptable flooring material as long as it has been appropriately sealed to ensure it is waterproof, cleanable, and free from cracks.

591-1-1-.25 Physical Plant

(2) Changing Areas. For evening and night-time care, separate changing areas shall be provided for children of the opposite sex eight (8) years of age and older.

Rule Type: Non-Core Rule

Intent

To ensure respect for the privacy of older children preparing for bed.

Clarification

In centers, males and females who are eight years of age and older should have separate and private changing areas. Although cultures differ in privacy needs, gender-separated toileting among people who are not relatives is the norm for older children and adults. Children should be allowed the opportunity to practice modesty when independent behavior is well-established in most of the group. Younger children who request privacy and have shown the capability to use changing and toileting areas properly should be given permission to use separate and private facilities.

Indicators

- ✓ Observe the changing areas designated for children's use if the center provides evening and/or night-time care. Check to ensure the changing areas are separate and private.
- ✓ Ask the Director and/or staff where children change their clothes during evening and/or night-time care.

Best Practices:

- Respect and comply with a child's request for privacy, even if the child is younger than eight years of age.

Things for child care programs to consider:

- Label bathrooms gender-specific if more than one bathroom is available for children's use. It is acceptable for children to use a single bathroom as long as males and females do not use the area at the same time.

591-1-1-.25 Physical Plant

(3) Cleanliness. The Center and surrounding premises shall be kept clean, free of debris and in good repair. Hygienic measures such as, but not limited to, screened windows and proper waste disposal procedures shall be utilized to minimize the presence of rodents, flies, roaches and other vermin at the Center.

Rule Type: Non-Core Rule

Intent

To prevent the spread of infection and to protect children's health and safety.

Clarification

This rule refers to the general condition of the center. Children play in and explore their environments. The physical structure where children spend each day can present safety concerns if the structure is not kept in good repair and maintained in a safe, clean condition. For example, peeling paint in an older building could be potentially hazardous if ingested by a child and broken glass windows could cause severe cuts or other injury. Children's environments must be protected from exposure to moisture, dirt, and dust.

The center should always be maintained in a clean and sanitary manner to prevent invasion by rodents and insects. Garbage and waste must be removed from the facility on a routine basis, at least daily, in order to minimize the presence of rodents and vermin. Screened windows prevent insects that could infest the building and/or bite and sting children and staff from entering the center. The American Academy of Pediatrics recommends calling a commercial exterminator if evidence of infestation is discovered. Poisons and baited traps should never be used in a way that places children's safety at risk.

Indicators

- ✓ Observe the condition of the center and the premises. Check for cleanliness, state of repair (e.g., peeling paint, building disrepair, etc.), and presence or evidence of insects and pests. Ask the Director and/or staff about the center's cleaning, repair, and extermination procedures.
- ✓ Check to ensure all garbage and trash has been disposed of properly. Ask the Director and/or staff about the center's waste disposal procedures.
- ✓ Check open windows and doors to ensure screens are present and in good condition. If not observed, ask the Director and/or staff if windows and doors are used for ventilation. If so, check to ensure screens are present.

Best Practices:

- Store outdoor garbage away from the building to reduce the possibility of pests entering the building. It is best practice that outdoor garbage containers are not located in a route that is regularly used by children.
- Inspect indoor and outdoor areas daily for cleanliness, repair issues, and pests. Use a checklist when conducting the inspection to ensure areas are not overlooked.

- Based on the guidelines recommended by Caring for Our Children Basics: Health and Safety Foundations for Early Care and Education, child care programs should adopt an integrated pest management program to ensure long-term, environmentally sound pest prevention through a range of practices including pest control, sanitation and clutter control, and elimination of conditions that are conducive to pest infestations. (5.2.8.1 Integrated Pest Management)
- Keep pathways/hallways and floors clear of obstacles, such as toys and shoes.
- Promptly clean up spills to reduce the risk of contamination and slips/falls.

Things for child care programs to consider:

- Keep documentation (e.g., invoices, receipts, etc.) of services provided by a professional exterminator as verification for the center's records.

591-1-1-.25 Physical Plant

(4) Climate Control. A Center shall be maintained at a temperature range of sixty-five (65) degrees Fahrenheit to eighty-five (85) degrees Fahrenheit depending upon the season and ventilated either by mechanical or natural means to provide fresh air and control unpleasant odors. Facilities which do not have a functioning central heating and air conditioning system shall make fifty percent (50%) of all required windows operable for ventilation. Any openings used for ventilation shall be screened.

(21) Windows. All floor level windows or full-length glass doors shall be constructed of safety glass with decals applied at the eye level of the children or such windows or doors shall have protective devices covering the glass designed to prevent the children from getting cut by the glass should it break for any reason. Except in School-age Centers, child care rooms shall have outside windows which receive natural sunlight and equal not less than five percent (5%) of the floor area in each room, unless central heating and air conditioning are provided.

Rule Type: Non-Core Rule

Intent

To promote comfort, good health, and a sense of well-being, and to protect children's safety. To ensure that adequate window space is available in each room for ventilation if there is no heating and air conditioning.

Clarification

Proper climate control promotes alertness as well as comfort. A temperature range of 65 to 85 degrees Fahrenheit is within acceptable limits for the health and safety of children. The American Academy of Pediatrics and the American Public Health Association recommend a draft free indoor temperature between 68 degrees and 75 degrees Fahrenheit during the winter months, and between 74 degrees and 82 degrees Fahrenheit during the summer months. These requirements are based on the standards of the American Society of Heating, Refrigeration, and Air Conditioning Engineers, which take into account both comfort and health considerations. In order to assess the comfort level of a young child, temperatures should be measured close to the floor.

The child care center must be heated, cooled, and ventilated to keep the temperature comfortable and to prevent germs, odors, and fumes from collecting within the building. The health and well-being of children and staff can be affected by indoor air quality. The air inside a building is contaminated with organisms shared among occupants and is sometimes more polluted than the outdoor air. Air circulation is essential to clear infectious disease agents, odors, and toxic substances in the air. Children who spend long hours breathing contaminated or polluted indoor air are more likely to develop respiratory problems, allergies, and asthma. Air purifiers work to clean the air of allergens and other particles that can negatively affect our health. If used, air purifiers must be kept inaccessible to children at all times.

Ventilation is necessary for air circulation. Acceptable means of ventilation include central heat/air, vent fans, ceiling fans, portable fans, bladeless fans that are inaccessible to children, screened and operable windows, etc. (Individual room units are acceptable to meet the central heating and air conditioning requirement.) If a facility does not have an air conditioning and heating system, the required window space must equal (or exceed) five percent of the total square footage in each child care room. For ventilation, at least 50% of the required window space must be operable. All window and/or door openings used for ventilation must be equipped with tight-fitting screens without rips, tears, or holes to prevent the entry of insects which may bite, sting, or carry disease.

To determine the required window space in a child care room with no central heating and air conditioning, multiply the room's useable floor space by five percent (.05). To determine the required amount of screened and operable window space, multiply the required window space by 50% (.50). To measure screened and operable window space, open the windows to their maximum opening position and measure the screened open area (this is the only portion applied towards the screened and operable requirement).

Example: A child care room has 600 square feet of useable floor space and there is no central heating and air conditioning in the room.

$600 \times .05 = 30$ square feet of window space is required in this room.

$30 \times .50 = 15$ square feet of screened and operable window space is required in this room.

Floor level windows and full-length glass doors are defined as windows and doors with glass that is less than two feet from the floor. Glass panels can be invisible to an active child. A serious injury can result when a child collides with a glass panel. If the floor level windows and full-length glass doors are constructed of safety glass, the center must apply decals at children's eye level to prevent children from running into them. If windows and doors are not constructed of safety glass, a protective device (or barrier) must be used to break a child's fall or otherwise protect the child from broken glass. Some examples of protective devices include an iron railing, lattice, a sheet of plexiglass, or a piece of furniture that blocks the glass from children. When used, protective devices must be non-hazardous to children.

Indicators

- ✓ Observe the center's thermostat(s), if possible, to ensure temperatures are within the 65 to 85 degrees Fahrenheit range. If not observed or if the temperature is uncomfortable, use a thermometer to measure the temperature inside the building, particularly in areas where children's activities take place.
- ✓ Observe the center for proper ventilation. Check fans, windows and doors used for ventilation to ensure they are operable, and that windows and doors are screened. If unpleasant odors are noticeable, ask the Director and/or staff specifically about ventilation for that particular area.
- ✓ Measure the amount of window space in each child care room if central heating and air conditioning is not available. Check to ensure that at least 50% of the required windows are screened and operable.
- ✓ Observe windows and doors with glass less than two (2) feet from the floor for evidence of safety glass (e.g., a label or an imprint indicating that the glass is tempered safety glass). Check to ensure that decals are located at children's eye level. If no evidence of safety glass is observed, ask the Director for verification of safety glass, or observe the presence of protective devices/barriers covering the glass.

Best Practices:

- Observe children to determine whether they appear to be comfortable (e.g., not flushed or sweating in warm months, and not shivering or bundled in coats in cool months). Temperature comfort varies from person to person.
- Keep windows screened even if mechanical ventilation and central heating and air conditioning are provided. This will allow staff to open windows in case of an emergency, such as mechanical ventilation and/or heating and cooling system failure.
- In classrooms with their own thermostat, allow staff to control the temperature of their classroom to better equip them to ensure a comfortable learning environment.

Things for child care programs to consider:

- Remember that screens are meant to keep insects out while providing ventilation. They are not strong enough to keep children in. For children's added protection, staff should open windows from the top, not the bottom.

591-1-1-.25 Physical Plant

(5) Construction and Renovation. A person planning the construction of a new Center or planning any structural changes to an existing Center shall obtain approval from the Department, local zoning authorities, fire safety agencies and local building authorities. Construction and maintenance work shall take place only in areas that are not accessible to the children.

(10) Fire Safety. A Center must be in compliance with applicable laws and regulations issued by the state fire marshal, the proper local fire marshal or state inspector, including a certificate of occupancy if required prior to receiving any children for care.

(20) Water and Sewage. All water sources, if other than an approved city or county system, shall be approved by the proper authority having jurisdiction. All sewage disposal systems, if other than an approved city or county system, shall be approved by the local county health department and specify the number of persons the system is approved to serve.

Rule Type: Non-Core Rule

Intent

To protect the health and safety of children. To ensure that centers comply with applicable zoning, building and fire safety codes, as well as with environmental health requirements and the Department's regulations and policies.

Clarification

Child care centers must notify and gain approval from all applicable authorities with jurisdiction over the child care property and business prior to the construction of a new facility and/or prior to any structural changes to an existing facility. For some authorities (including the Department), this requires the submission of a floor and/or site plan. Approval of floor and site plans reduces the possibility of noncompliance and unnecessary expenditures. The rule does not require that architectural drawings be submitted to the Department; however, architectural drawings may be required by building and fire authorities, etc. When requesting Departmental approval of the plans, providers can submit their own detailed handwritten drawings.

Ideally, construction and renovation work should take place during hours that children are not present at the center. If hazardous work must be done during child care hours, the work area should be inaccessible to children. This includes renovations of the playground areas. Painting, renovation, etc., requiring heavy equipment or electrical tools and/or the use of strong cleaning chemicals are considered hazardous. On the other hand, if minor routine repairs are occasionally necessary in areas that are normally accessible to children, staff should keep children away from the immediate area of repair until the job is finished. For example, if the Director is repairing a door with a screwdriver, the children should be kept away until the repair is complete, and the tools are safely stored.

Building and fire codes are designed to ensure that a building is safe for occupation. Programs should comply with a state approved or nationally recognized fire prevention code. Environmental health requirements are designed to ensure the building(s) and property are free of health hazards for children and staff. Once the construction and/or renovation of a center has been completed, most authorities will inspect the premises to ensure compliance with applicable laws, codes, and requirements. If compliant, the center will receive a final approval in the form of a certificate of occupancy, an inspection document or letter, etc. If there are any limitations or restrictions on the final

certificate of occupancy, inspection document or letter, the center must adhere to those limitations and/or restrictions. The center must submit documentation of the approval to the Department to verify compliance.

To assure the water supply is safe and does not contain dangerous substances or spread disease, centers with a private water supply (i.e., a well) must have their water tested and approved by the health department or the authority with jurisdiction. Centers with a private sewer/septic system must have an inspection and approval of their system from the health department (i.e., environmental health section). If possible, the approval should state the system's load limit (or number of persons the system could accommodate). If a load limit is specified for the septic system, the center must adhere to the restriction/limitation.

Indicators

- ✓ Check administrative files (i.e., state or worker file, center file) for evidence of all approvals specified by the rule requirements.
- ✓ Ensure center is adhering to all restrictions and/or limitations to its' license.
- ✓ Observe any construction or maintenance work anywhere on the premises to ensure children do not have access to the area. Ask the Director and/or staff about the center's procedures for protecting children from hazards associated with construction or maintenance.

Best Practices:

- Check with local officials, state officials, and the Department prior to beginning new construction and/or making structural changes to an existing facility to ensure all requirements are met.
 - Based on the guidelines recommended by Caring for Our Children Basics: Health and Safety Foundations for Early Care and Education, an environmental audit should be conducted before construction of a new building; renovation or occupation of an older building; or after a natural disaster to properly evaluate and, where necessary, remediate or avoid sites where children's health could be compromised. A written report that includes any remedial action taken should be kept on file. The audit should include assessments of:
 - a) Potential air, soil, and water contamination on program sites and outdoor play spaces;
 - b) Potential toxic or hazardous materials in building construction, such as lead and asbestos; and
 - c) Potential safety hazards in the community surrounding the site.
- (5.1.1.5 Environmental Audit of Site Location)

Things for child care programs to consider:

- When removing a wall that measures four feet or taller between two rooms to create one large room, at least 2/3 of the shared wall must be removed. For example, a wall measuring 12 feet across would need to have a minimum of 8 feet of wall material removed to meet licensing requirements. This is to ensure that staff can properly supervise children on both sides of the remaining wall.
- Post approval documents such as business licenses, certificates of occupancy, etc. if required by state and local requirements.
- The Certificate of Occupancy (CO) inspection by the State Fire Marshall should only be conducted once building construction is 100% completed. If a final CO has not been received, the inspection report can be submitted as verification so long as the report states that issuance of the CO is recommended. The Department

may accept a “temporary” inspection report only when a statement is included that issuance of the CO is recommended. Any exceptions to having the final CO must have documentation included stating the fire official has given the program permission to operate with children present with the temporary approval. Program operating status is subject to Departmental approval.

- When there is a change of ownership and the center continues to operate with no renovations made, new approvals are not necessary; however, a change of ownership application with an up-to-date fire inspection (i.e., a fire inspection dated within 12 months of the Department’s receipt of the application) must be submitted by the new owner.

591-1-1-.25 Physical Plant

(6) Cubbies – Individual Storage Space. Each child’s personal items shall be kept in individually labeled cubbies, lockers or racks separated from articles used by other children. The spaces shall be accessible to the children to whom they are assigned.

Rule Type: Non-Core Rule

Intent

To provide storage for children’s personal belongings and to ensure sanitary conditions that prevent/minimize the spread of infection.

Clarification

It is important to children’s developing sense of identity to have a place of their own for personal belongings. It also provides a sense of discipline, order, and routine when children know where to place their belongings throughout the day. Children form a sense of security knowing that their belongings are accessible whenever they need access to them. Storage spaces should be individual, and staff should clean and disinfect the storage spaces before use by other children. Each space should be labeled with the child’s name or identifying symbol so that each child understands which space is designated especially for them.

Acceptable storage spaces include cubbies, bins, hooks with bags, etc. Storage spaces should be large enough to hold/contain the personal belongings of the child to whom it is assigned. These spaces should be designed so that children’s personal items do not overlap or touch another child’s items. Diaper bags and infant storage spaces do not need to be accessible since they may contain hazardous items. The diaper bags should be labeled with the child’s name. If accessible, diaper bags, book bags, and infant storage spaces should be checked daily, and any hazards should be stored out of children’s reach.

Indicators

- ✓ Observe the storage of children’s personal items in each classroom. Check to ensure that each enrolled child over 12 months of age has a separate, individual, labeled storage space that is within the child’s reach. Check to ensure that children’s belongings do not overlap or touch the belongings of other children.
- ✓ Ask the Director and/or staff about the storage of infants’ belongings, if not observed.

Best Practices:

- Include a picture of the child when labeling his/her storage space as this will assist the child in identifying his/her specific cubbie, bin, hook, etc.
- Provide individual and separate cubbies, bins, or hooks with bags, for children’s personal items. Storage spaces should not be shared between children, even if they are siblings, and children’s personal items should not touch the items of other children in neighboring storage spaces.

591-1-1-.25 Physical Plant

(7) Doors and Locks. Doors to rooms not approved for child care, other than the kitchen doors, shall be latched or locked so children cannot wander into those areas. Except in School-age Centers, interior Center door locks shall permit Personnel to open the locked room from outside of the room in an emergency.

Rule Type: Non-Core Rule

Intent

To ensure children's safety and to protect them from injury.

Clarification

Since hazardous items are often stored and located in unapproved areas such as storage rooms, utility closets, laundry rooms, etc., children's access to these areas must be restricted by a latched or locked door. The term "latched" means that a door must be secured or "fastened" above the reach of children. It is not sufficient for a door to be closed and not locked or latched.

In case of an emergency, staff should be able to access any locked room by unlocking the door from the outside. Although this is not a requirement in a School-age Center, it is best practice to ensure that staff have access to all children regardless of age at all times. No door should have a lock or fastening device that prevents free egress from the interior. Free egress means that building occupants, without the use of a tool, key or special knowledge are able to operate the door, under all lighting conditions, using not more than one lock.

Indicators

- ✓ Check all doors to rooms not approved for child care to ensure they are latched or locked.
- ✓ Check all doors within the center to ensure that each door can be unlocked from the outside.

Things for child care programs to consider:

- Follow all local and state requirements (e.g., building and fire code requirements, etc.) for door locks and latches.

591-1-1-.25 Physical Plant

(8) Electrical Outlets. Except in School-age Centers, all unused electrical outlets within reach of children shall have protective caps specifically designed to prohibit children from placing anything in the receptacle. Electrical outlets in use which the children can reach shall be made inaccessible to the children.

(12) Heating and Cooling Equipment. Heating and cooling equipment shall be protected to prevent children from touching it. Fans, space heaters, etc. shall be positioned or installed so as to be inaccessible to the children.

Rule Type: Non-Core Rule

Intent

To ensure children's safety and to protect them from injury.

Clarification

Approximately 2,400 children are injured annually by inserting objects into the slots of electrical outlets. The majority of these injuries involve children under the age of six. Potential fires, serious burns, and severe, possibly fatal, electric shock can result if children insert metal objects into empty electrical outlets or attempt to tamper with a cord that is plugged into an outlet.

Severe injuries have occurred in child care when children have pulled appliances like crockpots and tape players down onto themselves by pulling on the cord. When children chew on an appliance cord, they can reach the wires and suffer severe disfiguring mouth injuries. Electrical outlet cords should be made inaccessible, and children should be taught that all outlets and electrical cords are potentially dangerous. A shelf or other storage object may be placed in front of an outlet or cord to restrict children's access.

Heating and cooling equipment can be hazardous to children resulting in burns, electric shock, entanglement in the rotary blades of a fan, etc. Heating and cooling units that are located in a part of the building that is accessible to children should be enclosed by a closet or other barrier. Space heaters should have a protective covering that prevents children from tampering with the heating elements. Fans (e.g., ceiling, portable, bladeless, oscillating) must be placed so they are inaccessible to children or protected by a barrier if used in children's activity areas.

Indicators

- ✓ Check all electrical outlets within children's reach to ensure the outlets have protective caps/safety covers. If an outlet is in use, check to ensure that children do not have access to the outlet or to electrical cords.
- ✓ Observe heating and cooling equipment. Check to ensure the equipment is secure and inaccessible to children.

Things for child care programs to consider:

- Remind staff to check their classroom at the beginning of each day to ensure all outlets within children's reach are covered with protective caps/safety covers.
- Remember that the unused outlets in a power strip must have protective caps/safety covers if the power strip is located where children can reach it. If the outlets are unable to be covered with protective caps/safety covers, the power strip must be inaccessible to children. The center must follow fire marshal regulations whenever power strips are used.
- All surge protectors must be mounted to walls making them a permanent fixture to the building, never loose under or behind furniture.
- All electrical outlets accessible to children who are not yet developmentally at a kindergarten grade level of learning should be a type called "tamper-resistant electrical outlet". This type of outlet looks like a standard wall outlet but contains an internal shutter mechanism that prevents children from sticking objects like hairpins, keys, and paperclips into the receptacle. The spring-loaded shutter mechanism only opens when equal pressure is applied to both shutters such as when an electrical plug is inserted into the outlet.

591-1-1-.25 Physical Plant

(9) Exclusion from Premises. The Center shall not allow any person to remain on the Center premises if the person does not have a legitimate reason for being on the premises.

Rule Type: Non-Core Rule

Intent

To protect children's safety.

Clarification

Unauthorized persons pose a potential threat to children since the center may not know the person's intent. It is the center's responsibility to ensure children's protection and safety by restricting anyone from the center's premises unless the person has a legitimate reason to be there. Friends and family members of staff persons should not linger at the center without an obvious reason or apparent purpose.

Centers should be operated separately from other organizations and businesses that may share the property. The Director of the center must keep the area safe and keep people out who have no legitimate reason for being in the center. For example:

Churches – The Director shall have control of the licensed space and not share hallways and restrooms with the church membership. Licensed areas should be off limits to church activities during the hours of operation. Children shall not be displaced from any licensed space for the use of areas (e.g., fellowship hall, etc.) for a church function. The center's outer doors should be locked to prevent public access.

Schools/Private Schools – The center shall have separate restrooms and separate playgrounds for the children to use or should have separate times the restrooms/playgrounds are used by children not enrolled in the program. Children shall not share these areas with children from other school programs that operate at the same location. After-school programs would not be subject to separation requirements as they operate after the school day has ended.

Centers located in shopping strips – The center shall have separate entrances/exits, restrooms, and playground space. No space should be shared with other businesses.

Indicators

- ✓ Ask the Director and/or staff about the center's policy on exclusion from the premises. Observe to ensure the policy is followed and enforced.

Best Practices:

- Position/post a staff person near the entrance to the center to monitor visitors as they enter the building, and to ensure they have a legitimate reason for being on the premises.

Things for child care programs to consider:

- Provide identification badges for all employees and visitors. Utilize sign-in logs which include the date, the person's name, time of arrival and departure, and the purpose of the visit.

591-1-1-.25 Physical Plant

(13) Indoor Storage Areas. Potentially hazardous equipment, materials and supplies shall be stored in a locked area inaccessible to children. Examples of items to be stored include non-food related products under pressure in aerosol dispensing cans, flammable and corrosive materials, cleaning supplies, poisons, insecticides, office supplies and industrial-sized or commercial buckets with a capacity of three gallons or more or any other similar device with rigid sides which would not tip over if a toddler fell into the container head first.

Rule Type: Core Rule

Intent

To protect children's health and safety.

Clarification

There are over two million human poison exposures reported to poison centers every year. Children under six years of age account for over half of those potential poisonings. The substances most commonly involved in poison exposures of children are cosmetics, personal care products, and cleaning substances. Children should not have contact with items or substances that are potentially dangerous or hazardous.

Fire hazards and combustible materials (e.g., large stacks of magazines and/or newspapers, etc.) should be discarded promptly or stored according to recommendations by the local fire department. Flammable liquids should be kept in tightly closed or sealed containers, should be stored only in quantities approved by the State Fire Marshal or local fire department, and should never be accessible to children.

Corrosive agents, bleaches, insecticides, detergents, polishes, products under pressure in aerosol cans, and any substance that may be toxic if ingested, inhaled, or handled should be kept in locked storage, or in an area that is clearly inaccessible to children. Potentially hazardous equipment such as, but not limited to crockpots, bottle warmers, diffusers, coffee pots, glue guns, vacuum cleaners, brooms, and toilet plungers/brushes should also be kept inaccessible to children.

Staff's supplies must be kept out of reach of the children. (Examples: Teachers' purses, white correction fluid, adult scissors, staplers, bulletin board pins, plastic bags, etc.) Refer to the label of any accessible item to determine if the product is hazardous to children. Items with labels that state the product must be kept out of children's reach must be stored so they are inaccessible (see label example below).



KEEP OUT OF REACH OF CHILDREN

Loose, empty plastic bags, whether intended for storage, classroom materials, trash, diaper disposal, or any other purpose, should be stored out of reach of children. Plastic bags have been recognized for many years as a cause of suffocation. Warnings regarding this risk are printed on diaper-pail bags, dry-cleaning bags, and so forth. The U.S. Consumer Product Safety Commission (CPSC) has received average annual reports of twenty-five deaths per year to children due to suffocation from plastic bags. Nearly 90% of the reported deaths were children under the age of one (1). When empty, plastic bags used for storage of classroom materials (e.g., art supplies, manipulative toys, etc.) must be kept inaccessible to children.

Indicators

- ✓ Observe the storage of hazardous equipment, materials, and supplies throughout the center. Check to ensure these items are stored in areas that are locked/latched or out of children's reach. Check product labels to ensure all items that are labeled "Keep Out of Reach of Children" are inaccessible.
- ✓ Check children's book bags, diaper bags, etc. for potential hazards if the bags are stored where children have access to them.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.25(13) - Hazardous equipment, materials, supplies must be kept inaccessible	Never	Never	Hazards in a room that are currently not in use for the day (after school room); Isolated minor hazards: brooms, dustpans, toothpaste, office supplies (stapler, white out), toilet brushes and plungers, etc. *If TA documented on previous visit, move to Low Risk **Soap that says "Keep Out of Reach of Children" never moves higher unless an incident and/or injury occurs	Hazards accessible with or without being handled by a child (plastic grocery bags, aerosol cans, items that say "Keep Out of Reach Children" etc.)	Serious/dangerous hazards handled by a child OR easily ingestible hazards (open container) that are accessible with or without being handled by a child which may or may not have resulted in an incident or injury with no medical attention or with medical attention as a precaution (cup of bleach on a shelf, sharp knife lying on a table, 3-gallon bucket of water)	Hazards accessible and handled or ingested with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Provide secure, designated spaces for staff to store potentially dangerous items (e.g., cleaning products, office supplies, handbags, personal items, etc.) to ensure children do not have access to the items.
- Prevent accidents with proper storage and close, active supervision.
- Store cleaning and office supplies in cabinets which are inaccessible to children and physically located away from play areas in the room.
- Develop procedural safeguards to ensure cleaning supplies are promptly returned to storage after use and that children do not come in contact with them.
- Do not use hazardous office supplies, such as thumb tacks or staples, to display artwork or posters.

Things for child care programs to consider:

- Remind staff to check their classroom at the beginning of each day to ensure hazardous items are not accessible to children. As children arrive for care, staff should check their bags to see if the bags are stored where children have access to them (this also applies to school-aged children). If a hazardous item is observed in a child's bag, it should be removed immediately and addressed with the child's parent as a reminder of the center's hazard policy.

591-1-1-.25 Physical Plant

(15) Outside Storage Area. Any outside storage or equipment area shall be locked, separated from the children by a barrier or enclosure, and shall not be accessible to the children.

(17) Plants and Shrubs. The Center premises shall be free of plants and shrubs which are poisonous or hazardous.

Rule Type: Non-Core Rule

Intent

To protect children's health and safety.

Clarification

Outside storage and equipment areas usually contain potentially hazardous materials and/or equipment; therefore, children should not have access to these areas.

Plants are important to children's health and well-being and are a great lesson in learning to understand and respect the environment; however, some plants can be harmful when eaten or touched. Though steps should be taken to eliminate potentially toxic plants, staff must provide vigilant supervision while children are near plants or when they participate in gardening activities. Plants are among the most common household substances that children ingest. Children should not have exposure to poisonous/hazardous plants and shrubs. Characteristics of hazardous plants include sharp thorns, berries, prickly leaves, sharp needle-like protrusions, etc. Cuttings, trimmings, and leaves from potentially harmful plants must be disposed of safely so children do not have access to them.

Indicators

- ✓ Observe outside storage and equipment areas. Check to ensure the areas are locked and children do not have access to them.
- ✓ Observe plants and shrubs, both inside and outside the building, including the playground. Check to ensure that no hazardous plants or shrubs are accessible to children.

Best Practices:

- Prevent accidents with proper storage and close, active supervision.
- Store cleaning and office supplies in cabinets that are inaccessible to children and physically located away from play areas in the room.
- Develop procedural safeguards to ensure cleaning supplies are promptly returned to storage after use and that children do not come in contact with them.
- Only adults should be allowed to enter outdoor storage sheds and/or buildings.

Things for child care programs to consider:

- The Georgia Poison Center's Poisonous Plants list can be found on the Department of Early Care and Learning's (DECAL) website at: <http://www.dec.al.ga.gov/documents/attachments/GAPoisonousPlant.pdf>.

591-1-1-.25 Physical Plant

(16) Parking. Sufficient parking areas shall be provided to permit safe discharge and pick up of children.

Rule Type: Non-Core Rule

Intent

To protect children's safety.

Clarification

Children should not be exposed to traffic hazards (i.e., hazards from vehicles arriving at, parking at or leaving the child care premises) during loading and unloading at the center as these increase the risk of injuries and fatalities. Increased supervision and interactions between adults and children promotes safety and helps children learn to be aware of their surroundings. The distance that a child must walk between the transportation vehicle and the center should be safe and free of hazards.

Indicators

- ✓ Observe the parking conditions/area during children's drop-off and pick-up to ensure children are safe.

Best Practices:

- Install bollards in front of the playground fence if the fence borders the parking lot or traffic areas. Bollards are vertical posts designed to protect the space and prevent a vehicle from entering the area.
- If possible, designate a staff and visitor parking area away from the center's usual drop-off and pick-up space.

Things for child care programs to consider:

- Vehicles should not be allowed to idle in the center's designated parking areas at any time, including during drop-off and pick-up. Idling vehicles contribute to air pollution and emit air toxins, which are pollutants known or suspected to cause cancer or other serious health effects. In addition, unoccupied idling vehicles pose safety concerns for children.
- Building and zoning requirements can impact/determine the amount of parking required for the center.

591-1-1-.25 Physical Plant

(18) Telephone. An operable telephone shall be readily available in the Center and the following emergency numbers must be posted in a conspicuous place next to the telephone: physician or hospital; county health department; regional poison control Center; all emergency numbers or numbers of local ambulance service, fire and police departments.

Rule Type: Non-Core Rule

Intent

To protect children's safety. To comply with Georgia law.

Clarification

An on-site, operable telephone allows parents to contact the center and communicate with staff when needed and allows staff to promptly notify parents and the appropriate personnel in case of an emergency. Georgia law (O.C.G.A. 20-1A-10(g)) requires the telephone numbers for the nearest or applicable providers of emergency medical, police, and fire services be posted in a conspicuous place next to the center's telephones.

Since it is easy for caregivers to panic in an emergency situation, they need immediate access to the phone numbers for emergency personnel. The list of emergency telephone numbers should be clearly visible to staff and posted at each telephone with the capability of making outgoing phone calls. In areas serviced by the 911 emergency number, 911 may be posted in lieu of the phone numbers for police, fire, and ambulance. Listing numbers on the inside cover of a telephone book is not acceptable since the book could be easily misplaced or removed from the area near the telephone.

Indicators

- ✓ Check the center's premises for a readily available/operable telephone.
- ✓ Observe that emergency telephone numbers are posted near each telephone with the capability of making outgoing phone calls. Check to ensure the emergency numbers are specific and applicable to the center's location.

Best Practices:

- Have a fully charged, working cell phone for contacting parents during emergency situations, such as evacuation of the center.
- Provide a telephone in each classroom and building as this will enable staff to contact the Director or Assistant Director as needed for bathroom breaks, to request extra food at meal times, to request assistance, to report an emergency, etc.

Things for child care programs to consider:

- A land-line corded telephone is not battery operated and will work during power outages. Cordless and cell phones are powered by electricity or batteries and are not always reliable. Fiber or internet-based service will have limited availability during a power outage even if used with a traditional corded telephone.

591-1-1-.25 Physical Plant

(19) Unapproved Areas. The following areas shall not be used as activity areas for the children: basement area in excess of twenty-five linear feet from a window; rooms with floor levels lower than three (3) feet or more below ground level on all sides; and any area unapproved for use by authorities having jurisdiction.

Rule Type: Non-Core Rule

Intent

To ensure that the physical environment is conducive to the health and safety of children, and to promote a sense of well-being for children and staff.

Clarification

Children should be housed in open, well-ventilated areas from which a quick evacuation can be made in case of fire or other emergencies. Children should not be housed in, or participate in activities in, areas of the center that have not been approved by the Department.

Indicators

- ✓ Observe basement or other areas below ground level if used as an activity area for children. Measure to ensure compliance with the rule requirements.
- ✓ Check to ensure that children are only present in areas that have been approved by the Department and other authorities with jurisdiction over the premises. If necessary, check the state and/or consultant's file or KOALA Outback for documentation of approved areas.

Things for child care programs to consider:

- Prior to using an unapproved area, contact the Department for guidance. An application for a license amendment may be required prior to children's use of the space. The application can be completed through DECAL KOALA found at: <https://www.decalkoala.com/Default>.
- If used, basement areas might require dehumidifiers, or another means of removing excess humidity from the area in order to control mildew and air quality issues.

591-1-1-.26 Playgrounds

(1) Size.

- (a) For Centers with a licensed capacity of 19 or more children first licensed after March 1, 1991, the Center shall provide or have ready access to an outdoor play area. The minimum size of the outdoor area must be equal to one hundred (100) square feet times one-third (1/3) of the Center's licensed capacity for children.**
- (b) For Centers with a licensed capacity of 18 or fewer children first licensed after April 21, 1991, the Center shall provide or have ready access to an outdoor play area. The minimum size of the outdoor area must be equal to one hundred (100) square feet times the center's licensed capacity for children.**

(2) Playground Occupancy. At least one hundred (100) square feet shall be available for each child occupying the outside play area at any one time. Groups of children may be rotated if necessary so that one hundred (100) square feet per child is provided at all times.

(3) Location. Playgrounds shall be adjacent to the Center or in an area which can be reached by a safe route or method approved by the Department. Except in School-age Centers, the playground shall have shaded areas.

(5) Playground Surfaces. Except in School-age Centers, the playground shall have a surface suitable for varied activities. Hard surfaces, such as gravel, concrete, or paving shall not exceed one-fourth (1/4) of the total playground area.

Rule Type: Non-Core Rule

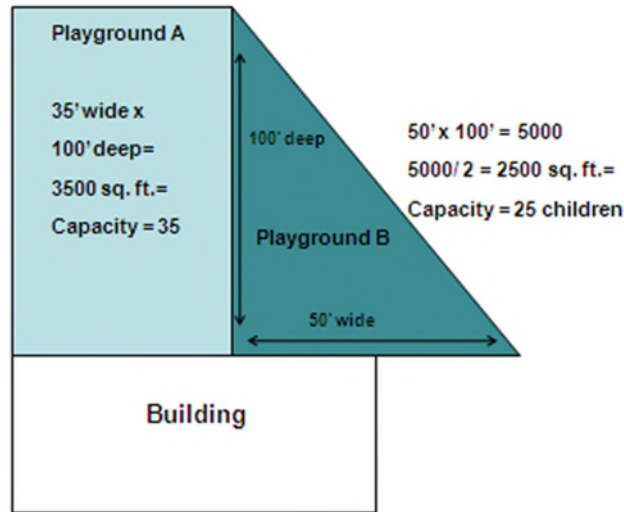
Intent

To ensure that children have adequate outdoor play space that allows for freedom of movement and encourages large muscle activities. To ensure that children have easy and safe access to the outdoor play area(s). To ensure that children have relief from heat and protection against constant exposure to the sun's ultraviolet rays. To provide a variety of outdoor surfaces for children to play on while ensuring that sufficient unpaved surfacing is available to absorb shock if children fall.

Clarification

Children benefit from being outside as much as possible and it is important to provide sufficient outdoor play space to accommodate the center's licensed capacity as specified by the rule requirements. Outdoor play areas must be large enough to allow freedom of movement and to reduce the likelihood of children colliding into each other or play equipment. The size of the outdoor play space is determined by measuring the length and width of the area then multiplying the measurements together to determine the total square footage. The usable square footage is divided by 100 square feet to obtain the licensed capacity of the outdoor play space. To express the figure as a whole number, decimals of .50 and above should be rounded up, and those of .49 and below should be rounded down.

Calculating Playground Capacities



Porches and/or ramps located on playgrounds will be included in the usable square footage. Children may use a porch's cover to play in the shade or for rainy days. Children shall not have access to the area underneath a porch or ramp. These areas need to be securely enclosed by boards, lattice, etc. Areas that protrude into the space such as fenced enclosures around a heating and air conditioning unit, a fence protrusion, a building protrusion, etc. are not counted when determining the licensed capacity of the outdoor play space and must be deducted to determine the square footage available for children's use.

The center must be equipped with an outdoor play area that directly adjoins the facility or that can be reached by a route that is safe, free of hazards and is no farther than one-eighth mile (i.e., 650 feet) from the facility. If the outdoor play area is not adjacent to the center, the use of the area and the method of access must be approved by the Department. Children may not walk through the kitchen while in route to the playground. Children under three years of age may not walk-through classrooms used by children three years of age and older while en route to the playground and vice versa.

For situations where the playground can only be reached by crossing a parking lot, a written safety plan approved by the Department must be in place and strictly followed. The safety plan must include instructions for how the children will carefully and safely cross the parking lot (e.g., use barriers such as orange cones, a moveable fence, or a chain with visible markers to mark off a safe walking path). Special attention should be given to children under the age of three when creating the safety plan, such as children will hold onto a rope with staff persons positioned at the beginning, middle and end of the group to ensure all children safely cross the area. Instructions on what to do during toileting emergencies will also need to be included in the safety plan.

Short exposure of the skin to sunlight promotes the production of vitamin D that growing children require for bone development and immune system health. Additionally, research shows sunlight may play an important role in alleviating depression. While exposure to sun is needed, children must be provided shade in the outdoor play area as the shade provides comfort and helps to prevent sunburn which can lead to an increased risk of skin cancer. Because outdoor play is required each day, weather permitting, there must be some provision for shade year-round. Shade can be provided by trees (with sufficient foliage to provide shade), canopies, umbrellas, or other sheltered areas. Shade provided by the building during outdoor play is acceptable but cannot be the only source of shade.

Various playground surfaces allow children to practice and master emerging physical and motor skills like running, climbing, jumping, riding, digging, throwing, etc. Various surfaces might include a hard, smooth surface for riding

tricycles and other toy vehicles with wheels, loose dirt, and sand for digging, an area of grass for safe active play, etc. To protect children from potential injuries, the presence of hard surfacing materials, such as asphalt or concrete must be limited to no more than one-fourth ($\frac{1}{4}$) of the center's total outside play area. (Note: This is not a requirement in a school-age only program.) To determine a center's maximum allowable amount of hard surface, add the usable square footage of each of the center's playgrounds together then divide by four. The answer is the maximum allowable amount of hard surface.

Example: A child care center has two playgrounds, and each playground has 2500 square feet of usable outdoor play space. $2500 + 2500 = 5000$ total square feet of usable outdoor play space. $5000 \div 4 = 1250$; therefore, 1250 square feet is the maximum allowable amount of hard surface material that can be present on the center's playgrounds.

Indicators

- ✓ Observe the number of children present on each playground (if possible) and check against the licensed capacity for that playground.
- ✓ Ask the Director and/or staff about the schedule and use of the playground area(s). Check classroom capacities and class schedules to ensure each playground's licensed capacity is not exceeded.
- ✓ Observe the location of each playground in relation to the center. If children do not have direct access to the playground, checking to ensure the route is free of hazards, has been approved by the Department and that the conditions of the approval are being met by the center.
- ✓ Check each playground for shaded areas, if applicable.
- ✓ Observe the playground surfaces for the conditions specified by the rule requirements. If necessary, measure the hard surface areas to ensure they do not exceed one-fourth ($\frac{1}{4}$) of the total playground area.

Things for child care programs to consider:

- Special use playgrounds are defined as areas approved by the Department, such as a garden, where staff conduct teacher-directed and supervised activities with a small group of children (i.e., one or two classes at a time). These types of areas are not subject to a licensed capacity so long as the center meets the playground size requirements set forth in rules 591-1-1-.26(1)(a) and 591-1-1-.26(1)(b) with additional playground space. All special use playgrounds must be identified on the center's site plan.
- If the playground is not adjacent to the center (i.e., not reached by direct access outdoors or by a fenced route), the program must develop a supervision/emergency plan and submit it to the Department. The plan should include details such as how staff will handle situations involving a child who needs to go to the restroom, a child who is injured, etc. The plan should also include how they will contact staff inside the building when assistance/help is needed.
- Some local zoning ordinances require more than 100 square feet of outside play space per child; therefore, the capacity of the playground(s) would be restricted due to the zoning requirement.
- Refer to the U.S. Consumer Product Safety Commission's (CPSC) Public Playground Safety Handbook for additional playground information. The handbook can be found at: www.cpsc.gov/s3fs-public/325.pdf

591-1-1-.26 Playgrounds

(4) Fence or Approved Barriers. Playgrounds shall be protected from traffic or other hazards by a four (4) foot or higher secure fence or other barrier approved by this Department. Fencing material shall not present a hazard to children and shall be maintained so as to prevent children from leaving the playground area by any means other than through an approved access route. Fence gates shall be kept closed except when persons are entering or exiting the area.

Rule Type: Core Rule

Intent

To protect children from potential injury and prevent unsupervised wandering away from outdoor play areas.

Clarification

An effective fence/barrier is one that prevents children from getting over, under, or through it and keeps them from leaving the outdoor play area. Although fences are not childproof, they provide a layer of protection for children from stray animals and other potential hazards. The fence must be constructed of solid, sturdy material such as chain link or smooth wood, and should be at least four feet in height in all areas. Wire, wood, or other material that is sufficiently sturdy to provide protection is acceptable. All fences must be maintained in good condition with no gaps, loose wires, exposed sharp prongs, bolts extending more than two threads, etc. If present, gaps, or openings in the fencing material should not exceed three and one-half inches to prevent entrapment and discourage climbing.

When a barrier (e.g., wooden beams, plastic edging, etc.) used to contain loose fill material is positioned directly against the fence, then the height of the fence shall be measured from the top of the barrier instead of the ground beneath it. For example, a four-foot-tall fence would not meet the height requirements if a barrier located beside it measures 12 inches tall. This would make the fence three feet tall with a 12-inch step possibly used to climb out of the playground.

To ensure the safety of children in emergency situations, outdoor play area fences should be equipped with gates. Gates must be kept closed and latched whenever children are present. Gates are not required to be closed when children are not present; however, gates should be closed before children enter the playground area.

Parents, children, and staff may not enter the building from the parking area directly through the playground if another entrance into the building is accessible. Entering and exiting the premises through the playground increases the risk of the gate being left open, therefore creating an opportunity for children to escape. In this situation with Department approval, a center may create a separate fenced entryway within the outdoor play area. This separate area would lead into the building with a second gate leading onto the playground. Having a separate entryway would decrease the chance of a child escaping through an open gate. The center should avoid scheduling children's outside play during the busiest times of the day, such as morning drop-off or afternoon pick-up. Doing so will lower the risk of children exiting through an open gate unsupervised while families are entering and/or exiting the premises.

Indicators

- ✓ Measure the height of each playground's fence and the height of any fencing used as a barrier (e.g., fencing around heating and cooling equipment, storage areas, etc.) to ensure the fence and gates meet the four-foot requirement. (Fencing used to separate two play areas is not required to meet the four-foot height minimum.)
Note: If resilient surface barriers are positioned along the bottom of the fence, measure from the top of the barrier to the top of the fence to determine the fence height.
- ✓ Check to ensure that all playground fencing material is approved by the Department, sturdy, solid, and maintained to prevent children from leaving the playground area. Fencing material should be free of hazards, holes or gaps, loose clip wires, splintered wood, protruding nails/screws, entrapment hazards at the base of the fence, etc.
- ✓ Observe the fence gates on each playground to ensure the gates are kept closed whenever children are present.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.26(4) - Fence: Shall be at least four feet high, shall not be hazardous, shall be maintained, and any gate(s) shall be kept closed, except when entering or exiting	If severe weather alert has been issued in the area; Per policy, a follow-up visit may be required to assess the playground	Never	Children not outside and the gate is open *never move to Low Risk; Isolated minor fencing issue in a limited area: small gap (less than 3.5 inches wide and no entrapment or escape hazard; Isolated damage to fence and hazardous area made inaccessible to children *If TA documented on previous visit, cite accordingly	Fence not four feet high; Minor fencing hazards: loose wires, bolts measuring over 2 threads, rust, splintering wood, potential impalement hazard, exposed sharp prongs, nails or screws, fence not secured, etc.; Gate open with no incident, while children on the playground; Potential entrapment hazard (gap that measures between 3.5 - 9 inches)	Not completely enclosed and child(ren) did not leave premises; Actual entrapment occurs, with an incident and/or injury with no medical attention or with medical attention as a precaution	Child left premises due to: fence not completely enclosed, gate open, fence not four feet high; Entrapment or fence hazards with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Install a fence that is taller than the four-foot minimum height requirement. The extra height will help to ensure that compliance is maintained should the fence height be reduced by the settling of the ground or by a buildup of mulch, dirt, etc.
- Inspect fencing material daily to check for potential hazards and to ensure that fence heights are maintained.
- Fences should be 6 feet tall with gate latches positioned 48 inches or higher and have no sharp points, holes, or protrusions, such as bolts facing inward with more than 2 threads.
- Fences should be located at least 6 feet from any preschool play equipment and at least 3 feet from any infant/toddler play equipment.

Things for child care programs to consider:

- Some fence designs have horizontal supports on the outside of the fence that may allow intruders to climb over the fence. Select a fence design that prevents the ability to climb on either side of the fence.
- Avoid positioning resilient surfacing barriers at or along the bottom of the fence since the height of the fence is reduced by the height of the barriers. This also creates a gap between the edge of the barrier and the fencing material where children's feet can slip causing a potential injury.
- Position fence clip wires and bolts/screws towards the outside of the fence, when possible (i.e., when fencing material is not shared between playgrounds).
- Use tension wire along the bottom of a chain link fence to provide stability and security. The wire holds the chain link material in place low to the ground very tightly and keeps the fencing material from bending at the bottom.
- A sample playground maintenance checklist can be found on the Department of Early Care and Learning's (DECAL) website at: <http://dec.al.ga.gov/documents/attachments/PlaygroundChecklist.pdf>.

591-1-1-.26 Playgrounds

(6) **Equipment.** Playground equipment shall provide an opportunity for the children to engage in a variety of experiences and shall be age-appropriate. For example, toddlers shall not be permitted to swing in swings designed for School-age Children. The outdoor equipment shall be free of lead-based paint, sharp corners and shall be regularly maintained in such a way as to be free of rust and splinters that could pose significant safety hazard to the children. All equipment shall be arranged so as not to obstruct supervision of children.

(7) **Anchoring of Certain Equipment.** Climbing and swinging equipment shall be anchored.

Rule Type: Core Rule

Intent

To ensure children have access to a variety of outdoor play experiences that meet the needs of each age group and provide opportunities for individual choice and cooperative play. To protect children from injury and harm by ensuring that outdoor play equipment is safe and in good condition. To ensure adequate supervision of children.

Clarification

Outdoor play equipment should be of a size and skill level that is appropriate for the ages and developmental abilities of the children who use it. Children need equipment for climbing, balancing, riding, building, pushing, pulling, lifting, digging, running, etc. The U.S. Consumer Product Safety Commission (CPSC) recommends the following play equipment for each age group:

Toddler – Under 2	Preschool – Ages 2-5	Grade School – Ages 5-12
<ul style="list-style-type: none">• Climbing equipment under 32” high• Ramps• Single file step ladders• Slides• Spiral slides less than 360°• Spring rockers• Stairways• Swings with full bucket seats	<ul style="list-style-type: none">• Certain climbers• Horizontal ladders less than or equal to 60” high for ages 4 and 5• Merry-go-rounds• Ramps• Rung ladders• Slides• Spiral slides up to 360°• Spring rockers• Stairways• Swings – belt, full bucket seats (2-4 years) & rotating tire	<ul style="list-style-type: none">• Arch climbers• Chain or cable walks• Free standing climbing events with flexible parts• Fulcrum seesaws• Ladders – Horizontal, Rung, & Step• Overhead rings• Merry-go-rounds• Ramps• Slides• Spiral slides more than 360° turn• Stairways• Swings – belt & rotating tire• Track rides• Vertical sliding poles

All play equipment should be constructed, installed, and made available to the intended users in such a manner that meets the manufacturers’ recommendations. Outdoor play equipment should be safe, in good condition, and arranged so that staff have clear lines of sight of children playing on, with or near the equipment.

Playground equipment hazards include, but are not limited to, the following:

- Exposed nails, screws, bolts, pipes
- Splintered, deteriorated wood
- Open/deformed “S” or “C” hooks, rings, links, etc.
- Crush/pinch joints
- Areas of entrapment
- Unprotected protrusions
- Broken/missing steps, rungs, handguard, rails, handles, sides, ladders
- Sharp edges
- Broken seats, parts, equipment
- Obstructions on slides
- Equipment off track, unsecured to support
- Chipped peeling paint
- Worn swing hangers, chains
- Broken supports, anchors
- Bars, rungs, handholds unstable (wobble or turn when grasped)

Playground equipment and materials should appeal to children’s individual interests. Enough play equipment and materials should be available to avoid excessive competition and long waits. The facility should offer a wide variety of age-appropriate portable play equipment (e.g., balls, jump ropes, hoops, ribbons, scarves, push/pull toys, riding toys, rocking and twisting toys, sand and water play toys) in sufficient quantities so that multiple children can play at the same time. Staff should closely monitor children’s use of all playground equipment and materials to ensure children are using them appropriately.

Climbing and swinging equipment should be securely anchored to prevent tipping. All bolts, screws, or concrete used to secure or anchor equipment should be covered. Metal fasteners should be corrosion resistant and be selected to minimize corrosion of the materials they connect. All S-hooks and C-hooks should be properly closed. A hook is considered closed if there is no gap or space greater than 0.04 inches (i.e., the thickness of a dime) present.

When multi-axis tire swings (i.e., tire swings attached using three chains) are present on the playground, there must be a minimum clearance of 30 inches between the seating surface of a tire swing and the uprights of the supporting structure (i.e., bay/frame). Measurements should be taken when the tire is in a position closest to the support structure. The minimum clearance between the bottom of the seat and the protective resilient surfacing in the fall zone shall not be less than 12 inches.

Some smaller, stable, portable equipment for younger children may not require anchoring. Equipment which is considered “non-anchored” is less than three (3) feet tall and was designed by the manufacturer to be moved by a child. This would include, but is not limited to, small climbers or slides. Staff must monitor children’s use of this type of equipment to ensure that it is not moved too close to or located on top of another piece of equipment, concrete/asphalt areas, barriers around resilient surfacing, etc.

Trampolines, both full and mini size, should be prohibited from being used as part of on-site child care program activities. Both the American Academy of Pediatrics (AAP) and the American Academy of Orthopedic Surgeons (AAOS) Policy Statements recommend the prohibition of trampolines for children younger than six years of age. The CPSC also supports this position. The trampoline has no place in outdoor playgrounds and should never be regarded as play equipment.

Indicators

- ✓ Observe outdoor play equipment to ensure the equipment is appropriate for the ages and abilities of the children, meets manufacturers' guidelines (i.e., construction, installation, and use), and allows children to engage in a variety of experiences.
- ✓ Check outdoor play equipment for hazards (as defined in the clarification).
- ✓ Ask the Director and/or staff about the center's practice regarding routine maintenance of equipment.
- ✓ Observe the placement of outdoor play equipment to ensure it is arranged so as not to hinder staff's visibility or supervision of children.
- ✓ Check climbing and swinging equipment to ensure the equipment is securely anchored, if applicable.
- ✓ Check to ensure that enough outdoor play equipment and materials are available for all children.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.26(6) - Playground Equipment: Variety, age-appropriate, good repair, free from hazards, won't obstruct supervision of children	If severe weather alert has been issued in the area; Per policy, a follow-up visit may be required to assess the playground	Never	Isolated minor hazards: small area of chipped paint or rust, a single missing pedal or hand grip, open "S" hooks, portable equipment damaged beyond use, *If TA documented on previous visit move to Low Risk	Minor hazards: rusted chains, large areas of chipped paint, missing handles, pedals, grips, broken equipment sectioned off to make it inaccessible to children; No variety of equipment present; Equipment is not age-appropriate with <u>no</u> injury; Supervision is obstructed with <u>no</u> injury	Accessible hazards which prohibit safe use of the equipment: sharp edges, worn/broken hardware, broken/ingestible pieces; Hazardous OR non-age-appropriate equipment with an incident and/or injury with no medical attention or with medical attention as a precaution; Supervision is obstructed with an incident and/or injury with no medical attention or with medical attention as a precaution	Broken/hazardous/non-age-appropriate equipment with an incident and/or injury requiring professional medical attention; Supervision is obstructed with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
.26(7) - Anchoring: Climbing and swinging equipment anchored	If severe weather alert has been issued in the area; Per policy, a follow-up visit may be required to assess the playground	If there is no climbing or swinging equipment required to be anchored	If adding non-portable playground equipment that would need anchoring	Non-portable equipment anchored but not stable	Non-portable equipment not anchored which may or may not have resulted in an incident and/or injury with no medical attention or with medical attention as a precaution	Non-portable equipment not anchored with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Keep the equipment manufacturers' guidelines/instructions on file at the center for future reference. Maintain the information in a central location such as a folder, a binder, etc.
- Metal slides should be placed in a shaded area to reduce the likelihood of a child sustaining a burn while using the equipment.
- If the equipment is wet and slippery, dry before children use.
- Check temperature of equipment to ensure it does not feel hot to the touch before allowing children to use it.
- To help prevent burns and ultra violet (UV) degradation that can cause pre-mature equipment failure, ensure that plastic and metal playground slides, platforms, and steps are shaded or located out of direct sunlight and provide shade over plastic play equipment when possible. Shade structures and tree limbs should be located high above the play equipment and out of reach of children, such that no impact, fall, or entanglement hazards could occur.
- When playgrounds are used by children of multiple ages, post readily visible signs or labels to indicate age-appropriateness of equipment.
- To prevent strangulation accidents, do not allow children to wear scarves or clothing with exposed drawstrings while using play equipment, especially slides. Similarly, require children to use jump ropes and other similar equipment with cords, cables, or ropes, away from all other types of equipment.
- The following equipment is not appropriate for any age group to use. Refrain from using climbing ropes not secured at both ends, rope swings, swinging dual exercise rings, balance beams over 16 inches tall, and swinging trapeze bars.
- The following additional equipment is not appropriate for children younger than 6 years to use. Refrain from using freestanding arch climbers, dome climbers, freestanding flexible climbers, fulcrum seesaws, log rolls, track/trolley rides, spiral slides with more than one 360-degree turn, parallel bars, balance beams over 12 inches tall, and vertical sliding poles.
- The following additional equipment is not appropriate for children younger than 4 years to use. Refrain from using horizontal ladders, overhead rings.
- The following additional equipment is not appropriate for children younger than 2 years to use. Refrain from using rung ladders, merry-go-rounds, spinning equipment, rotating tire swings, spiral slides with a full 360-degree turn, and balance beams.
- Avoid sliding in tandem or on an adult's lap to prevent leg and foot fractures.
- No more than two swings should be present in a single bay, and swings should not be attached to any other equipment.

Things for child care programs to consider:

- Contact the center's licensing consultant if/when equipment changes are made to the playground area(s).
- Based on the Early Childhood Environment Rating Scale (ECERS-3), children's gross motor equipment should stimulate at least seven different skills. Skills refer to activities such as climbing, swinging, running, jumping, pulling, pushing, catching, throwing, etc.
- Refer to the U.S. Consumer Product Safety Commission's (CPSC) Public Playground Safety Handbook for additional information about playground equipment. The handbook can be found at: www.cpsc.gov/s3fs-public/325.pdf
- A sample playground maintenance checklist can be found on the Department of Early Care and Learning's (DECAL) website at: <http://dec.al.ga.gov/documents/attachments/PlaygroundChecklist.pdf>

591-1-1-.26 Playgrounds

(8) Fall Zones and Surfacing. Climbing and swinging equipment shall have a resilient surface beneath the equipment and the fall zone from such equipment must be adequately maintained by the Center to assure continuing resiliency.

Rule Type: Core Rule

Intent

To protect children's safety and to reduce the risk of injury when children fall from climbers and swings.

Clarification

Over seventy percent of all accidents on playgrounds are from children falling. The surface under and around climbing and swinging equipment can be a major factor in determining the injury-causing potential of a fall. A fall onto a shock-absorbing surface is less likely to cause a serious injury because the surface is yielding. Hard surfacing materials, such as asphalt or concrete, are unsuitable for use under and around playground equipment of any height even if covered with loose-fill shock-absorbing material and therefore is prohibited.

Equipment used for climbing and swinging should not be placed over, or immediately next to, hard surfaces such as asphalt, concrete, dirt, grass, or flooring covered by carpet or gym mats not intended for use as surfacing for climbing and swinging equipment. This type of equipment must be placed over a resilient surface which is composed of materials that provide a buffer, or shock absorber, that reduces the risk of injury if children accidentally fall from the equipment.

Resilient surface materials may be uniform or loose fill materials. Uniform materials are rubber mats/surfaces or similar materials held in place by a binder. Test data must be obtained from the manufacturer of the material when it is used. The test data should include the ASTM International (ASTM) Standard Specifications and should be maintained on file at the center. Examples of acceptable loose fill materials include sand, pea gravel, wood chips, wood mulch, and shredded rubber. Resilient surface materials should not include sharp jagged edges, splintered wood, large pieces, etc.

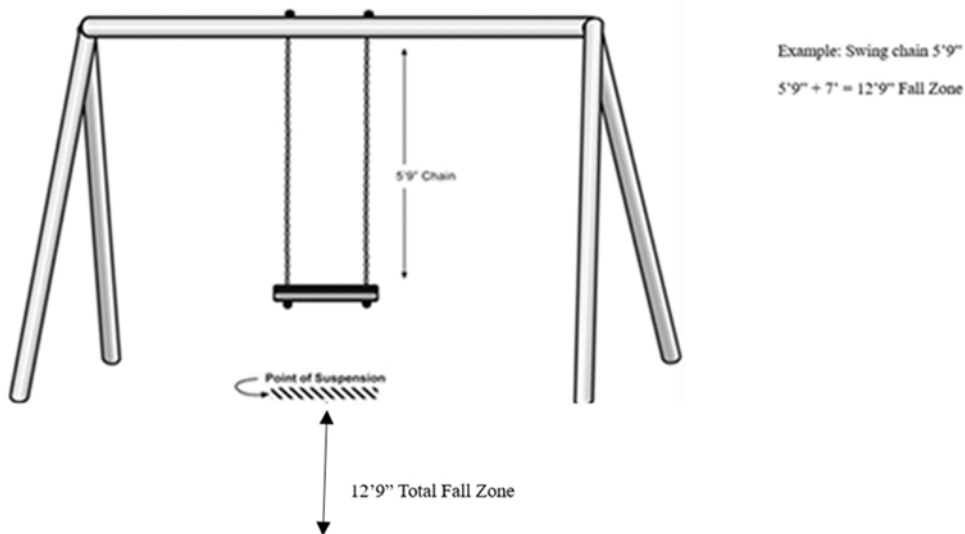
Since the shock absorbing capability of loose fill materials decreases up to 25% yearly due to weathering and repeated impact, continuous care is necessary to maintain the cushioning effect. Loose materials should be raked frequently to prevent them from becoming compacted and to remove hazardous objects. These materials should also be raked to fill in areas of wear or displacement (e.g., under swings, bottom of slides, etc.) on a daily basis before children use the equipment. When loose fill materials are used, a depth of at least six inches or more is required for equipment five feet or greater in height, and a depth of at least three inches is required for equipment less than five feet in height. Good drainage is essential to maintaining loose fill materials. Standing water with this type of surfacing material reduces effectiveness and leads to material compaction and decomposition.

The "fall zone" from a piece of equipment is the area in which any activity or movement can be expected to take place around the equipment and includes the area under and around the equipment where a child might fall. The extension of a fall zone is determined by the type of equipment (i.e., stationary climber, slide, or swing) and the entire fall zone area must be covered with protective surfacing material to protect children from injury. Equipment must be arranged so that there is no overlap of fall zones except those which are acceptable based on national safety standards.

Fall zones for slides, either free-standing or part of a multi-climber, would need to extend four (4) feet in all directions from the base of the steps and five (5) feet from the end of the slide and should extend out into a semi-circle shaped area. An example is shown below.



Fall zones for swings should measure the length of the swing chain plus an additional seven (7) feet. For example, with a swing chain measuring 5'9", the fall zone would need to extend 12'9" forwards and backwards from the swings resting position. An example is shown below:



Indicators

- ✓ Observe all climbing and swinging equipment to ensure the center has resilient surfacing beneath the equipment and within the fall zone.
- ✓ Measure the depth of the resilient surface material to ensure required depths are maintained. If uniform materials are used, check the licensing file, or ask the Director for the test data/information from the material's manufacturer. Inspect uniform surface material for any visible damage or areas where repair is needed.

- ✓ Check loose fill materials (i.e., sand, pea gravel, wood chips, wood mulch, shredded rubber) for sharp, jagged edges, splintered wood, or large pieces.
- ✓ Check to ensure that rubber mats used on top of resilient surfacing materials are flush with the resilient surfacing (i.e., no lifted edges, etc.) and do not pose a hazard to children, if applicable.
- ✓ Ask the Director and/or staff about the center's practice for maintaining resilient surface material.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.26(8) - Resilient Surfacing: Adequately maintained for resiliency beneath and in the fall zones of climbing and swinging equipment NOTE: Resilient surfacing is NOT required under infant/toddler bucket swings or infant/toddler swings that require the child to be buckled in	If severe weather alert has been issued in the area; Per policy, a follow-up visit may be required to assess the playground	If there is no climbing or swinging equipment requiring resilient surfacing beneath and in fall zones	Compacted resilient surfacing; Portable equipment is observed on a hard surface and can be moved during the visit; Isolated grass growing in resilient surfacing *If TA documented on previous visit, move to Low Risk	Inadequate amount of resilient surface: Climbing equipment under 5 feet tall (more than 0 inches but less than 3 inches); Climbing equipment that is 5 feet or greater in height or swinging equipment (more than 0 inches but less than 6 inches); Inadequate fall zones	No resilient surface with no incident or injury	No/inadequate resilient surface with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- To comply with the U.S. Consumer Product Safety Commission's guidelines for best practice, maintain at least nine inches for all types of loose fill protective surfacing materials, except shredded rubber meeting ASTM F3012 limits for toxicity, which only requires 6 inches. Typically, loose-fill surfacing compresses about 25% after installation during use, plan ahead with this in mind. For example, when 9 inches of wood chips need to be maintained, 12 inches should be installed to account for typical compression rates. A resource for Best Practices for Playground Surfacing Requirements can be found on the Department's website at <http://www.dec.state.ga.gov/BftS/FormList.aspx?cat=Child%20Care%20Learning%20Center>.
- When most loose fill surfacing freezes solid, it no longer functions as protective surfacing until such time as all layers of it thaw completely. It is not recommended for children to play on equipment under these conditions.
- Periodically use a garden tiller to thoroughly fluff mulch material for added resiliency.
- Assign a staff person the responsibility of checking the resilient surface material daily to ensure the required depths are maintained at all times and to ensure that the surface material is fluffed and redistributed as needed.
- When measuring climbing equipment, measure from the highest climbing surface intended, such as the platforms on slides and composites, unless you see children climb higher. If children are allowed to climb higher or use equipment in ways that are not intended, such as climbing on top of tunnels or tube slides, measure from the highest climbing surface you observe them to use.
- When measuring protective surfacing, measure at the most often used areas around equipment, such as at slide exits, under swings, near climbing access points, and in fall zones. These are the areas children are most likely to fall into.

- When measuring fall zones, measure in a straight line from the equipment outwards. Measuring diagonally can alter the measurement.
- When measuring swings, note that the pivot point is where the swing begins moving at the top of the chain.
- Shock-absorbing, protective surfacing is recommended under and around all equipment that children use where their feet do not remain in contact with the ground surface during intended play. This helps to reduce the likelihood of life-threatening head injuries from falls.
- Unitary protective surfaces are preferred for infants and toddlers instead of loose fill surfacing materials, since children of this age frequently place objects in their mouths.
- Fall zones for climbing equipment should extend at least six (6) feet in all directions for preschoolers and older children and three (3) feet in all directions for infants and toddlers.
- Fall zones are specific to one piece of equipment; fall zones cannot overlap the fall zones of other equipment.
- Slide fall zones:
 - Infants and Toddler slides up to 32 inches tall: Six (6) feet fall zone at the slide exit and three (3) feet fall zone on the remaining sides around the slide.
 - Preschool slides up to 60 inches tall: Six (6) feet fall zone at the slide exit and on all remaining sides around the slide.
 - School Age slides up to 84 inches tall: If the slide is taller than six (6) feet, the fall zone at the slide exit should be at least as long as the slide is tall up to eight (8) feet with six (6) feet on all remaining sides around the slide.
- Swing fall zones:
 - All fall zone measurements should extend the required distance in front of swings and behind swings and have a six feet perimeter from each side of the swing structure.
 - The pivot point is where the swing starts moving at the top of the chain.
 - The fall zones for belt swings should be twice the distance of the pivot point to the ground, in front and behind swings.
 - The fall zones for bucket swings should be twice the distance of the pivot point to the seat bottom, in front and behind swings.
 - The fall zone for tire swings should be the distance from the pivot point to the top of the tire plus six (6) feet in all directions.

Things for child care programs to consider:

- If rubber mats are used on top of resilient surface materials, ensure the mats are flush with the resilient surfacing (i.e., no lifted edges, etc.) and do not pose a hazard to children.
- If barriers (e.g., wooden beams, plastic edging, etc.) are used to contain loose fill materials, they should not be placed so close to a fence that a child's/staff person's foot could become entrapped between the two. This could cause injury to the foot, ankle, or leg.
- Refer to the U.S. Consumer Product Safety Commission's (CPSC) Public Playground Safety Handbook for additional information about fall zones and resilient surfacing. The handbook can be found at: www.cpsc.gov/s3fs-public/325.pdf
- A sample playground maintenance checklist can be found on the Department of Early Care and Learning's (DECAL) website at: <http://dec.al.ga.gov/documents/attachments/PlaygroundChecklist.pdf>

591-1-1-.26 Playgrounds

(9) Safety and Upkeep of Playground. Playgrounds shall be kept clean, free from litter and free of hazards, such as but not limited to rocks, exposed tree roots and exposed sharp edges of concrete.

Rule Type: Core Rule

Intent

To promote clean and healthy conditions and protect children from playground hazards that can cause injury.

Clarification

Proper maintenance is a key factor when trying to ensure a safe play environment for children. Each playground is unique and requires a routine maintenance check developed specifically for that setting. Playgrounds must be clean and free of hazards that could cause a potential injury to a child. Free-standing heating and cooling units that are located on the playground and are accessible to children should be enclosed by a barrier (e.g., fence, lattice) that is at least four feet in height. Electrical boxes which are attached to the outside of the building should be kept locked, kept in good repair, have no protruding wires, nor holes in which a child could possibly place a finger/hand inside the box.

Playground hazards include, but are not limited to, the following:

- Glass
- Trip hazards
- Uneven turf
- Exposed bricks/cinder blocks
- Exposed concrete edges
- Open grating
- Slippery areas
- Yard debris (dead tree limbs/branches/pine cones, etc.)
- Exposed tree roots/rocks
- Tall grass
- Trash
- Garden tools/equipment and lawn maintenance items (lawn mowers, weed eaters, ant killer, weed sprays, plant foods, etc.)
- Potholes
- Exposed wiring
- Poor drainage
- Standing water
- Grills
- Heating and cooling equipment

Indicators

- ✓ Observe the outdoor play area(s) for cleanliness, litter, and general hazards as defined in the clarification.

- ✓ Ask the Director and/or staff about the center's practice for monitoring and maintaining the playground area(s).

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.26(9) - Playgrounds: kept clean, free from litter and hazards	If severe weather alert has been issued in the area; Per policy, a follow-up visit may be required to assess the playground	Never	Isolated minor hazards: small amount of trash/debris, minimal roots, thorny vines, sticks or branches; Mops or brooms outside of high traffic area; If one inch or less of standing water is observed *If TA documented on previous visit move to Low Risk	Widespread minor hazards: tripping hazards, sticks, branches, thorny vines, trash/debris; Presence of nests of and/or biting ants/stinging insects; Mops, brooms, or rakes accessible or in high traffic area; Accessible heating and cooling equipment; Standing water without a drowning hazard (1-2 inches); Tools/equipment in an enclosed but unlocked shed (not accessed by children); With <u>no</u> incident or injury	Dangerous playground hazards: lawn mowers, tools, discarded equipment or appliances; Children accessed nests of and/or biting ants/stinging insects; Standing water with a drowning hazard (2 inches or more); With or without an incident and/or injury with no medical attention or with medical attention as a precaution	Playground hazards with an incident and/or injury requiring professional medical attention (exposed nail causing an impalement/puncture injury, bitten by ants/stinging insects, exposed root causing broken arm, etc.)	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Check each playground after inclement weather for any hazards such as limbs, debris, etc.
- Assign a staff person to do a daily check of the playground(s) prior to use.

Things for child care programs to consider:

- If rubber mats are used on top of resilient surface materials (e.g., in the swing area, at the base of slides, etc.), ensure the mats are flush with the resilient surfacing and do not pose a hazard to children.
- Refer to the U.S. Consumer Product Safety Commission's (CPSC) Public Playground Safety Handbook for additional information about playground safety. The handbook can be found at: www.cpsc.gov/s3fs-public/325.pdf
- A sample playground maintenance checklist can be found on the Department of Early Care and Learning's (DECAL) website at: <http://dec.al.ga.gov/documents/attachments/PlaygroundChecklist.pdf>

591-1-1-.27 Posted Notices

Each Center shall post in a designated area for public viewing near the front entrance the following: the Center's current License or Permit; a copy of these rules; a copy of the current communicable disease chart; a statement allowing Parent(s) access to all child care areas upon notifying any staff member of his or her presence; names of persons responsible for the administration of the Center in the administrator's absence; the dated current week's menu for meals and snacks; emergency plans for severe weather, fire, and other emergency situations; a statement requiring visitors to check in with Staff when entering the Center; no smoking signs; and a notice provided by the Department which advises Parents of their right to review a copy of the Center's most recent licensure evaluation report upon request to the Center Director. The Center shall provide any Parent with a copy of this evaluation report upon request.

Rule Type: Non-Core Rule

Intent

To protect children's health and safety and to ensure compliance with Georgia law. To ensure that the public, particularly parents of children enrolled at the center, can view all documents listed under this rule. To increase parental awareness of the center's operation and to assist parents in determining whether the program is appropriate for their child's needs. To ensure that all staff and visitors to the center can locate emergency and evacuation plans.

Clarification

Georgia law requires the center's current license or commission and no smoking signs to be posted for public viewing. Posting required notices in a designated area near the main entrance to the center ensures that parents entering and exiting the building have access to information that can help them make informed decisions about their child's care. When a center consists of more than one building, a memo may be posted near the entrance of each additional building that informs parents/visitors of where the posted notices are located in the main building area; however, centers are encouraged to have posted notices in all buildings for parents/visitors that do not regularly visit the main building.

When parents have access to the rules and the center's licensing reports, they can determine how well the center is meeting licensing standards. The communicable disease chart provides information that parents can use to assess the health of their children and to determine any precautions they may want/need to take as a result. The weekly menu informs parents of the foods their children are being served so that family meals at home can be balanced to meet children's total nutritional needs. Requiring visitors to check in with staff promotes children's safety and well-being by allowing staff to monitor the presence of unauthorized persons within the facility. Parents should be permitted access to all child care areas any time their child is in care; however, they should notify staff upon their arrival.

Posted emergency plans serve as a reminder to staff and the public and provide additional assurance that the plans will be followed in case of an emergency. Emergency plans for severe weather and fire may include a drawing (or a diagram) and/or written instructions. Additional copies may be posted elsewhere within the facility for the benefit of staff.

Indicators

- ✓ Observe the center's posted notices to ensure all required notices are present, clearly visible, and located near the front entrance of the building.
- ✓ Check the posted notices to ensure that all are current.

Best Practices:

- Post emergency plans in each classroom for ease of access by staff.

Things for child care programs to consider:

- It is acceptable for the center to post a notice informing parents of where the rule book is located instead of posting the actual rule book (due to the rule book's weight and size).
- The Department's current rule book, communicable disease chart, sample menu form, and sample notices can be found on the Department of Early Care and Learning's (DECAL) website at:
<http://dec.al.ga.gov/documents/attachments/CCLCRulesandRegulations.pdf>
<http://dec.al.ga.gov/documents/attachments/CommunicableDiseaseChart.pdf>
<http://dec.al.ga.gov/documents/attachments/MenuBlank.pdf>
<http://dec.al.ga.gov/documents/attachments/ParentsRights.pdf>
<http://dec.al.ga.gov/documents/attachments/NoSmokingSign.pdf>

591-1-1-.28 Prohibited Substances

(1) 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 at any other time or place where there are children present for whom the Center Staff is responsible.

(2) No Smoking. Smoking is prohibited on the premises of a Center during the hours of operation. Smoking is also prohibited in any vehicle used to transport children during the hours that the Center is in operation.

Rule Type: Non-Core Rule

Intent

To protect the health and safety of children and to ensure compliance with Georgia law.

Clarification

Alcohol use, illegal and legal drug use, and misuse of prescription drugs prevent caregivers/teachers from providing appropriate care to children by impairing their motor coordination, judgment, and response time. Safe child care necessitates sober, alert, and unimpaired caregivers/teachers.

Scientific evidence has linked respiratory health risks to second-hand and third-hand smoke. Third-hand smoke refers to gases and particles clinging to smokers' hair and clothing, cushions, carpeting and outdoor equipment after visible tobacco and vaping smoke has dissipated. The residue includes heavy metals, carcinogens, and even radioactive materials that young children can get on their hands and ingest, especially if they are crawling or playing on the floor. Residual toxins from smoking at times when the children are not using the space can trigger asthma and allergies when the children do use the space. No children, especially those with respiratory problems, should be exposed to additional risk from the air they breathe. Infants and young children exposed to secondhand smoke are at risk of severe asthma; developing bronchitis, pneumonia, and middle ear infections when they experience common respiratory infections; and sudden infant death syndrome (SIDS).

The hazards of second-hand and third-hand smoke exposure warrant the prohibition of smoking or vaping (i.e., the use of electronic or e-cigarettes) in proximity of child care areas at any time. Separation of smokers and nonsmokers within the same air space does not eliminate or minimize exposure of nonsmokers to secondhand smoke. Tobacco smoke contamination lingers after a cigarette is extinguished and children come in contact with the toxins. Cigarettes and materials used to light them also present a risk of burn or fire. Georgia law prohibits smoking on the center's premises. This includes, but is not limited to, the interior of the facility, the outside areas on the center's property, and the inside of staff vehicles when present on the center's property.

Centers should have written policies addressing the use and possession of tobacco and electronic cigarette (e-cigarette) products, alcohol, illegal drugs, legal drugs (e.g. medicinal/recreational marijuana, prescribed narcotics, etc.) that have side effects that diminish the ability to properly supervise and care for children or safely drive program vehicles, and other potentially toxic substances. Policies should include that all these substances are prohibited inside the facility, on facility grounds, and in any vehicles that transport children at all times. Policies should specify that smoking and vaping are prohibited at all times and in all areas (indoor and outdoor) of the program. This includes any vehicles that are used to transport children.

Indicators

- ✓ Ask the Director and/or staff about the center's policy regarding alcohol, drug use, and smoking.
- ✓ Observe the behavior of staff, chaperons, etc. for any actions or signs of impairment that might be related to the use of a prohibited substance.
- ✓ Observe the center's premises to ensure the premises are free of smoking and vaping.
- ✓ Review the center's policies and procedures to ensure parents have been made aware of the center's no smoking policy. If applicable, review the center's staff handbook.

Things for child care programs to consider:

- It is acceptable (though not required) to request that staff submit to routine drug testing.

591-1-1-.29 Required Reporting

- (1) Child Abuse, Neglect or Deprivation.** Within twenty-four (24) hours or the next work day, the Director or designated person-in-charge shall report or cause to be reported any suspected incidents of child abuse, neglect or deprivation to the local County Division of Family and Children Services in accordance with state law and to the Department, notifying that such a report was made.
- (2) Communicable Diseases.** The Director or designated person-in-charge shall report or cause to be reported any cases or suspected cases of notifiable communicable diseases (COVID-19, Tuberculosis, Measles, etc.) or any viruses or illnesses identified during a public health emergency, immediately to the Department and to the local County Health Department as required by the rules of the Georgia Department of Public Health, Rule 511-2-1, Notification of Disease.
- (3) Required Reports.** The Director or designated person-in-charge shall report or cause to be reported to the Department within twenty-four (24) hours or the next work day: any death of a child while in the care of the Center; any serious illness or injury requiring hospitalization or professional medical attention other than first aid of a child while in the care of the Center; any situation when a child in care becomes missing, such as, but not limited to, a child who is left on a vehicle, a child who leaves the building, playground, or property, or a child who is left behind on any trip; any fire; any structural disaster; any emergency situation that requires temporarily relocating children; and any time the program's operating status changes (i.e., open to closed or temporarily closed and temporarily closed to open).
 - (a) Availability of Records.** The Center must make available all records related to any required report, to include but not limited to, audio, video, photos, written documentation, social media posts, and other electronic information. The Department shall have the right to a photocopy or reproduction of any record maintained by or on behalf of the Center.
- (4) Criminal Record.** Within twenty-four (24) hours or on the next work day that the Center knows or reasonably should know that there has been an arrest or change in the Comprehensive Records Check Determination of any Director or Employee or the Fingerprint Records Check Determination for any Provisional Employee, the Director or designated person-in-charge shall report or cause to be reported to the Department the incident and the name of any such Director, Employee or Provisional Employee.
- (5) Annual Reports.** The Department may request an annual report from an administrator of a Center. If such a request is made, the administrator shall have up to thirty (30) days to submit the annual report to the Department.

Rule Type: Non-Core Rule

Intent

To ensure compliance with applicable laws, public health requirements and the Department's rules and regulations. To ensure that center staff are aware of their responsibility to report any occurrence that poses a threat to children's health and safety. To ensure center staff are aware of the Department's right to copy and/or reproduce all records kept by the center needed while conducting inspections and investigations of a required report.

Clarification

Center personnel are required by law to report any situation in which there is reasonable cause to believe that a child has been abused, neglected, or deprived. Center staff are required to report their concerns within 24 hours or the next work day to the local Division of Family and Children Services (DFCS). Staff must also notify the Department of Early Care and Learning (DECAL) within 24 hours or the next work day whenever a report has been made to DFCS, however, the specifics of the DFCS report are not required.

Child care centers must immediately report notifiable communicable diseases, and any viruses or illnesses identified during a public health emergency to the Department and the local county health department. Reportable illnesses are more serious due to their infectiousness, severity, or frequency of occurrence, and they pose a serious public health threat (or the potential for such threat). The communicable disease chart provides guidance by helping a child care center determine when to report an illness to local county health departments. The chart can be located on DECAL's website at: <http://dec.al.ga.gov/documents/attachments/CommunicableDiseaseChart.pdf>. In situations where more than three persons (within the center or within a classroom) have a non-reportable illness, it is recommended that the center report the illness to the local county health department.

Child care centers must report serious illnesses, incidents, injuries, and other occurrences as specified in the rule requirements to the Department within 24 hours or the next work day. This allows the Department to quickly work with center staff to correct unsafe or unhealthy conditions and to prevent future or additional harm to children. All records (i.e., audio, video, photos, written documentation, social media posts, other electronic information, etc.) associated with the report must be made readily available to the Department to assist in any investigation and inspection and to ensure all attempts were made by the center to correct the incident and prevent it from happening again. In addition, reporting changes to the program's operating status ensures data and record keeping are maintained and current.

All these reports should be submitted electronically through DECAL KOALA at <https://decalkoala.com/>.

To ensure the safety and welfare of the children in care, all the center's personnel must have and maintain a satisfactory records check determination. If a staff person is arrested or has a change in their satisfactory records check determination, the Director or the Director's designee must report the change to the Department within 24 hours or the next work day. The report should include the incident and the name of the staff person.

The Department may request an annual report from the center administrator to account for each staff person employed at the program. The report is a helpful tool for the Director to track each staff person's personnel file to ensure the information is complete.

Indicators

- ✓ Ask the Director about the center's policies and procedures regarding reporting requirements. If appropriate, interview staff to ensure their understanding of reporting requirements.
- ✓ Observe documentation of incident reports.

Things for child care programs to consider:

- Contact DFCS Child Protective Services at 1-855-GACHILD/1-855-422-4453. Centers can also report suspected incidents of child abuse, neglect, or deprivation to DFCS online at the following link:

<https://cps.dhs.ga.gov/Main/Default.aspx>. When reported online, the center will receive an email confirming that DFCS received the report.

- The next work day refers to the next working day after a report was made to the center after business hours, over the weekend or on a holiday. For example, a parent reports to the Director on Saturday morning while the center is closed that their child received professional medical attention for an injury sustained at the center on Friday. The Director must report the injury to the Department as soon as possible on Monday, which is the next work day.

591-1-1-.30 Safe Sleeping and Resting Requirements

(1) Sleeping and Resting Equipment.

- (a) **Cribs.** A crib that is safety approved in compliance with Consumer Product Safety Commission (CPSC) and American Society of Testing and Materials International (ASTM) safety standards shall be provided for each infant. (“Infant” refers to any child under the age of twelve (12) months or any child who is under eighteen (18) months of age who is not walking.)
- 1. Crib Construction.** Cribs shall be in good repair and free of hazards. Stack cribs and cribs with drop sides shall not be used.
 - 2. Crib Mattress.** A mattress shall be provided for each crib and shall be firm, tight-fitting without gaps, at least two inches (2”) thick and covered with waterproof, washable material. Before a change of occupant, each mattress shall be cleaned with a disinfectant.
 - 3. Crib Sheet.** Each crib shall have only an individual, tight-fitting sheet which is changed daily or more often as needed and prior to a change of occupant.

Rule Type: Core Rule

Intent

To prevent injury, minimize the spread of infection, and allow mobility of infants.

Clarification

Center staff should check each crib before its purchase and use to ensure that it is in compliance with the current U.S. Consumer Product Safety Commission (CPSC) and ASTM International (ASTM) safety standards. Standards have been developed to define crib safety, and staff should make sure that cribs used in the facility meet these standards to protect children and prevent injuries or death. Significant changes to the CPSC and ASTM standards for cribs were published in December 2010. As of June 28, 2011, all cribs manufactured, sold, or leased must meet the new stringent requirements. Effective December 28, 2012, all cribs used in early care and education facilities must meet these standards. Each crib should be identified by brand, type, and/or product number and relevant product information should be kept on file (with the same identification information) as long as the crib is used or stored in the facility. Recalled or “second-hand” cribs must not be used or stored in the facility. When it is determined that a crib is no longer safe for use in the facility, it should be dismantled and disposed of appropriately. Information about crib standards can be found on the U.S. Consumer Product Safety Commission’s website at:

<https://www.cpsc.gov/business--manufacturing/business-education/business-guidance/full-size-baby-cribs/crib-information-center/>.

More infants die every year in incidents involving cribs than with any other nursery product. Center staff should inspect each crib before each use to ensure that hardware is tightened and that there are not any safety hazards. If a screw or bolt cannot be tightened securely, or there are missing or broken screws, bolts, or mattress support hangers, the crib should not be used.

Cribs with drop sides must not be used. Many deaths have been associated with drop-side cribs when the moveable side partly detached, trapping the infant between the mattress and wood slats of the crib. Cribs with swing down latch gates are different from drop down sides. This type of crib does meet CPSC requirements, so long as the crib has been inspected and approved and contains the appropriate approval certificate. Stacked cribs prevent infants from sitting and/or standing up, hindering an infant's ability to exercise muscles and observe surroundings. Stacked cribs can also create a health hazard when fluids drip from the upper to lower cribs.

Crib mattresses should be firm, sufficiently padded for comfort, fit snugly, and be made specifically for the size crib in which they are placed. If pressure is applied to the crib mattress and the indentation remains, the mattress is not firm enough. There should be no gaps between the crib mattress and the sides of the crib. Crib mattresses should be covered with a waterproof, easy-to-wipe surface, with absolutely no cracks or quilted surface. From time to time, children drool, spit up, or spread other body fluids on their sleeping surfaces. Using cleanable, waterproof, non-absorbent rest equipment enables the staff to wash and sanitize the sleeping surfaces. Plastic bags may not be used to cover rest and sleep surfaces/equipment because they contribute to suffocation if the material clings to the child's face.

Clean linens should be provided for each child. Crib sheets must be changed daily or more often if contaminated. No child should sleep on a bare, uncovered surface. Crib sheets should be tight-fitting and in good repair with no rips or tears. Sheets for an adult bed should not be used on a crib mattress because they could become loose and entangle an infant causing suffocation.

Indicators

- ✓ Observe infant classrooms to ensure a crib is provided for each infant. Check to ensure cribs are in good repair, free of hazards (e.g., missing or loose screws or brackets, broken or missing crib slats or rails, and crib repairs that were made with hardware that did not come with the crib, etc.), and that they meet CPSC and ASTM standards. Check to ensure that stack cribs and cribs with drop sides are not being used.
- ✓ Ensure each crib present is identified by brand, type, and/or product number. Ensure relevant product information is kept of file for each crib used and/or stored at the center.
- ✓ Check the manufacture date on each crib. If manufactured prior to June 28, 2011, ask the Director and/or staff for the manufacturer's certificate of compliance. NOTE: For a standard full-size crib, the certificate of compliance should indicate that the crib meets compliance code 16CFR Part 1219. For a non-full-size crib, the certificate of compliance should indicate that the crib meets compliance code 16CFR Part 1220.
- ✓ Check each crib mattress to ensure that it is firm, tight-fitting without gaps, at least two inches thick and covered with a waterproof washable material. Ask the Director and/or staff about the center's practice regarding the cleaning and disinfecting of cribs and mattresses.
- ✓ Ensure a sheet is provided for each crib. Check the fit of each crib sheet to ensure it is tight-fitting so that excess material cannot gather around the infant's face, but that it is not so tight that it causes the mattress to bow/bend.
- ✓ Ask the Director and/or staff how often crib sheets are washed and changed to ensure they are changed/washed daily or more often if contaminated.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.30(1)(a) - Cribs that meet CPSC and ASTM safety standards are provided for each infant	Never	If program not licensed for infants	If planning to care for infants in the future; Noncompliant crib(s) not being used, located in an area not used for childcare and removed from facility during the visit with sufficient compliant cribs available for # of enrolled infants	Noncompliant crib(s) not being used, located in an area not used for childcare and unable to be removed from facility during the visit with sufficient compliant cribs available for # of enrolled infants	Noncompliant crib(s) in childcare area regardless of whether the crib is being used, which may or may not have resulted in an incident or injury with no medical attention or with medical attention as a precaution; Insufficient # of compliant cribs for # of enrolled infants which may or may not have resulted in an incident or injury with no medical attention or with medical attention as a precaution	Noncompliant crib(s) used with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
.30(1)(a)1. - Crib construction: Good repair and free of hazards; Stack cribs and cribs with drop sides not used	Never	If program not licensed for infants	If planning to care for infants in the future	N/A	Crib(s) not in good repair and/or hazards are present without an incident or injury; Stack crib(s) or crib(s) with drop sides used, which may or may not have resulted in an incident and/or injury with no medical attention or with medical attention as a precaution	Crib(s) not in good repair and/or hazards are present with an incident and/or injury requiring professional medical attention; Stack crib(s) or crib(s) with drop sides used with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
.30(1)(a)2. - Mattress: Firm, tight-fitting without gaps, at least 2 inches thick and covered with a waterproof, washable material; Disinfected before change of occupant	Never	If program not licensed for infants	If planning to care for infants in the future; Noncompliant mattress not being used and located in an area not used for childcare	Mattress not two inches thick; Not covered with waterproof, washable material; Not disinfected before a change of occupant	Mattress is not tight-fitting or firm which may or may not have resulted in an incident and/or injury with no medical attention or with medical attention as a precaution	Mattress is not tight fitting or firm with incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
.30(1)(a)3. - Sheets: Individual and tight fitting and changed daily or more often as needed and prior to the change of an occupant	If program licensed for infants, but none are currently enrolled and no sheets in use	If program not licensed for infants	If planning to care for infants in the future; If program serves infants, but none are currently enrolled and sheet(s) not tight-fitting on crib mattress; Isolated instance of a sheet not tight-fitting in an unoccupied crib and the sheet can be changed during the visit *If TA documented on previous visit move to Low Risk	Crib sheet is not changed daily or more often as needed; Crib sheet not changed prior to change of occupant	Crib sheet not tight-fitting and crib in use, which may or may not have resulted in an incident and/or injury with no medical attention or with medical attention as a precaution	Crib sheet not tight-fitting with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices

- Only use cribs for sleeping.
- Place children in cribs only after they fall asleep and remove them within 2-3 minutes of awakening.
- Crying children should be removed immediately from cribs and comforted.
- Caregivers need to visually check on children in person frequently and be close enough to see and hear the child; cameras, videos, monitors, and mirrors are not enough to ensure the child is safe.
- Individualized sleep schedules are recommended for infants and young toddlers. Children should be allowed to nap when tired.
- Arrange cribs, cots, and mats to have at least 36 inches of space between them. More separation ensures a healthier breathing environment while children sleep and prevents sleep distractions caused by having other children close by.

Things for child care programs to consider:

- Play yards, pack and plays and play pens are not approved sleeping equipment for commercial use (i.e., a child care learning center) according to the manufacturer's guidelines.
- Ensure that all cribs used within the center are approved for commercial use by the crib manufacturer and should only be used with the appropriate mattresses intended by the manufacturer.
- Remember that noncompliant cribs should not be on the center's premises.

591-1-1-.30 Safe Sleeping and Resting Requirements

(1) Sleeping and Resting Equipment.

(b) Cots and Mats. Cots and mats shall be provided for each child who is two (2) years of age or older and who is required to take a nap and for each child under the age of two (2) years who can climb out of a crib.

- 1. Cot and Mat Construction.** Cots and mats shall be of sound construction and of sufficient size to accommodate comfortably the size and weight of the child. Mats must be in good repair, washable, covered with waterproof material and at least two inches (2") thick.
- 2. Individual Use.** Cots and mats must be used by the same child daily and marked for individual use.
- 3. Sheets.** Sheets or similar coverings for cots or mats shall either be marked for individual use or laundered daily. If marked for individual use, they must be laundered weekly or more frequently if needed.
- 4. Covers.** A light cover shall be available for each child's use on a cot or mat and shall be marked for individual use or laundered daily. If marked for individual use, they must be laundered weekly or more frequently if needed.

(4) Storage. If cots and mats are stored in the children's activity room or area, they shall be stored to prevent children's access to them and to allow maximum use of play space. When storage is available and used for the storage of cots and mats that allows the cots, mats and any bedding to be stored without touching any other cots, mats or bedding, the bedding may be left on the cot or mat. When such storage is not available for the cots and mats, each child's bedding shall be kept separate from other children's bedding and stored in containers marked for individual use, such as, but not limited to, bins, cubbies, or bags.

Rule Type: Non-Core Rule

Intent

To protect children's health and safety. To provide children with adequate support and comfort. To ensure sanitary conditions and prevent the spread of infection. To allow optimal use of space.

Clarification

To prevent children from sustaining injuries that can occur when they fall out of a crib, children should be transitioned to a cot or a mat at two years of age or earlier if they begin to climb out of the crib. Most toddlers can climb over the crib rail when they are approximately 35 inches tall and between 18 and 24 months of age; therefore, center staff should closely monitor children's behavior.

Sleeping/resting equipment must be appropriately sized for the child's body, and the child's head and feet should fit comfortably on the equipment. No child should sleep on a bare, uncovered surface. Sheets should cover the entire surface of the cot/mat to provide a barrier between the child's body and the sleeping/resting equipment. Covers should

be large enough to extend from the child's shoulders to the child's feet and provide warmth. A sheet and cover shall be provided by the center for each child enrolled in the program that sleeps on a cot or mat. Since mats used for sleeping and resting are the sole barrier between the child and the floor, a two-inch (2") thick or thicker mat provides adequate cushioning and maximizes the child's comfort.

To reduce the risk of injury to children, cots and mats must be free from hazards and in good repair. Tape should not be used to repair cracks or torn areas on children's sleeping/resting equipment. Sleeping/resting equipment should be made with a waterproof material that can be easily cleaned and disinfected. From time to time, children drool, spit up, or spread other body fluids on their sleeping surfaces. Using cleanable, waterproof, nonabsorbent sleeping/resting equipment enables staff to wash and sanitize the sleeping surfaces. All sleeping/resting equipment and bedding should be washed, rinsed, and sanitized when soiled, between uses by different children, and at least once a week when used by an individual child. Laundering bedding in hot water and detergent cleans and sanitizes the bedding.

Children feel safe, secure, and comfortable when they each have their own individual mat or cot and their own individual bedding. Individual bedding also minimizes the spread of infection. Lice, scabies, and ringworm are among the most common infectious diseases in child care. Providing separate sleeping/resting equipment and bedding for each child and keeping these items clean can help prevent the spread of these diseases.

A labeling system other than children's names may be used when marking sleeping/resting equipment, sheets and covers. For example, children's cots/mats, sheets, and covers can be marked with a different number or symbol and assigned to each child. A list of children's names and corresponding numbers/symbols should be posted on a chart and updated as needed.

Cots and mats stored in children's classrooms and/or activity areas should be stored in such a way as to prevent children's access to them. For example, the stack of cots could be covered with a sheet or similar material or positioned behind toy shelving to prevent children's access. Cots and mats should also be stored in such a way as to allow children a safe and adequate space for daily activities and room to move. When stored, the sleeping side of cots and mats should not be in direct contact with the floor. To prevent the spread of disease, a child's sleeping surface should not come into contact with another child's sleeping surface. Likewise, a child's bedding should not come into contact with another child's bedding. It is acceptable to store children's sheets and covers on the cots/mats marked for their individual use as long as one child's cot/mat and bedding does not touch another child's cot/mat and bedding.

Indicators

- ✓ Observe cots/mats and children's bedding in all applicable rooms to ensure that these items are available for all enrolled children. Ask the Director and/or staff if additional sheets and covers are available for children's use if items brought from home are not returned to the center.
- ✓ Observe the storage of cots/mats and bedding.
- ✓ Check to ensure that cots/mats and bedding are a sufficient size, in good repair and free of hazards. Check to ensure that mats are covered with a waterproof material and are at least 2" thick.
- ✓ Ask the Director and/or staff about the center's practice for washing cots/mats, sheets, and covers.
- ✓ Check to ensure that cots and mats are marked/labeled for individual use unless disinfected daily.
- ✓ Check to ensure that sheets and covers are marked/labeled for individual use unless laundered daily.

Best Practices:

- Create a system for monitoring cots/mats to ensure these items are maintained in good repair. Maintain extra sleeping equipment on site so that damaged equipment can be replaced as problems are noted.
- Develop a plan for a laundry schedule to ensure that sheets and covers are laundered weekly or more often, if needed.
- Develop a plan/schedule for weekly cleaning of sleeping equipment. Sleeping equipment should be cleaned more often as necessary.

Things for child care programs to consider:

- Ensure that additional sheets and covers are available for children's use when these items brought from home are not returned to the center.
- If children's bedding is stored in their cubbies, ensure that the bedding does not touch any item used by another child in an adjacent cubbie.

591-1-1-.30 Safe Sleeping and Resting Requirements

(1) Sleeping and Resting Equipment.

- (c) **Pillows.** Pillows shall not be used by children under two (2) years of age. When used for children two (2) years of age or older, pillows shall be assigned for individual use and covered with pillow cases that are marked for individual use or covered with cases that are laundered daily. Pillow cases that are marked for individual use shall be laundered weekly or more frequently as needed.

Rule Type: Non-Core Rule

Intent

To protect the health and safety of children and to protect against the risk of suffocation.

Clarification

Pillows should not be used for children under two years of age. A pillow can block a baby's nose and mouth and can cause a baby to suffocate. On average, there are 32 infant deaths a year from pillows used as mattresses or to prop babies' heads. The majority of these deaths involve infants in their first three months of life. Pillows are not required for older children. If pillows are used by children two years of age and older, they should have removable cases that can be laundered, be assigned to a child, and used by that child only while he/she is enrolled in the facility. Clean pillow cases should be provided for each child. No child should sleep on a bare, uncovered pillow. Each child's pillow and pillow case should be stored separately from those of other children. From time to time, children drool, spit up, or spread other body fluids on their sleeping surfaces. Pillows assigned for individual use reduce the spread of disease from one child to another.

Indicators

- ✓ Observe children's use of pillows to ensure pillows are not used by children under two years of age. If not observed, ask the Director and/or staff about the center's practice regarding pillow use by children.
- ✓ Check pillows to ensure they are marked/labeled for individual use and are covered with pillowcases.
- ✓ Ask the Director and/or staff about the center's practice for laundering pillowcases. If not laundered daily, check the pillowcases to ensure they are marked/labeled for individual use.

Best Practices:

- Create a laundry schedule to ensure that pillowcases are laundered weekly or more often, if needed. When used, pillows should be laundered when soiled or visibly dirty.

Things for child care programs to consider:

- If children's pillows are stored in their cubbies, ensure that the pillows do not touch other children's items in adjacent cubbies.

591-1-1-.30 Safe Sleeping and Resting Requirements

(1) Sleeping and Resting Equipment.

- (d) **Arrangement of Sleeping and Resting Equipment.** All sleeping and resting equipment shall be arranged to avoid obstructing access to exit doors, to provide the caregivers access to each child, and to prevent children's access to cords hanging from window treatments and other hazardous objects. To reduce the transfer of airborne diseases, sleeping and resting equipment shall be arranged as follows. There shall be a minimum of twenty-four inch (24") corridor between each row of sleeping or resting equipment. There shall be a minimum of twelve inches (12") between each piece of sleeping or resting equipment in each row of equipment. Children shall be placed on cots and mats so that one child's head is toward another child's feet in the same row.

Rule Type: Non-Core Rule

Intent

To ensure children's safety, to provide easy access to children, and to protect children from injury. To protect children's health.

Clarification

Children and staff must be able to safely and quickly evacuate the center in case of an emergency. Sleeping/resting equipment must be arranged so that exits are not blocked and spaced to allow staff easy access to children. Sleeping/resting equipment must not be positioned in such a way to allow children access to window treatment cords or to other potentially hazardous objects.

Allowing space between children's sleeping/resting equipment reduces the spread of infectious diseases by children breathing in one another's faces. Alternating children's sleeping/resting positions maximizes the space between children's respiration areas for infection control purposes. Although children freely interact and can infect each other while awake, reducing the transmission of infectious disease agents during sleep/rest periods reduces children's overall exposure. Placing children on cots and mats in alternate positions, so that one child's head is across from another child's feet, can also reduce interaction and promote settling during sleep/rest periods.

Indicators

- ✓ Observe the arrangement of children's sleeping and resting equipment (i.e., cots, mats, cribs) during nap time, particularly relative to window blinds, curtains, cords or other such hazards. Check to ensure that exit doors are not blocked, and that staff can easily access each child.
- ✓ Observe the spacing of children's sleeping and resting equipment during nap time. If not observed, ask staff about the placement of sleeping and resting equipment.
- ✓ Observe children's placement on cots and mats during nap time to ensure "head to toe" in the same row. If not observed, ask staff how children are positioned on cots and mats.

Things for child care programs to consider:

- Create and post a written plan or diagram that reflects the placement and spacing of sleeping equipment during nap time.

591-1-1-.30 Safe Sleeping and Resting Requirements

(2) Sleeping and Resting Environment for Infants. A Center shall provide a safe sleep environment in accordance with American Academy of Pediatrics (AAP), Consumer Product Safety Commission (CPSC) and American Society for Testing and Materials (ASTM) recommendations as listed in these rules for all infants. Center Staff shall place an infant to sleep on the infant's back unless the Parent has provided a physician's written statement authorizing another sleep position for that particular infant that includes how the infant shall be placed to sleep and a time frame that the instructions are to be followed. When an infant can easily turn over from back to front and back again, Staff shall continue to put the infant to sleep initially on the infant's back but allow the infant to roll over into his or her preferred position and not re-position the infant. Sleepers, sleep sacks and wearable blankets that fit according to the commercial manufacturer's guidelines and will not slide up around the infant's face may be used when necessary for the comfort of the sleeping infant, however swaddling shall not be used unless the Center has been provided a physician's written statement authorizing its use for a particular infant that includes instructions and a time frame for swaddling the infant. Staff shall not place objects or allow objects to be placed in or on the crib with an infant such as but not limited to toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items and shall not attach objects or allow objects to be attached to a crib with a sleeping infant such as but not limited to crib gyms, toys, mirrors and mobiles.

- (a)** Center shall maintain the infant's sleeping area to be comfortable for a lightly clothed adult within a temperature range of sixty-five (65) to eighty-five (85) degrees depending upon the season. There shall be lighting adequate to see each sleeping infant's face to view the color of the infant's skin and check on the infant's breathing.
- (b)** Wedges, other infant positioning devices and monitors shall not be used unless the Parent provides a physician's written statement authorizing its use that includes how to use the device and a time frame for using the device is provided for that particular infant.
- (c)** Infants shall not sleep in equipment other than safety-approved cribs, such as, but not limited to, a car safety seat, bouncy seat, highchair, or swing. Infants who arrive at the Center asleep or fall asleep in such equipment, on the floor or elsewhere, shall be transferred to a safety-approved crib.

Rule Type: Core Rule

Intent

To protect children's health and safety.

Clarification

The American Academy of Pediatrics (AAP) recommends that infants be placed on their backs for sleep, as this is the safest position for an infant to sleep. Putting an infant to sleep on his/her back decreases the infant's chance of sudden infant death syndrome (SIDS) and sudden unexpected infant death (SUID), which are responsible for more infant deaths in the United States than any other cause during the first year of life (beyond the newborn period). When an infant has developed the strength and mobility to roll onto his/her stomach or side, the infant is far less likely to become trapped in a position where his/her breathing is comprised; therefore, repositioning the infant is not required. If an alternate sleep position is required, a physician's written authorization must be on file at the Center. The

authorization must include the infant's alternate sleep position (e.g., on his/her side), the time frame (e.g., number of days, weeks, months) and the length of time (e.g., an hour) the infant should sleep in the alternate position.

Wearable blankets, for example infant sleep sacks that zip or snap up the front and consist of a vest at the top that fits the infant so that it cannot rise, are permissible and do not require tucking. However, weighted and microfleece wearable blankets and sleepsuits are not permissible due to lack of safety evidence and overheating risks. Choosing the right size for a sleep sack is essential for ensuring a child's safety and comfort during sleep. Each manufacturer should provide an age, weight and length range on each size of wearable blanket. An improperly sized wearable blanket may pose risks, such as suffocation or difficulty regulating body temperature. A wearable blanket that is too tight may restrict movement, leading to discomfort and potential developmental concerns. On the other hand, a wearable blanket that is too loose poses risks of suffocation, especially for younger infants. The right fit ensures that the wearable blanket stays in place, minimizing the risk of fabric covering the face and enhancing overall sleep safety.

Staff may not swaddle a child without a physician's written authorization. The authorization must include instructions on how to swaddle the infant, the time frame (e.g., number of days, weeks, months) and the length of time (e.g., an hour) the infant should be swaddled. An appropriately sized commercial swaddling gown must be provided by the parent and used by the Center. Do not place hats on sleeping infants, due to the possibility of overheating.

Soft items such as pillows and comforters are hazardous when placed under the infant or in the infant's sleep area, as they pose a suffocation hazard. The AAP released a policy statement on October 18, 2011, that states that regular blankets may be hazardous and the use of them is not advisable. The presence of crib gyms presents a potential strangulation hazard for infants who are able to lift their head above the crib surface. These children can fall across the crib gym and not be able to remove themselves from that position. The presence of mobiles, crib toys, mirrors, etc. presents a potential hazard if the objects can be reached and/or pulled down by an infant. Falling objects could cause injury to an infant lying in a crib. Some stuffed animals and other objects that dangle from strings can wrap around a child's neck and cause strangulation.

Ornamental or small toys are often hung over an infant to provide stimulation; however, the crib should be used for sleep only. The crib is not recommended as a place to entertain an infant or to "contain" an infant. Cribs should be used for sleep only and if an infant is not content in a crib, the infant should be removed.

The AAP states that there is evidence that room temperature is associated with the risk of SIDS. Overheating of the infant should be avoided. The lighting in the room must allow center staff to see each infant's face, to view the color of the infant's skin, and to check on the infant's breathing and placement of the pacifier (if used).

The AAP warns against using positioning devices due to the risk of suffocation and entrapment. It also warns against the use of monitors (e.g., infant pulse oximetry, heart monitors, etc.) due to not being required to meet the same safety standards that medical devices do. The AAP states that it is much better for caregivers to rely on the safe sleep guidelines (i.e., sleep on backs on a firm, flat surface), which are based on carefully conducted research. If a positioning device or monitor is used in or under the approved sleeping equipment or attached to an infant, a physician's written authorization must be obtained and kept on file. These authorizations must include the type of positioning device (e.g., a wedge, side positioner, etc.) or monitor (e.g., Owlet Dream Socks, etc.) to be used and instructions on its use, the time frame (e.g., number of days, weeks, months) and the length of time (e.g., an hour) the device should be used.

Young infants are at increased risk for upper airway obstruction and oxygen desaturation while they are in semi-reclined equipment, such as car seats and swings, for long periods of time. When an infant is placed in a car seat in a vehicle, the seat is secured to a base at an angle that keeps the child's airway open. However, when the seat is taken out of the vehicle, that angle is no longer safe. The baby is likely to slouch forward, which can be extremely dangerous when they are very young and have weak neck muscles. This slouched-forward position can cause positional

asphyxiation; essentially the infant's airway is cut off and they cannot breathe. This issue is not unique to car seats; positional asphyxiation can happen in a swing, bouncy seat, or a baby carrier. If the infant is not repositioned quickly, this lack of oxygen can cause brain damage and eventual death. Infants who fall asleep in equipment of this type must be moved immediately to approved sleeping equipment

Indicators

- ✓ Observe the positioning of infants in cribs to ensure they are placed on their backs to sleep. If not observed, ask staff about the center's infant sleep practices. If an alternate sleeping position is observed/used, check to ensure the center has a written physician's statement on file that includes all the information specified by the rule requirements.
- ✓ Observe the use of wearable blankets, sleepers and/or sleep sacks to ensure they are approved for use and fit according to the commercial manufacturer's guidelines. If swaddling is observed or used, check to ensure the center has a written physician's statement on file that includes all the information specified by the rule requirements.
- ✓ Check to ensure that cribs containing sleeping infants are free of blankets, toys, pillows, quilts, comforters, bumper pads, etc. and that no objects are attached to the cribs.
- ✓ Observe infants to determine if they appear comfortable with the temperature inside the classroom. If necessary, use a thermometer to measure the temperature.
- ✓ Check the lighting in the infant classroom(s) to ensure staff can adequately observe infants while they are sleeping.
- ✓ Observe the use of infant positioning devices (e.g., wedges, etc.) and monitors. If not observed, ask the Director and/or staff about the center's practice regarding the use of these items. If observed or used, check to ensure the center has a written physician's statement on file that includes all the information specified by the rule requirements.
- ✓ Observe sleeping infants to ensure they are not allowed to sleep in equipment other than safety approved cribs. If not observed, ask staff where infants are allowed to sleep.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
Back to Sleep - Infant placed on back to sleep unless the Parent has provided a physician's written statement authorizing another sleep position for that particular infant that includes how the infant shall be placed to sleep and a time frame that the instructions are to be followed	If program licensed for infants, but none are currently enrolled	If program is not licensed for infants	If planning to care for infants in the future	Physician's written statement missing specific instructions and/or time frames	Infant(s) not placed on back to sleep with no physician's written statement and no incident or injury	Infant(s) not placed on back to sleep with an incident and/or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
Rolling Infant - When an infant can easily turn over from back to front and back again, Staff shall continue to put the infant to sleep initially on the infant's back but allow the infant to roll over into his/her preferred position and not re-position the infant	If program licensed for infants, but none are currently enrolled	If program is not licensed for infants	If planning to care for infants in the future	N/A	Infant(s) not allowed to roll over into their preferred position or repositioned without an incident or injury	Infant(s) not allowed to roll over into their preferred position or repositioned with an incident and/or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
Objects in Crib - No objects shall be placed or allowed on/in the crib with a sleeping infant	If program licensed for infants, but none are currently enrolled	If program is not licensed for infants	If planning to care for infants in the future; Objects in or on an unoccupied crib. Objects may be present with an infant not sleeping, but must be removed immediately upon the child falling asleep	N/A	Objects in or on a crib with a sleeping infant (such as but not limited to toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, blankets or other soft items) without an incident or injury	Objects in or on a crib with a sleeping infant (such as but not limited to toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, blankets, or other soft items) with an incident and/or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
Objects Attached to Crib - No objects shall be attached to crib with a sleeping infant	If program licensed for infants, but none are currently enrolled	If program is not licensed for infants	If planning to care for infants in the future; Objects attached to unoccupied crib	N/A	Objects attached to a crib with a sleeping infant (such as but not limited to crib gyms, toys, mirrors and mobiles) without an incident or injury	Objects attached to a crib with a sleeping infant (such as but not limited to crib gyms, toys, mirrors and mobiles) with an incident and/or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
.30(2)(a) - The infant's sleeping area is to be comfortable for a lightly clothed adult within a temperature range of 65 to 85 degrees, depending on season; adequate lighting	If program licensed for infants, but none are currently enrolled	If program is not licensed for infants	If planning to care for infants in the future	Sleeping area not comfortable due to the temperature not being within the required range without an incident or injury; Lighting not adequate without an incident or injury	Sleeping area not comfortable due to temperature not being within the required range which resulted in an incident or injury with no medical attention or with medical attention as a precaution; Lighting not adequate which resulted in an incident or injury with no medical attention or with medical attention as a precaution	Sleeping area not comfortable due to temperature not being within the required range with an incident and/or injury requiring professional medical attention; Lighting not adequate with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.30(2)(b) - Wedges, other infant positioning devices and monitors shall not be used unless a Parent provides a physician's written statement that includes time frame for use	If program licensed for infants, but none are currently enrolled	If program is not licensed for infants	If planning to care for infants in the future; Positioning device in unoccupied crib	Physician's written statement missing specific instructions and/or time frames	Wedge, positioning device, monitor used without a physician's written statement <u>without</u> an incident or injury	Wedge, positioning device, monitor used without a physician's written statement <u>with</u> an incident and/or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
.30(2)(c) - Infants shall not sleep in equipment other than safety-approved cribs, such as but not limited to, a car seat, bouncy seat, high chair or swing; Infants who arrive at the center asleep or fall asleep in such equipment, on the floor, or elsewhere shall be transferred to a safety approved crib	If program licensed for infants, but none are currently enrolled	If program is not licensed for infants	If planning to care for infants in the future	N/A	Infant(s) allowed to sleep in equipment not approved for infant sleep <u>without</u> an incident or injury	Infant(s) allowed to sleep in equipment not approved for infant sleep <u>with</u> an incident and/or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Label the crib of any child who is able to roll over independently from his/her initial sleeping position.
- Schedule routine refresher training for staff in regard to safe sleeping practices.
- Only use cribs for sleeping.
- Place children in cribs only after they fall asleep and remove them within 2-3 minutes of awakening.
- Crying children should be removed immediately from cribs and comforted.
- Caregivers need to visually check on children in person frequently and be close enough to see and hear the child; cameras, videos, monitors, and mirrors are not enough to ensure the child is safe.
- Individualized sleep schedules are recommended for infants and young toddlers. Children should be allowed to nap when tired.

Things for Programs to Consider:

- Follow the manufacturer's instructions/guidelines for the approved sleeping equipment to determine when children need to be transitioned from the equipment (i.e., from cribs to cots or mats).
- For more information and free resources on SIDS/SUID, please visit Safe to Sleep at: <https://safetosleep.nichd.nih.gov/>

591-1-1-.30 Safe Sleeping and Resting Requirements

(3) Night-time Care. For Centers that offer night-time care, each child, except infants who require individual cribs, shall be provided an individual bed with a four inch (4”) mattress or a cot with a two inch (2”) pad. Such equipment shall be arranged so that the children’s sleep will not be unnecessarily interrupted by delivery and pick up of other children.

Rule Type: Non-Core Rule

Intent

To ensure children’s health and comfort, and to provide easy access to children.

Clarification

Children who attend night-time care are more likely to be asleep for longer durations than children during a day time nap period; therefore, sleeping equipment should provide additional padding to ensure children receive a sound, restful sleep with particular attention to comfort and back support.

Because night-time sleep should be restful for children, accommodations should be made to arrange sleeping and resting equipment so that sleeping children will not be disturbed as other children are picked up from and dropped off at the center.

Indicators

- ✓ Check KOALA Outback and/or the consultant’s file to determine if the center is approved to provide night-time care. If so, check children’s night-time sleeping equipment for the conditions specified by the rule requirements.
- ✓ Observe the arrangement of children’s night-time sleeping equipment, if possible, to ensure children’s sleep is not interrupted by the pick-up and drop-off of other children. If not observed, ask the Director and/or staff about the placement of children’s sleeping equipment during night-time care.

Best Practices:

- Position sleeping equipment out of the flow of traffic (i.e., out of bathroom pathways, etc.).

Things for child care programs to consider:

- If night-time children share sleeping equipment with day-time children, the equipment must be cleaned, disinfected and the bedding changed after each child's use.
- Centers that provide early morning care (i.e., open for operation between 5:00 – 5:59 AM) are not required to provide night-time sleeping equipment for the children that are present during that time. Children are allowed to nap during the early morning hours on daytime sleeping equipment that meets the requirements listed in rules 591-1-1-.30(1)(a)1-3 and 591-1-1-.30(1)(b)1-4.

591-1-1-.31 Staff

(1) Director.

- (a) A Center must have a Director who is responsible for the supervision, operation and maintenance of the Center. The Director must be on the Center's premises. If the Director is absent from the Center at any time during the hours of the Center's operation, there shall be an officially designated person on the Center site to assume responsibility for the operation of the Center, and this person shall have full access to all records required to be maintained under these rules.**
- (b) Qualifications of Director. The Director must meet the minimum qualifications listed below.**
- 1. Be at least twenty-one (21) years of age;**
 - 2. Possess at least one of the following sets of minimum academic requirements and qualifying child care experience:**
 - (i) Child Development Associate (CDA) credential issued by the Council for Professional Recognition; Child Development and Related Care diploma from a vocational institute accredited by the Commission on Colleges of the Southern Association of Colleges and Schools; or similar credential where the course of study includes an intensive practicum in child care as part of the curriculum and which is approved by the Department; and six (6) months of qualifying child care experience;**
 - (ii) Technical Certificate of Credit (TCC) in Early Childhood Education or Child Development and six (6) months of qualifying child care experience;**
 - (iii) Technical Certificate of Credit (TCC) in Infant and Toddler and six (6) months of qualifying child care experience;**
 - (iv) Technical Certificate of Credit (TCC) in Program Administration and six (6) months of qualifying child care experience;**
 - (v) Technical Certificate of Credit (TCC) in School Age and Youth Care and six (6) months of qualifying child care experience;**
 - (vi) Technical College Diploma (TCD) in Early Childhood Education or Child Development and six (6) months of qualifying child care experience;**
 - (vii) Forty-hour (40) director training course approved by the Department and has been employed for a minimum of five (5) years as an on-site Child Care Learning Center Director;**
 - (viii) Associate's degree in Early Childhood Education or Child Development and six (6) months of qualifying child care experience;**
 - (ix) Paraprofessional Certificate issued by the Georgia Professional Standards Commission and six (6) months of qualifying child care experience;**

- (x) **Twenty-five (25) quarter hours or fifteen (15) semester hours from an accredited college or university in Early Childhood Education or Child Development and six (6) months of qualifying child care experience;**
- (xi) **Bachelor's degree from an accredited college or university in a field other than Early Childhood Education or Child Development and three (3) months of qualifying child care experience;**
- (xii) **Bachelor's degree from an accredited college or university in Early Childhood Education or Child Development;**
- (xiii) **Master's degree from an accredited college or university in Early Childhood Education or Child Development;**

3. Participate in the orientation and training required by these rules;

4. Must be able to perform adequately the job duties of providing for the care and supervision of the children enrolled in the Center in accordance with these rules;

5. Never have been shown by credible evidence, e.g., a court or jury, a department 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. The Department may request an oral or written statement to this effect at the time of application or at any other time. Upon said request, the Director or Staff shall provide this statement to the Department;

6. Not have made any material false statements concerning qualifications requirements either to the Department or to the proposed or current License Holder, Permit Holder or commission holder, and

7. Comply with the background check requirements as outlined in Rule 591-1-1-.09, Criminal Records and Comprehensive Background Checks.

(c) Required Records. A copy and/or written verification of the credential or degree awarded to the Director listed in 591-1-1-.31(1)(b)2.(i) through (xiii) shall be maintained by the Center in the Director's file, and such documentation shall be available for inspection and provided to Department staff upon request.

Rule Type: Non-Core Rule

Intent

To ensure that an individual is on site and directly responsible for the daily management of the center, its programs, services, etc. To ensure responsible facility management at all times and to ensure that sufficient administrative authority is given to the designated person for that purpose. To ensure that the center's director has qualifying credentials including the knowledge, skills, and experience required to manage the daily operations of the center.

Clarification

In assuming responsibility for the center's operations, an individual serves as a decision maker and leader of staff, which may require decisions that affect the safety, health, and well-being of the children and staff. The director's ability to organize and administer all aspects of the child care program determines how effectively the staff carry out their jobs and how much the children benefit from the program. The well-being of the children, the confidence of the parents of children in the facility's care, and the high morale and consistent professional growth of the staff depend largely upon the knowledge, skills, and dependable presence of a director who is able to respond to long-range and immediate needs and able to engage staff in decision-making that affects their day-to-day practice.

The director is ultimately responsible for the children's health and safety and must be able to effectively manage many different people and activities simultaneously. For such a complex job, a person must be knowledgeable of business operations, child development, and program planning. In assuming responsibility for operations, the director serves as the primary contact and decision maker for not only the program operations, but for the well-being of the children and staff present as well. Directors are required to routinely be on-site and present at the center during at least 80% of the center's operating hours, unless extenuating circumstances arise (e.g., maternity leave, illness, etc.). This is to always ensure responsible program management, as the director's primary responsibility is to be familiar with the center's children and families, able to access employee and children's files, and oversee proper procedures during routine operation, emergencies, etc.

"Qualifying child care experience" means verifiable experience working directly with children. Such experience may include student teaching, vacation Bible school, church or Sunday school, Boy Scouts, Girl Scouts, children's recreation programs, etc.

Indicators

- ✓ Check KOALA Outback to verify that the director's information corresponds to the information on file with the Department. Observe the center's premises to ensure the director is on site. If the director is absent from the premises, check the center's posted notices and/or ask staff to identify the officially designated person responsible for the center's operation. Observe the center's premises to ensure this person is on site.
- ✓ Check the director's personnel file for the information specified by the rule requirements (i.e., staff application for age and qualifications, documentation of orientation training, etc.).
- ✓ Check to ensure the director meets the education requirements as specified by the rule(s). Observe that a copy of the credential or degree is on file at the center. Check to ensure there is documentation of the director's qualifying child care experience, if applicable (e.g., on the director's staff application or resume, in the Georgia Professional Development System for Early Childhood Educators (GaPDS), etc.).

Best Practices:

- Encourage each staff person to register and to maintain an account with the GaPDS. The GaPDS can be accessed at the following link: <https://gapds.decal.ga.gov/>

Things for child care programs to consider:

- The Paraprofessional License is issued to individuals employed as a Paraprofessional in Georgia's Pre-K through 12th-grade settings, however, this type of certification requires renewal and can only be renewed if employed as a Paraprofessional in Georgia's Pre-K through 12th-grade settings. Individuals working in a Georgia's Pre-K class as an assistant teacher may qualify for the Paraprofessional License. This license is not approved for lead teachers in any classroom or assistant teachers working in infant and preschool classrooms. Pre-K Project Directors may request issuance of a Paraprofessional License for an individual employed as an assistant teacher in a Georgia's Pre-K classroom. More information may be found at: http://www.decal.ga.gov/documents/attachments/GuidanceinRequestingGaPSC_ParaprofessionalLicense.pdf.
- A diploma from a nationally accredited Montessori organization plus six (6) months of qualifying child care experience is an acceptable education credential for a director. This credential is only accepted if the child care program is licensed as a Montessori program. Lead teachers may have this credential as well but are not required to have the qualifying child care experience. A search for accredited Montessori programs by state can be found at <http://www.macte.org/accreditation/accreditedinstitutions.html>.
- A sample staff application form can be found on the Department of Early Care and Learning's (DECAL) website at: <http://www.decal.ga.gov/BftS/FormList.aspx?cat=Child%20Care%20Learning%20Center>.
- A sample staff orientation form can be found on DECAL's website at: <http://www.decal.ga.gov/BftS/FormList.aspx?cat=Child%20Care%20Learning%20Center>.
- Information on scholarships and incentives can be found at: <https://www.decalscholars.com/>

591-1-1-.31 Staff

(2) Teacher/Lead Caregiver.

- (a) A Center with a licensed capacity of 19 or more children must have a designated teacher/lead caregiver for each group of children.**
- (b) Qualifications of Teacher/Lead Caregiver. The teacher/lead caregiver must meet the minimum qualifications listed below.**
 - 1. Be at least eighteen (18) years of age;**
 - 2. Possess at least one of the following sets of minimum academic requirements and qualifying experience at the time of employment:**
 - (i) Child Development Associate (CDA) credential issued by the Council for Professional Recognition; Child Development and Related Care diploma from a vocational institute accredited by the Commission on Colleges of the Southern Association of Colleges and Schools; or similar credential where the course of study includes an intensive practicum in child care as part of the curriculum and which is approved by the Department;**
 - (ii) Technical Certificate of Credit (TCC) in Early Childhood Education or Child Development;**
 - (iii) Technical Certificate of Credit (TCC) in Infant and Toddler;**
 - (iv) Technical Certificate of Credit (TCC) in Program Administration;**
 - (v) Technical Certificate of Credit (TCC) in School Age and Youth Care;**
 - (vi) Technical College Diploma (TCD) in Early Childhood Education or Child Development;**
 - (vii) Associate's degree in Early Childhood Education or Child Development (AA, AAS, AAT);**
 - (viii) Paraprofessional Certificate issued by the Georgia Professional Standards Commission;**
 - (ix) Twenty-five (25) quarter hours or fifteen (15) semester hours from an accredited college or university in Early Childhood Education or Child Development;**
 - (x) Bachelor's degree from an accredited college or university in a field other than Early Childhood Education or Child Development and three (3) months of qualifying child care experience;**
 - (xi) Bachelor's degree from an accredited college or university in Early Childhood Education or Child Development;**
 - (xii) Master's degree from an accredited college or university in Early Childhood Education or Child Development.**

3. If the newly hired lead teacher does not possess one of the educational and qualifying child care experience requirements listed in 591-1-1-.31(2)(b)2.(i) through (xii), the Center may hire this individual as lead teacher if the following requirements are met:
 - (i) The lead teacher enrolls in a program of study to obtain one of the educational credentials and qualifying experience requirements listed in 591-1-1-.31(2)(b)2.(i) through (xii), within six (6) months after becoming employed at the Center and completes the credential or degree within eighteen (18) months after enrollment;
 - (ii) The Center prepares a written plan outlining the newly hired lead teacher's professional development in obtaining one of the credentials or degrees listed in 591-1-1-.31(2)(b)2.(i) through (xii). Such plan must include the following information:
 - (I) Individual's identifying information (name, address and telephone numbers);
 - (II) Technical college, university or school where enrolled (name, address and telephone number) or Department-approved trainer providing credential course work (name, address and telephone number);
 - (III) Credential or degree individual is seeking;
 - (IV) Content area of credential or degree;
 - (V) Anticipated date for completion of credential or degree;
 - (VI) Names and numbers of courses to be completed during the current year and ongoing updates of the names and numbers of courses to be completed for the following year(s);
 - (VII) Documentation of course work successfully completed throughout process (i.e., completion of quarter, semester or component of course work); and
 - (VIII) A copy of the credential or degree awarded by the technical college, university, school or Department-approved trainer for specified credential upon completion.
 - (iii) This professional development plan must be maintained in the lead teacher's file, and such plan shall be available for inspection and provided to Department staff upon request.
4. Participate in the orientation and training required by these rules;
5. Must be able to perform adequately the job duties of providing for the care and supervision of the children enrolled in the Center in accordance with these rules;
6. Never have been shown by credible evidence, e.g., a court or jury, a department 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. The Department may request an oral or written statement to this effect at the time of application or at any other time. Upon said request, the teacher/lead caregiver or Staff shall provide this statement to the Department;

7. **Not have made any material false statements concerning qualifications requirements either to the Department or to the proposed or current License Holder, Permit Holder or commission holder; and**
8. **Comply with the background check requirements as outlined in Rule 591-1-1-.09, Criminal Records and Comprehensive Background Checks.**

(c) Required Records. A copy and/or written verification of the credential or degree awarded to the lead teacher listed in 591-1-1-.31 (2)(b)2.(i) through (xii) shall be maintained by the Center in the lead teacher's file, and such documentation shall be available for inspection and provided to Department staff upon request.

Rule Type: Non-Core Rule

Intent

To ensure that teachers/lead caregivers are able to assume responsibilities in a mature manner and have training and experience in child care.

Clarification

Child care that promotes healthy development is based on the individual, developmental needs of infants, toddlers, and preschool/school-age children. Teachers/lead caregivers should be chosen for their knowledge of, and ability to respond appropriately to, the general needs of children and the unique characteristics of individual children.

Teachers/lead caregivers interact with children on a daily basis and play an essential role in children's lives. Their qualifications must be checked carefully to protect the well-being of children and to promote their growth and development while at the center. It is advisable that administrators select teachers/lead caregivers who are nurturing persons with mature judgement and the ability to understand and carry out the procedures that ensure children's safety and well-being.

Teachers/lead caregivers who have received formal education from an accredited college or university have been shown to provide better quality of care thus improving the outcomes of programs. Those teachers with a credential typically exhibit optimal teacher behavior and have positive effects on children.

Newly hired lead teachers that do not meet educational requirements shall create a professional development plan outlining their goals for obtaining the required education credential. This professional development plan shall only be applicable to staff who are new to a lead teacher position (i.e., new to the program or moving from an assistant position to a lead teacher position within the program) and shall not be applicable for staff transitioning from one lead teacher position to another lead teacher position.

A center with a licensed capacity of 19 or more children must have a designated teacher/lead caregiver for each group of children. Each teacher/lead caregiver must meet the rule requirements specified by 591-1-1-.31(2)(b)1.-7. as listed above. A center with a licensed capacity of 18 or fewer children is not required to have a designated teacher/lead caregiver for each group of children, however, there must be additional caregivers/aides who assist the Director in the care of children.

Indicators

- ✓ Check KOALA Outback, the state licensing file and/or the consultant's file for the center's licensed capacity to determine which rules apply.
- ✓ Check the education credential/degree for each lead teacher/lead caregiver. If a newly hired lead teacher/lead caregiver does not meet the education credential/degree requirement, check to ensure a written professional development plan is on file. Check documentation such as transcripts/class schedules for staff who are participating in a professional development plan to ensure they are following the plan.
- ✓ Review 10% of staff's personnel records (or a minimum of five records, whichever is greater) to ensure the records contain all information and documentation as specified by the rule requirements.

Best Practices:

- Encourage each staff person to register and to maintain an account with the Georgia Professional Development System for Early Childhood Educators (GaPDS). The GaPDS can be accessed at the following link:
<https://gapds.dec.al.ga.gov/>.

Things for child care programs to consider:

- The Paraprofessional License is issued to individuals employed as a Paraprofessional in Pre-K through 12th-grade settings. Individuals working in a Georgia's Pre-K class as an assistant teacher may qualify for the Paraprofessional License. This license is not approved for lead teachers in any classroom or assistant teachers working in infant and preschool classrooms. Pre-K Project Directors may request issuance of a Paraprofessional License for an individual employed as an assistant teacher in a Georgia's Pre-K classroom. More information may be found at:
http://www.dec.al.ga.gov/documents/attachments/GuidanceinRequestingGaPSC_ParaprofessionalLicense.pdf.
- A diploma from a nationally accredited Montessori organization is an acceptable education credential for a lead teacher. This credential is only accepted if the child care program is licensed as a Montessori program. A search for accredited Montessori programs by state can be found at:
<http://www.macte.org/accreditation/accreditedinstitutions.html>.
- A sample staff application and orientation form can be found on the Department of Early Care and Learning's (DECAL) website at:
<http://www.dec.al.ga.gov/BftS/FormList.aspx?cat=Child%20Care%20Learning%20Center>.
- Information about scholarships and incentives can be found at:
<https://www.decalscholars.com/>.

591-1-1-.31 Staff

(3) Caregivers/Aides for a Center with Licensed Capacity of Nineteen (19) or More Children.

- (a) A Center with a licensed capacity of nineteen (19) or more children may employ caregivers/aides to assist the teacher/lead caregiver in the care of children in any group within the Center. No caregiver/aide who is 16 or 17 years of age shall be solely responsible for children.**
- (b) Qualifications of Caregivers/Aides for a Center with Licensed Capacity of Nineteen (19) or More Children.**
 - 1. Be at least sixteen (16) years of age;**
 - 2. Participate in the orientation and training required by these rules;**
 - 3. Must be able to perform adequately the job duties of providing for the care and supervision of the children enrolled in the Center in accordance with these rules;**
 - 4. Never have been shown by credible evidence, e.g., a court or jury, a department 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. The Department may request an oral or written statement to this effect at the time of application or at any other time. Upon said request, the teacher/lead caregiver or Staff shall provide this statement to the Department;**
 - 5. Not have made any material false statements concerning qualifications requirements either to the Department or to the proposed or current License Holder, Permit Holder or commission holder; and**
 - 6. Comply with the background check requirements as outlined in Rule 591-1-1-.09, Criminal Records and Comprehensive Background Checks.**

(4) Caregivers/Aides for a Center with Licensed Capacity of Eighteen (18) or Fewer Children

- (a) A Center with a licensed capacity of eighteen (18) or fewer children may employ caregivers/aides to assist the Director in the care of children in any group within the Center.**
- (b) Qualifications of Caregivers/Aides for a Center with Licensed Capacity of Eighteen (18) or Fewer Children.**
 - 1. Be at least eighteen (18) years of age;**
 - 2. Participate in the orientation and training required by these rules;**
 - 3. Must be able to perform adequately the job duties of providing for the care and supervision of the children enrolled in the Center in accordance with these rules;**
 - 4. Never have been shown by credible evidence, e.g., a court or jury, a department 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. The Department may request an oral or written statement to this effect at the time of application or at any other time. Upon said request, the teacher/lead caregiver or Staff shall provide this statement to the Department.

5. Not have made any material false statements concerning qualifications requirements either to the Department or to the proposed or current License Holder, Permit Holder or commission holder;
6. Have either a high school diploma or general education diploma (GED) or three (3) months qualifying child care experience as determined by the Department; and
7. Comply with the background check requirements as outlined in Rule 591-1-1-.09, Criminal Records and Comprehensive Background Checks.

Rule Type: Non-Core Rule

Intent

To ensure that each caregiver/aide meets the requirements to serve as an assistant to a teacher or lead caregiver.

Clarification

For a center with a licensed capacity of nineteen (19) or more children, caregivers and aides must be at least sixteen years of age and should participate in on-the-job training, including a structured orientation prior to beginning work, on the developmental needs of young children. Caregivers and aides can be as young as sixteen, however, those who are 16 and 17 years of age should work only under the continual supervision of a lead teacher. Mature leadership and the ability to understand and carry out the procedures that ensure children's safety and well-being is clearly preferable.

For a center with a licensed capacity of eighteen (18) or fewer children, caregivers and aides must be at least eighteen years of age, have a high school diploma or GED or three (3) months qualifying child care experience as determined by the Department, and participate in on-the-job training, including a structured orientation prior to beginning work, on the developmental needs of young children. "Qualifying child care experience" means verifiable experience working directly with children. Such experience may include student teaching, working with children in a recreational setting, Boy Scouts, Girl Scouts, etc. Note that the experience requirement only applies in the absence of a high school diploma or GED.

Caregivers and aides are valuable staff members in planning and carrying out daily programs for children and in meeting staff/child ratios. Caregivers and aides interact with children on a daily basis and play an essential role in children's lives, therefore, they should be chosen for their knowledge of, and ability to respond appropriately to, the general needs of children and the unique characteristics of individual children. All should possess:

- The ability to carry out assigned tasks competently;
- An understanding of and the ability to respond appropriately to children's needs;
- Sound judgment;
- Emotional maturity; and
- Clearly discernible affection for and commitment to the well-being of children.

Staff training in child development and/or early childhood education is related to positive outcomes for children. This training enables the staff to provide children with a variety of learning and social experiences appropriate to the age of the child. Everyone providing service to, or interacting with, children in a center contributes to the child's total experience.

When conducting interviews, prospective employers should specifically ask about previous convictions and arrests, investigation findings, or court cases with child abuse, neglect or child sexual abuse. Failure of the prospective employee to disclose previous history of child abuse/neglect or child sexual abuse is grounds for immediate dismissal. To ensure their safety and physical and mental health, children should be protected from any risk of abuse or neglect. Performing diligent background screenings also protects the child care facility against future legal challenges.

Indicators

- ✓ Check KOALA Outback, the state licensing file and/or the consultant's file for the center's licensed capacity to determine which rules apply.
- ✓ Observe that caregivers/aides under the age of 18 are under the direct supervision of an adult staff member. If not observed, ask the Director and/or staff about the center's policy regarding caregivers/aides who are under 18 years of age.
- ✓ Review 10% of staff's personnel records (or a minimum of five records, whichever is greater) to ensure the records contain all information and documentation as specified by the rule requirements.

Best Practices:

- Encourage each staff person to register and to maintain an account with the Georgia Professional Development System for Early Childhood Educators (GaPDS). The GaPDS can be accessed at the following link:
<https://gapds.dec.al.ga.gov/>.

Things for child care programs to consider:

- A sample staff application and orientation form can be found on the Department of Early Care and Learning's (DECAL) website at:
<http://www.dec.al.ga.gov/BftS/FormList.aspx?cat=Child%20Care%20Learning%20Center>.
- Information about scholarships and incentives can be found at:
<https://www.dec.al.gal.scholars.com/>.

591-1-1-.31 Staff

(5) Provisional Employees. The Center may hire Provisional Employees. All Provisional Employees:

- (a) Must comply with the background check requirements as outlined in Rule 591-1-1-.09, Criminal Records and Comprehensive Background Checks;**
- (b) Must be informed of the rules for Child Care Learning Centers and the Center's policies and procedures for the age group for which they will be providing care;**
- (c) Must be informed of the Center's policies and procedures necessary to the proper performance of their job duties in compliance with the rules for Child Care Learning Centers;**
- (d) Must participate in the orientation and training required by these rules;**
- (e) Must be able to perform adequately the job duties of providing for the care and supervision of the children enrolled in the Center in accordance with these rules;**
- (f) Must never have been shown by credible evidence, e.g., a court or jury, a department 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. The Department may request an oral or written statement to this effect at the time of application or at any other time. Upon said request, the Provisional Employee shall provide this statement to the Department;**
- (g) Must not have made any material false statements concerning qualifications requirements either to the Department or to the proposed or current License Holder or commission holder;**
- (h) Must be supervised at all times by a Director or Employee with a valid and current satisfactory Comprehensive Records Check Determination; and**
- (i) May be hired as a permanent Employee by the Center only if the individual receives a satisfactory Comprehensive Records Check Determination by the Department and meets all other qualification requirements in these rules.**

Rule Type: Non-Core Rule

Intent

To ensure that the center has sufficient, qualified staff to maintain proper supervision of children. To allow staff time to obtain a satisfactory Comprehensive Records Check Determination from the Department.

Clarification

A Provisional Employee is a person other than the Director or an Employee, who has submitted a Records Check Application to become an Employee and has not received a Comprehensive Records Check Determination but who has received a satisfactory Fingerprint Records Check Determination and who must be supervised at all times by

another staff member who has a current and valid satisfactory Comprehensive Records Check Determination on file. A Provisional Employee should participate in on-the-job training, including a structured orientation prior to beginning work on the developmental needs of young children, and should meet all qualifications as specified by the rule requirements.

A Provisional Employee may become a permanent Employee when he/she receives a satisfactory Comprehensive Records Check Determination from the Department.

Indicators

- ✓ Review 10% of staff's personnel records (or a minimum of five records, whichever is greater) to ensure the records contain all information and documentation as specified by the rule requirements.

Best Practices:

- Encourage each staff person to register and to maintain an account with the Georgia Professional Development System for Early Childhood Educators (GaPDS). The GaPDS can be accessed at the following link:
<https://gapds.decal.ga.gov/>.

Things for child care programs to consider:

- A sample staff application and orientation form can be found on the Department of Early Care and Learning's (DECAL) website at:
<http://www.decal.ga.gov/BftS/FormList.aspx?cat=Child%20Care%20Learning%20Center>.

591-1-1-.31 Staff

(6) Independent Contractors. A Center may have an independent contractor to offer supplemental educational or physical activities for children in care.

- (a) Such an independent contractor is considered either an Employee or Provisional Employee of the Center for the purpose of these rules and must comply with the background check requirements as outlined in Rule 591-1-1-.09, Criminal Records and Comprehensive Background Checks; and**
- (b) Such an independent contractor is exempted from annual training and first-aid/CPR training requirements.**

Rule Type: Non-Core Rule

Intent

To ensure the protection of children in care.

Clarification

Independent contractors who offer supplemental education or physical activities for children in care must obtain a satisfactory Comprehensive Records Check Determination or a satisfactory Fingerprint Records Check Determination before providing services to the children in the program. Independent contractors offer specialized instruction to a child or children in the program but are not in the program full time; therefore, they are exempt from annual training and from first-aid/CPR training requirements.

Community partners (e.g., Babies Can't Wait, speech therapists, etc.) who are contracted by a child's parent to work with the child while at the center are not independent contractors as defined by this rule as long as these staff sign the child out and work with them individually in an area where no other children are present. If these staff work with the child in the presence of other children, they must have a satisfactory Comprehensive Records Check Determination or a satisfactory Fingerprint Records Check Determination.

Indicators

- ✓ Ask the Director and/or staff if the center uses independent contractor services. If so, ask about the center's policies pertaining to independent contractors.

Best Practices:

- Keep an updated list of the center's independent contractors on file for the licensing consultant's use.
- It is best practice for independent contractors to complete orientation and first-aid/CPR training.

Things for child care programs to consider:

- Independent contractors may apply to become Support Centers. A Support Center is a business that provides potential employees for licensed child care programs and receives no children for care. Support Center information can be found on the Department of Early Care and Learning's (DECAL) website at: <http://dec.al.ga.gov/CCS/SupportCenter.aspx>.

591-1-1-.31 Staff

(7) Parents. The Center may have Parents occasionally assist in a classroom, chaperone or accompany a group of children from the Center on a field trip.

- (a) A Parent that is this type of occasional assistant is not required to obtain a criminal records check determination; however, a staff member who is also a Parent of a child in care at the Center is considered either an Employee or Provisional Employee for purposes of these rules and must comply with the background check requirements as outlined in Rule 591-1-1-.09, Criminal Records and Comprehensive Background Checks; and**
- (b) No Parent shall be solely responsible for children other than their own and must be under continuous direct supervision of a Director or Employee with a valid and current satisfactory Comprehensive Records Check Determination while in the presence of children in care other than their own.**

Rule Type: Non-Core Rule

Intent

To encourage parent participation in the center's activities and to protect children's safety by ensuring that parents are never left alone with children other than their own.

Clarification

A parent means a person related within the second degree of consanguinity (e.g., parent, grandparent, brother or sister) by either blood or marriage, or a person with lawful custody, or a state-regulated foster parent, or a legal guardian of a child in care. A parent shall not be considered an employee unless the parent is deemed an employee by the center or either resides in the center or is compensated in any way by the center other than through appropriate state or federal funds.

Parents should be given the opportunity to participate in classroom activities and field trips which involve their own child(ren). Parents who are not employees of the center are not to be counted in staff:child ratios and must be under constant, direct supervision of a center staff member who has a satisfactory Comprehensive Records Check Determination.

Indicators

- ✓ Observe the center's premises to ensure that parents are not acting in a sole supervisory capacity unless it is with their own child(ren).
- ✓ Ask the Director and/or staff about the center's policies regarding parent involvement/participation.

Best Practices:

- Use nametags/badges to identify parents versus staff members whenever parents participate in or assist with children's activities.

Things for child care programs to consider:

- Information about family engagement and the importance of parental involvement in the child care program can be found at the following links:
<https://www.childcareaware.org/families/engagement-for-families/>
<https://www.naeyc.org/resources/topics/family-engagement>

591-1-1-.31 Staff

(8) Volunteers. The Center may have volunteers other than Parents help in a classroom, chaperone or accompany a group of children from the Center on a field trip.

- (a) Volunteers that provide consistent services are considered either Employees or Provisional Employees for purposes of these rules and must comply with the background check requirements as outlined in Rule 591-1-1-.09, Criminal Records and Comprehensive Background Checks;**
- (b) No volunteer shall be solely responsible for children other than their own and must be under continuous direct supervision of a Director or Employee with a valid and current satisfactory Comprehensive Records Check Determination while in the presence of children other than their own; and**
- (c) Such volunteer is exempted from annual training and first-aid/CPR training requirements.**

Rule Type: Non-Core Rule

Intent

To ensure that the center has sufficient support to assist with the center's daily activities and the supervision of children.

Clarification

A volunteer must have a satisfactory Comprehensive Records Check Determination if the person volunteers on a consistent basis. A consistent basis means that the volunteer provides services at the center more than once per quarter. A person who volunteers no more than once per quarter and/or no more than four times in a 12-month period is not required to obtain a records check determination.

Prior to volunteering, it is best practice for volunteers to participate in a structured orientation that covers the developmental needs of young children and current rules and regulations. Volunteers must be under the constant, direct supervision of a staff member who has a satisfactory Comprehensive Records Check Determination at all times and must never be left alone with children. Volunteers do not count in staff:child ratios.

All volunteers should possess:

- The ability to carry out assigned tasks competently under the supervision of another staff member;
- An understanding of and the ability to respond appropriately to children's needs;
- Sound judgment;
- Emotional maturity; and
- Clearly apparent affection for and commitment to the well-being of children.

Indicators

- ✓ Observe the center's premises in the presence of volunteers. If present, ensure they are under the direct supervision of a staff person with a satisfactory Comprehensive Records Check Determination and are not alone with children other than their own. If not observed, ask the Director and/or staff about the center's policies regarding volunteers.

Best Practices:

- Use nametags/badges to identify volunteers versus staff members whenever volunteers are present.

Things for child care programs to consider:

- Have volunteers check-in with the front desk prior to assuming duties at the center.

591-1-1-.31 Staff

(9) Students-in-Training. The Center may have Students-in-Training at the Center.

- (a) Students-in-Training are considered either Employees or Provisional Employees for purposes of these rules and must comply with the background check requirements as outlined in Rule 591-1-1-.09, Criminal Records and Comprehensive Background Checks;**
- (b) No Student-in-Training shall be solely responsible for children other than their own and must be under continuous direct supervision of a Director or Employee with a valid and current satisfactory Comprehensive Records Check Determination while in the presence of children in care other than their own; and**
- (c) Such Students-in-Training are exempted from annual training and first-aid/CPR training requirements.**

Rule Type: Non-Core Rule

Intent

To provide an opportunity for students to obtain experience in teaching and caring for young children in a group care setting.

Clarification

A student-in-training is a student currently enrolled in either a high school recognized by the Department of Education or an early education curriculum through an accredited school of higher education which requires or permits the student to observe and participate in the care of children at a center during a limited period of time, i.e., one quarter, one trimester or one semester. Students-in-training must be under the constant, direct supervision of a staff member who has a satisfactory Comprehensive Records Check Determination at all times and must never be left alone with children. Students-in-training do not count in staff:child ratios. They are not required to complete staff training; however, it is advisable for center administration to provide an orientation of the center's policies to students-in-training prior to their placement in a classroom.

Indicators

- ✓ Observe the center's premises for the presence of students-in-training. If present, ensure they are under the direct supervision of a center employee and are not alone with children other than their own. If not observed, ask the Director and/or staff about the center's policies regarding students-in-training.

Best Practices:

- Use nametags/badges to identify students-in-training versus staff members whenever students-in-training are present.
- Designate an area in the classroom(s) for college staff/instructors use when observing students-in-training. The designated area should not disrupt the children's environment and activities.

Things for child care programs to consider:

- Have students-in-training check-in with the front desk prior to assuming duties at the center.

591-1-1-.31 Staff

(10) Staff for School-Age Centers.

- (a) After-school programs serving children ages five (5) years and older (school-age) that routinely operate a maximum of four (4) hours per day, Monday through Friday, whether the School-age Center is the only licensed program at that location or operates a full day Child Care Learning Center, shall comply with the following:**
- (b) A School-age Center must have at least one lead teacher/caregiver who is responsible for:**
 - 1. Day-to-day programming and**
 - 2. Supervision of the assistant caregivers/aides assigned to each classroom or group of School-age Children;**
- (c) If there is only one lead teacher/caregiver and more than one classroom or group of School-age Children, the Director of the School-age Center shall assign an assistant caregiver/aide who is at least 18 years of age to each classroom or group of children.**
- (d) If there is a lead teacher/caregiver assigned to each classroom or group of children, the assistant caregiver/aide may be 16 or 17 years of age; and**
- (e) Staff for School-Age Centers are considered Employees or Provisional Employees for purposes of these rules and must comply with the background check requirements as outlined in Rule 591-1-1-.09, Criminal Records and Comprehensive Background Checks.**

Rule Type: Non-Core Rule

Intent

To establish the role of the lead teacher/caregiver in a school-age center. To ensure that staff have an understanding of the needs of school-age children and the knowledge and maturity to plan and administer activities appropriate for those ages.

Clarification

The lead teacher/caregiver is responsible for planning and managing the activities for one or more classrooms or groups of children in a school-age center. The lead teacher/caregiver is also responsible for supervising support staff such as caregivers/aides.

Teachers and lead caregivers interact with children on a daily basis and play an essential role in children's lives. Teachers and caregivers of school-age children should demonstrate knowledge about and competence with the social and emotional needs and developmental tasks of five- to twelve-year-old children. They must also be able to recognize and appropriately manage difficult behaviors and know how to implement a socially and cognitively enriching program.

Indicators

- ✓ Observe the staff who are present in each classroom and/or with each group of children in the school-age center. Check to ensure the staff meet the requirements specified by the rule.

Things for child care programs to consider:

- Keep a daily list that identifies each staff person's assigned group of children.

591-1-1-.31 Staff

(11) Clerical, Housekeeping, Maintenance and Other Support Staff. The Center shall have qualified and sufficient direct-care, clerical, housekeeping, maintenance and other support staff to ensure full compliance with these rules without neglecting the supervision of the children.

(a) Other Staff That May Have Direct Contact With Children in Care. A Center may have additional staff at the Center. Any staff member that has any personal contact with any child in care:

- 1. Is considered either an Employee or Provisional Employee for purposes of these rules and must comply with the background check requirements as outlined in Rule 591-1-1-.09, Criminal Records and Comprehensive Background Checks; and**
- 2. May be exempted from annual training and first-aid/CPR training requirements.**

(b) Other Staff That Must Not Have Direct Contact With Children in Care. The Center may have individuals at the Center to repair and/or maintain the facility while children are in care that have no personal contact with any child in care. These individuals:

- 1. Must have no contact with children in care;**
- 2. May not be required to obtain a criminal records check determination, unless they have contact with children in care; and**
- 3. May be exempted from annual training and first-aid/CPR training requirements.**

Rule Type: Non-Core Rule

Intent

To ensure the protection of children in care.

Clarification

Clerical, housekeeping, and maintenance staff must obtain a satisfactory Comprehensive Records Check Determination or a satisfactory Fingerprint Records Check Determination if they work in the center when children are present and they have any contact with the children in care. Depending on the service capacity of their position, they may be exempted from annual training and from first-aid/CPR training requirements. Any individuals on the center's premises who do not have direct contact with children and are there for a limited amount of time (i.e., A/C repair, plumber, etc.) must be supervised by a staff person at all times to ensure that these individuals do not have contact with the children in care. If these individuals are employed by the center, are on the premises and have contact with children, they must have a satisfactory records check determination.

Indicators

- ✓ Observe that sufficient staff are present to allow for the daily operation of the center without compromising children's care.
- ✓ Observe the center's premises for individuals who are on site to repair and/or to maintain the facility while children are in care. Check to ensure these individuals do not have contact with children and are properly supervised by a center staff person at all times.

Things for child care programs to consider:

- Staff work schedules should allow for an adequate number of staff to be on premises overseeing the daily operation of the center without neglecting the supervision of the children. For example, a staff person should never leave children alone to answer a telephone, to prepare a meal, to unlock a door, etc.

591-1-1-.31 Staff

(12) 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.

Rule Type: Non-Core Rule

Intent

To protect the physical and emotional well-being of staff members and children by taking measures to prevent staff burnout and fatigue.

Clarification

Child care is a physically and emotionally demanding profession which requires constant supervision and interaction with children. Staff work schedules should allow sufficient time for staff to rest, relax, and to attend to personal matters. Limiting the maximum hours worked within a 24-hour period enables staff to have the energy they need for their job responsibilities and leads to better staff morale.

Indicators

- ✓ Check staff's attendance records, timesheets, or work schedules to ensure they are not allowed to perform child care duties for more than 12 hours within a 24-hour period.
- ✓ Ask the Director and/or staff about staff's work schedules.

Things for child care programs to consider:

- Arrange for an adequate number of substitutes to be available/on-call to prevent staff from having to work more than 12 hours within a 24-hour period.

591-1-1-.31 Staff

(13) Compliance with Applicable Laws and Regulations. Center Staff shall not commit any criminal act, as defined under Georgia law, in the presence of any child enrolled in the Center. Center staff shall comply with all applicable laws and regulations.

Rule Type: Core Rule

Intent

To protect the health and well-being of all children present at the center.

Clarification

Staff shall not commit criminal acts in the presence of children. This includes all criminal acts defined under Georgia law, including misdemeanors and felonies. Children exposed to criminal acts, including violence, are more likely to abuse drugs and alcohol; suffer from depression, anxiety, and post-traumatic disorders; fail or have difficulty in school; and become delinquent and engage in criminal behavior. Staff serve as role models for children and should present themselves as individuals respectful of laws and regulations.

Indicators

- ✓ Observe the actions of each staff person while on the center’s premises to ensure that criminal acts are not committed in the presence of children.
- ✓ Ask staff about specific incidents, observations and/or scenarios to determine compliance with laws and regulations.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.31(13) - Staff shall not commit any criminal act in the presence of any child enrolled in the Center	Never	Never	N/A	N/A	Commit criminal act on the premises or in/around a vehicle used for transportation while child(ren) are in attendance	Commit criminal act and child(ren) can see or hear the act	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Develop staff policies to include information regarding staff’s requirements to follow all applicable laws.

Things for child care programs to consider:

- Additional information regarding criminal acts as defined by Georgia law can be located at:
<https://www.lexisnexis.com/hottopics/gacode/>.

591-1-1-.32 Staff:Child Ratios and Supervision

(1) A Center must establish groupings of children for care and maintain Staff:child ratios as follows:

Ages of Children	Staff:Child Ratio*	Maximum Group Size**
Infants less than one (1) year old or children under eighteen (18) months who are not walking	1:6	12
One (1) year olds who are walking	1:8	16
Two (2) year olds	1:10	20
Three (3) year olds	1:15	30
Four (4) year olds	1:18	36
Five (5) year olds	1:20	40
Six (6) years and older	1:25	50

*Staff, such as the Director or service workers (food, maintenance and clerical staff, etc.), shall be counted in the Staff:child ratio only during the time that they are giving full attention to the direct supervision of the children. Service staff routinely acting as child care workers shall meet the qualifications of the respective caregivers.

**Maximum group size does not apply to outdoor play on the playground routinely used by the Center or for special activities in the Center lasting no more than two (2) hours. Maximum group size does not apply to Centers with a licensed capacity of 18 or fewer. However, required Staff:child ratios must be maintained.

(2) Mixed-Age Groups for Centers with a licensed capacity of 19 or more children. The Staff:child ratios for a mixed-age group shall be based on the age of the youngest group of children that includes more than twenty percent (20%) of the total number of children in the mixed-age group.

(3) Mixed-Age Groups for Centers with a licensed capacity of 18 or fewer children. The Staff:child ratios for a mixed-age group shall be based on the following: the age of the youngest child under three (3) years of age shall determine the Staff:child ratio for the group in which the child(ren) under three (3) years of age are cared for; and where all of the children in any one group are three (3) years of age or older, the age of the majority of the children in the group shall determine the Staff:child ratios.

Rule Type: Core Rule

Intent

To protect the health and safety of children and to promote their positive development. To provide flexibility in group size during outdoor play, special events, and in child care facilities where fewer children are present for care.

Clarification

Research indicates that group size and staff:child ratios are strong indicators of the quality of child care. Sufficient staff should be available to provide children with supervision, frequent personal contact, meaningful learning activities, and immediate care as needed. Staff are not allowed to sit/stand between children's classrooms since at least one staff person must be present in each room occupied by children.

Smaller groups and lower staff:child ratios are related to positive outcomes for children, including increased adult-child interaction, less aggression, and more cooperation among children. It is a recognized child development principle that the needs of young children are met more readily when children are able to identify with small groups in which they receive care. Smaller group sizes and ratios enable an optimal environment for careful supervision, individualized care, and intentional teaching. Smaller groups for infants and toddlers are especially important to ensure safe evacuation in case of an emergency. The risk of disease and infection is also lowered with smaller groups and there are more opportunities for high quality care and learning to take place because there is enough support to enable it to occur. Group size is defined as a specific number of children assigned to specific staff throughout the day. More than one group may occupy the same physical space. Smaller groups ensure children receive care and attention from a primary caregiver which allows children to develop relationships.

Mixed-age groupings allow for flexibility in the grouping of children to accommodate developmental needs, fluctuations in enrollment of a particular age group, and fluctuations in attendance during arrival and departure times. When infants, one-year-old and two-year-old children or when children who are three, four, and five years of age are mixed/combined in the same classroom, the required ratios are based on the 20% formula if the center has a licensed capacity of 19 or more children.

To determine a staff:child ratio based on the 20% formula, count the total number of children who are present in the mixed-age group. Multiply the total by .20 (i.e., 20%). Round up to the nearest whole number if .5 or greater or round down to the nearest whole number if less than .5. Starting with the youngest age of children who are present in the group, count how many children are in that age group. If that number is not more than 20%, go up to the next age group and count and continue doing so until an age group is reached that has more than 20% of the total number of children in the group.

Example: Room A contains a mixed-age group of 12 children. $12 \text{ children} \times .20 = 2.40$ or 2 children (rounded down since less than .5). Of the 12 children in the group, two are infants, four are one-year olds, and six are two-year-olds. The youngest age group determines the staff:child ratio must have **more than 2** children, therefore, the ratio for the group is determined by the one-year-olds. Since the one-year-old ratio is 1:8, two staff persons would be required in this room.

In centers with a licensed capacity of 18 or fewer children, the staff:child ratio is determined by the age of the youngest child in the group unless all the children (in the group) are three years of age and older. When all the children are three years of age and older, the staff:child ratio is determined by the age of the majority of the children in the group.

Indicators

- ✓ Count the number of children and staff in all areas where children are present. Ask the Director and/or staff about the ages of the children in each group or check children's records to verify/determine their ages, if needed. Determine if staff:child ratios are correct as specified by the rule requirements. If applicable (i.e., complaint investigation, incident investigation, etc.), check staffing schedules and children's attendance records.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.32(1) - Required Staff: Child ratios and group size are maintained	If no children are present	If children are grouped in <u>only</u> mixed age groups	If additional children arrive and Center Staff immediately reconcile ratios (adequate Staff available in the building in order to immediately reconcile and comply with Staff: Child ratios)	N/A	Ratio citation with or without an incident and/or injury with no medical attention or with medical attention as a precaution	Ratio citation with an incident and/or injury requiring professional medical attention OR could be seriously detrimental to the child(ren)	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
.32(2) - Mixed-age groups: Staff: Child ratio based on youngest age group that makes up more than 20% of the group	If no children are present	If there are <u>no</u> mixed age groups	If additional children arrive and Center Staff immediately reconcile ratios (adequate Staff available in the building in order to immediately reconcile and comply with Staff: Child ratios)	N/A	Ratio citation with or without an incident and/or injury with no medical attention or with medical attention as a precaution	Ratio citation with an incident and/or injury requiring professional medical attention OR could be seriously detrimental to the child(ren)	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
.32(3) - Mixed-age groups for Centers with a licensed capacity of 18 or fewer children: Younger than Three: Age of youngest child under three years of age shall determine the Staff: Child ratio for the group Three Years & Older: The age of the majority of the children in the group shall determine the Staff: Child ratios	If no children are present	If there are <u>no</u> mixed age groups	If additional children arrive and Center Staff immediately reconcile ratios (adequate Staff available in the building in order to immediately reconcile and comply with Staff: Child ratios)	N/A	Ratio citation with or without an incident and/or injury with no medical attention or with medical attention as a precaution	Ratio citation with an incident and/or injury requiring professional medical attention OR could be seriously detrimental to the child(ren)	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Post the appropriate staff:child ratio requirement in each classroom.
- Develop a system for the Director or an assistant to check staff:child ratios in each area occupied by children (i.e., classrooms, playgrounds, etc.) routinely throughout the day.
- Base the staff:child ratio in a mixed age group on the age of the youngest child present in the group. This will alleviate the need for determining the ratio based on the 20% or majority requirement and will ensure that the staff:child ratio is always correct.

- Have a system for staff to alert the center's Director or assistant when maximum ratios are reached. Ensure that additional staff are available and on premises to assist with ratio requirements.
- It is often advisable to provide extra staff beyond these required ratios during routines, such as diapering and meals/snacks, or transitions to and from the playground, to ensure the safety of the children with additional support and supervision.
- During meals and snacks, a minimum of two staff members present is useful to ensure caregivers remain within arm's reach of children under 3 years of age, who are eating and drinking.

Things for child care programs to consider:

- Remember that staff are only counted in staff:child ratios when they are giving full attention to the direct supervision of children. For example, if the cook is only present in a classroom to deliver food, he/she is not counted in the staff:child ratio for that classroom.
- Programs that are currently operating as a Family Child Care Learning Home that are in the process of becoming licensed as a Child Care Learning Center should be prepared to separate children under three years of age from children older than three years at the time Permission to Operate (PTO) is granted. If the center does not have an adequate number of staff present on the day of the Initial Licensing Study or beginning the next morning upon opening, then PTO will be delayed and issued for the first day that the additional staff will be present on site.

591-1-1-.32 Staff:Child Ratios and Supervision

(4) For Centers with a licensed capacity of 19 or more, children under three (3) years of age shall be housed in separate physical areas from older children and cannot be mixed with older children except at the following times and circumstances:

- (a) During early morning times of arrival and late afternoon times of departure, 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 in the group.**
- (b) Children who turn three (3) years of age during the regular school year may remain grouped with other two (2) year olds for the remainder of the school year provided that the continued placement in the younger group is with the agreement of the older child's Parent(s) and is developmentally appropriate for the child.**

Rule Type: Non-Core Rule

Intent

To accommodate the developmental needs of children.

Clarification

Infants need quiet, calm environments, away from the stimulation of older children. If possible, younger infants should be cared for in rooms separate from the more boisterous toddlers. In addition to these developmental needs of infants, separation is important for reasons of disease prevention. Mixing infants and toddlers with older children increases basic health and safety concerns of cross contamination with older children who have more contact with the environment. Also, older children are physically stronger and have larger bodies that could injure younger children during play.

Separation of groups of children by low partitions that divide a single common space is not recommended. Without sound attenuation, limitation of shared air pollutants including airborne infectious disease agents, or control of interactions among the child care staff who are working with different groups, the separate smaller groups are essentially one large group. When partitions are used, they must control interaction between groups, provide separated ventilation of the spaces and control sound transmission. The acoustic controls should limit significant transmission of sound from one group's activity into other group environments. Partition walls must be a minimum of 48" in height for areas to be licensed as separate spaces.

While discouraged due to the possible disruption of class activities, children ages 0-2 years may pass through the classroom of other 0-2 years to enter their classroom when no hallway or defined space is available for entering/exiting a classroom. The same goes for children ages 3 years and older. Children ages 2 and under shall not be permitted to pass through classrooms of children ages 3 years and older and vice versa.

In centers with a licensed capacity of 19 or more children, it is acceptable to group all ages together during the first and last hour of the center's operation, provided that the center meets the appropriate staff:child ratios and does not exceed classroom capacities.

A written agreement from the parent must be on file at the center for any child who turns three years old during the year and remains with the two-year-old group as indicated in the rule. It is also acceptable for a child who is at least two years and six months of age to be placed with a group of three-year olds with a written agreement from the parent of the younger child.

Indicators

- ✓ Observe the grouping of children in each classroom. Ask the Director and/or staff about the ages of the children or check children's records to verify/determine their ages. Check to ensure that children under three years of age are not grouped with older children except during the times and situations allowed by the rule requirements.
- ✓ Observe parental agreement forms for children in the two-year-old classroom(s) who have turned three during the school year and/or for children who are at least two years and six months of age who have been moved up to a three-year-old classroom.

Things for child care programs to consider:

- Remember this rule only applies to centers with a licensed capacity of 19 or more children.

591-1-1-.32 Staff:Child Ratios and Supervision

(5) Staff:Child Ratios During Day-time Scheduled Rest or Sleeping Periods. During those periods, the Staff:child ratios may be doubled for children three (3) years and older provided that: at least one (1) Staff person is in each room providing direct supervision of the children; and all Staff required by paragraph (1) above relating to Staff:child ratios are in the Center and available to assure safe evacuation in an emergency.

(6) Staff:Child Ratios During Evening and Night-time Care. The Staff:child ratios required by paragraph (1) above shall be maintained except when a majority of the children are sleeping. When a majority of the children are sleeping, then the required ratios may be doubled. However, all Staff required by paragraph (1) above must be available on the premises of the Center to resume supervision of the children whenever a majority of the children in care in an area are no longer asleep or an emergency situation arises.

Rule Type: Non-Core Rule

Intent

To provide flexibility in staffing while continuing to protect children's safety.

Clarification

Evening Care is care provided to children at a center between the hours of 7:00 P.M. and 12:00 midnight. Night-time care is care provided to children between the hours of 12:00 midnight and 6:00 A.M.

A cook can be counted in the required number of staff during rest periods. A cook who assists with staffing only during rest/sleep periods is not required to comply with the staff training requirement. Staff are not allowed to sit/stand between classrooms since at least one staff person must be present in each room occupied by children.

Group size is not assessed during rest or sleeping periods.

Indicators

- ✓ Count the number of children and staff present in each classroom during daytime rest and sleeping periods. Check to ensure that at least one staff person is present in each classroom where children three years of age and older are housed and that the required staff are available on the center's premises.
- ✓ Ask the Director and/or observe staff's schedules and children's attendance records, if needed (i.e., to check staff:child ratios during night-time care, etc.). Ensure staff scheduled to be present during evening and/or night-time care are also not working long periods during day shifts.
- ✓ Ask the Director and/or staff which areas of the center house children for evening and/or night-time care. Ask where staff are located during these times to ensure that staff are properly supervising present children and are not asleep.

Best Practices:

- Active supervision is required when children sleep. Staff members responsible for supervising children while sleeping should be alert, focused on supervision, and refrain from activities that would distract from these duties, such as electronics use, telephone calls, social media, etc.

Things for child care programs to consider:

- Remember that when the center remains open for evening and/or night-time care, staff cannot work more than 12 hours in a 24-hour period.
- Staff who are present in classrooms with children must remain alert and awake at all times including when children are sleeping and/or resting.

591-1-1-.32 Staff:Child Ratios and Supervision

(7) Supervision. Children shall be supervised at all times appropriate to the individual age, needs and capabilities of each child. Such supervision must include, but not be limited to, indoor and outdoor activities, mealtimes, naptime, transportation, field trips, and transitions between activities. “Supervision” means that the appropriate number of Staff members are physically present in the area where children are being cared for and are providing watchful oversight to the children, volunteers and Students-in-Training. The persons supervising in the child care area must be alert, positioned to maximize their ability to hear and see the children at all times, and able to respond promptly to the needs and actions of the children being supervised, as well as the actions of the volunteers and Students-in-Training, and provide timely attention to the children’s actions and needs. Staff shall be attentive and participating with all children during mealtimes and shall be seated within an arm’s length away from children thirty-six (36) months of age and younger.

Rule Type: Core Rule

Intent

To intentionally protect children physically, emotionally, and mentally from harm and/or injury. To protect children’s health and to promote positive growth and development. To ensure that children receive appropriate care at all times.

Clarification

Supervision is basic to safety and the prevention of injury, and it is the most important element in providing safe child care. A child’s safety depends on staff knowing where the child is and what he/she is doing at all times. Staff who know what to expect are better able to protect children from harm. Caregiver staff must remain in close proximity to children, and they must use what they know about each child’s individual interests, abilities, and behavior to anticipate and predict what the child will do.

For supervision to be effective, caregiver staff must maintain watchful oversight. Watchful oversight is the process of actively monitoring children’s activities and requires that the appropriate number of caregiver staff be present in the area with children at all times. Staff must be able to hear and see all the children in their care all the time, and they must be alert and able to respond quickly to children’s actions and needs. Staff should refrain from using cell phones, headphones, ear buds, smartwatches, tablets, or any object/device that will distract one’s attention while supervising children or performing classroom duties. Staff will also refrain from attending or participating in professional development training while performing classroom duties. Staff must postpone these activities until break time(s) or after hours. Supervision requires focused attention and intentional observation of children.

Staff should be positioned strategically and should scan and circulate in all areas occupied by children, both indoors and outdoors. Staff should frequently conduct name-to-face head counts to ensure that all children are accounted for throughout the day. They should also be supportive of children’s activities by assisting, engaging, and redirecting as needed.

When staff members sit and eat with children, they are able to be attentive and participate with children during meals and snacks. This increases safety, provides time for building relationships through social interactions with children, and allows staff to model enjoying nutritious foods. To enable staff to sit and eat with children and to stay within arm’s reach of children 36 months and younger who are eating/drinking, supports need to be provided, such as comfortable adult seating at the table and additional staffing for larger groups. Making meals and snacks social

increases enjoyment and supervision of children during the meal. It is easier to actively supervise when staff are directly engaged and participating with children by having conversations and talking with them about topics that interest them as they eat. These interactions are also natural learning and relationship building opportunities as children use their social and language skills.

Indicators

- ✓ Observe staff’s supervision of children in all areas where children are present. Notice particularly if children are wandering with no adult in sight, if staff are leaving classrooms or groups unattended, if staff are positioned where they cannot observe all children in their care, if staff are not attentive to children during meal times and not seated with children ages 36 months and younger, or if children are engaged in potentially harmful or inappropriate play without a response or intervention from staff.
- ✓ Check the state licensing file and/or the consultant’s file to determine if the center has an approved supervision plan on file (e.g., for children’s access to the playground, for children’s access to the bathroom, etc.). If so, observe that the center is following the approved supervision plan.
- ✓ Observe staff’s supervision of volunteers and students-in-training, if applicable.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.32(7) - Supervision shall be maintained at all times	If no children are present	Never	If Staff observed not circulating; Short term limited visibility (i.e. room dark at naptime or child behind cubbies) *If TA documented on previous visit, move to Low Risk	Brief break in watchful oversight (i.e. Staff steps over threshold of classroom, places something in hallway, or child briefly walks out of a supervised area without adult supervision and comes back); Staff responsible for two separate physical areas for a brief period of time or during nap time; Staff not seated with children during mealtime	Supervision citation with or without an incident and/or injury with no medical attention or with medical attention as a precaution	Supervision citation with an incident and/or injury requiring professional medical attention OR could be seriously detrimental to the child(ren)(i.e. leaving a child on the playground for an extended period of time)	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Scan the room frequently, even when engaged with individual children to ensure awareness of the whole group.
- Actively supervise children with the intention of preventing problems before they arise.
- Do not rely on mirrors, monitors, or cameras for supervision.
- Caregivers should position themselves where all children can be easily supervised by sight and hearing and adjust position as children move.
- Provide closer supervision to ensure children are within easy reach when risks are higher and when children’s age and behavioral tendencies require it, such as when children are eating, drinking, sleeping, using gross

motor equipment, or when around children who bite, have more impulsive behavior tendencies, and/or like to mouth toys.

- Intentionally arrange the room with effective supervision in mind and reposition any furniture that blocks a caregiver's line of sight or requires a caregiver to have their back turned to children.
- Protect nonmobile children from mobile children with active supervision and room arrangement, when space allows. Both nonmobile and mobile children need floor space for play. Restrictive devices, such as infant swings, bouncer chairs, and exersaucers, should be limited to only when needed to soothe children, for short durations of 5 minutes or less only.
- Consider providing extra supervision when cleaning needs to occur in an area where children are present or utilize the help of a "floater" staff person to clean the area when children are not present to ensure proper supervision is maintained at all times.
- Staff members should focus on mealtime supervision during meals and snacks and refrain from unrelated classroom duties and tasks, such as putting out mats, cleaning up, etc.
- During meals and snacks, it is easiest to actively supervise if caregivers sit with the children, eat with children consuming table food, and make it a time for pleasant social conversation. When caregivers use the time to interact with children, they build positive relationships with children, encourage increased language and social skills, and keep children safe all at the same time. This is encouraged during meals for children of all ages.
- For infants consuming bottles and baby food, have the bottle or food prepared and ready to immediately serve before calling the child over or placing them in a high chair. For older children, have food and drinks already prepared and, on the table before calling children over to the table, keep food and drinks for seconds within easy reach of the table. This will assist caregivers to remain within arm's reach of children who are eating/drinking.
- During meals and snacks, a minimum of two staff members is recommended to ensure caregivers remain within arm's reach of children under 3 who are eating and drinking. One staff member can sit, eat, and talk with the children, remaining at the table the entire meal time and remaining within arm's reach, while the second staff member can get up as needed to attend to children's needs when they begin to transition away from the table.
- Have a written policy on staffs' cellphones and electronic devices use while supervising children and ensure caregivers follow it. When staff are looking at cell phones or other electronic devices, their attention is not on the children. If digital apps are used to track meals, diapering, attendance, etc. include instructions on how, when, and by whom these should be completed, as these can also impair active supervision.

Things for child care programs to consider:

- Remember that supervision requirements also apply to transportation, field trips and swimming activities.
- Training for Active Supervision in Child Care Programs provides an overview of active supervision in a proactive way to create safer environments for children in child care programs. This course discusses specific approaches of observing and evaluating the child care environment, reviews planning resources, and identifies strategies to develop and implement active supervision plans. It also demonstrates the process of embedding reflective practices as part of professional growth around active supervision. This training can be found at: <https://gapds.dec.al.gov/Trainings/Scheduled/OLLI>.

591-1-1-.32 Staff:Child Ratios and Supervision

(8) Assignment of Caregiving Staff. Employees shall be assigned so that in so far as possible children receive care from the same Employee each day.

Rule Type: Non-Core Rule

Intent

To ensure the continuity and stability of caregivers.

Clarification

Children grow and develop best when given the opportunity to have close, warm relationships with others, particularly adults. The development of attachment relationships is particularly important for infants. Secure, trusting relationships with caregivers are essential if young children are to thrive and learn in the child care environment. Children who do not have this security often become suspicious, uncaring, and even hostile towards others. Children who learn to trust others are more likely to become confident, secure adults who respect themselves and others and are able to form healthy emotional attachments. When a staff person is planning to depart, it is advisable to prepare children in advance for the transition to another adult.

Indicators

- ✓ Check staff's schedules and/or ask staff which classroom they are assigned to each day.
- ✓ Ask the Director and/or staff about daily classroom assignments to ensure that an effort is made to provide children with continuity. Discuss the handling of transitions, such as a staff member who resigns or moves to another group within the center.

Best Practices:

- Refrain from moving/shifting children or staff from classroom to classroom in order to meet ratios. This enables children to become familiar with staff and to bond with them. Plan for sufficient staff to be on site.
- Allow staff to "move up" with children as they grow and develop to help them maintain relationships. This promotes continuity of care.

591-1-1-.32 Staff:Child Ratios and Supervision

(9) Immediately prior to the Center closing and being locked at the end of the business day, the Staff member charged with the responsibility of locking the Center shall make a physical inspection of the entire premises to verify that no child is left on the Center's premises.

Rule Type: Non-Core Rule

Intent

To ensure that no children are left at the center at the close of the business day.

Clarification

Center staff must physically walk through and thoroughly inspect all areas/rooms of the center's premises (including closets, restrooms, the playground, etc.) prior to locking the facility at the end of the day. This rule does not require documentation of daily inspections; however, it is in the best interest of the center to keep a record that an inspection was done.

Indicators

- ✓ Observe inspection procedures at the end of the day, if possible. If needed, ask the Director and/or staff about the center's closing routine and inspection procedures.

Best Practices:

- Assign and train specific staff on the center's closing and inspection procedures. It is best practice that all staff be trained and familiar with these procedures.
- Develop a checklist for staff to use when checking and inspecting the center at the end of the day. Maintain documentation of these inspections on file at the center.

591-1-1-.33 Staff Training

(1) Center Orientation. Prior to assignment to children or task, all Employees (i.e., volunteers, students-in-training, independent contractors, etc.) and Provisional Employees must receive initial Center orientation.

(2) The initial Center orientation must include the following subjects:

- (a) the Center's policies and procedures;**
- (b) the portions of these rules dealing with the care, health and safety of children;**
- (c) the Staff person's assigned duties and responsibilities;**
- (d) reporting requirements for suspected cases of child abuse, neglect or deprivation;**
- (e) communicable diseases and serious injuries;**
- (f) emergency weather plans;**
- (g) the program's emergency preparedness plan;**
- (h) childhood injury control;**
- (i) the administration of medicine;**
- (j) reducing the risk of Sudden Unexpected Infant Death (SUID), which includes Sudden Infant Death Syndrome (SIDS);**
- (k) hand washing;**
- (l) fire safety;**
- (m) water safety;**
- (n) and prevention of HIV/AIDS and blood borne pathogens.**

Rule Type: Non-Core Rule

Intent

To ensure that staff are aware of the rules and regulations that govern the operation of the center, and particularly their performance requirements. To provide staff with the information necessary to assume the duties and responsibilities of their assigned positions. To ensure that staff are aware of the legal reporting requirements in the state of Georgia. To enhance the quality of care provided to children at the center.

Clarification

Orientation to the program's operating procedures ensures that all staff members receive specific training for the work they will be doing and are informed about their new responsibilities. It is essential that each staff member understands and have the ability to implement center policies, procedures, rules and regulations. In addition to handling routine responsibilities, it is important for children's health and safety that staff be familiar with procedures for handling medical emergencies, reporting suspected cases of child abuse, etc. Clear communication of goals and objectives during orientation training can ensure orderly operations, enhance staff performance and reduce stress. Research indicates that a major factor in the quality and effectiveness of programs for young children is the specialized training and experience of staff. Initial orientation prepares staff for what they will encounter in the facility and classroom setting; therefore, it is essential that they obtain this training prior to assignment to children or tasks and before beginning work in the program.

Indicators

- ✓ Review 10% of staff's personnel records (or a minimum of five records, whichever is greater) for evidence of orientation training.
- ✓ Check the orientation training documentation to ensure that all required training topics were covered in the training and to verify that staff received the training prior to assignment to children or task.
- ✓ Ask staff about the training topics that were covered during their orientation, if questionable.

Best Practices:

- Provide orientation training to all volunteers, independent contractors and students-in-training. Periodically provide refresher orientation training to all staff.

Things for child care programs to consider:

- A sample staff orientation form can be found on the Department of Early Care and Learning's (DECAL) website at: <http://www.dec.al.ga.gov/BftS/FormList.aspx?cat=Child%20Care%20Learning%20Center>.

591-1-1-.33 Staff Training

(3) Health and Safety Orientation. Each staff member with direct care responsibilities shall complete health and safety orientation training within the first 90 days of employment. The state-approved training hours obtained will count toward required first year training hours. The training must address the following health and safety topics:

- (a) prevention and control of infectious diseases (including immunization);**
- (b) prevention of sudden infant death syndrome and use of safe sleeping practices;**
- (c) administration of medication, consistent with standards for parental consent;**
- (d) prevention of and response to emergencies due to food and allergic reactions;**
- (e) building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic;**
- (f) prevention of shaken baby syndrome, abusive head trauma and child maltreatment;**
- (g) emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility);**
- (h) handling and storage of hazardous materials and the appropriate disposal of bio contaminants;**
- (i) precautions in transporting children;**
- (j) recognition and reporting of child abuse and neglect; and**
- (k) child development to include all major domains: cognitive; social and emotional; physical development and motor skills; communication, language, and literacy; and approaches to play and learning.**

Rule Type: Non-Core Rule

Intent

To protect the health and safety of children. To ensure staff know how to properly respond in an emergency situation. To educate staff to plan and implement intentional, developmentally appropriate learning experiences that promote the major developmental domains of each child served.

Clarification

When child care staff are knowledgeable in health and safety practices, programs are more likely to be healthy and safe. The American Association for Health Education (AAHE) and the National Commission for Health Education Credentialing (NCHEC) research data supports that there is an increased quality of children's health and safety in the child care center environment when staff have been properly trained in health and safety related topics. Child care staff must receive their health and safety training from a state of Georgia approved trainer or training entity within the first

90 days of employment. Approved trainers/trainings can be found in the Georgia Professional Development System (GaPDS) at: <https://gapds.decal.ga.gov/>.

The health and safety training is referred to as the Health and Safety Orientation Certificate. The health and safety training provides an overview of the topics specified in the rule requirements. Staff will be allowed to transfer their Health & Safety Orientation Training if they change employment to another program, if the following conditions are met:

- The Health & Safety Orientation Training is an approved training course that is a minimum of 10 credit hours and meets the requirements specified by the rule.
- The training has been obtained in the preceding 12 months.
- The training certificate is verifiable through the employee's GaPDS account.

If the Health & Safety Orientation Training date is outside of the previous 12 months, the training was not approved for at least 10 credit hours, or the training certificate is not documented in the employee's GaPDS account, the Staff person will be required to take this training again, within their first 90 days of employment at a new program.

Indicators

- ✓ Observe evidence of health and safety training for all staff with direct care responsibilities.
- ✓ Check the health and safety training documentation to verify that staff completed the training within the timeframe specified by the rule requirement (as determined by the staff person's hire date).

Best Practices:

- Though voluntary, it is highly recommended that staff register and maintain an account with the Georgia Professional Development System for Early Childhood Educators (GaPDS). This allows staff to maintain an electronic record of their education credentials and completed training. The GaPDS can be used to document each staff person's professional development, and an individual resume can be printed directly from the website. The electronic record can also expedite licensing visits since the consultant can verify a staff person's training hours with a quick review of the information contained in the GaPDS. Furthermore, it eliminates the need to keep track of paper copies of training documents. GaPDS is managed by the Professional Standards Commission, the same agency that certifies Georgia teachers, and can be found at the following link: <https://gapds.decal.ga.gov/>.

Things for child care programs to consider:

- It is acceptable for staff to provide documentation of completed health and safety training from a prior employment as long as the documentation reflects that the training was provided by a state-approved source and covered all required topics as specified by the rule.
- The Georgia Early Learning and Development Standards ([GELDS](#)) are a tool child care program caregiver staff may use to promote quality learning experiences for children from birth to age five. The GELDS are a set of appropriate, attainable standards for Georgia's youngest learners and are designed to be flexible enough to support children's individual rates of development, approaches to learning, and cultural context. The standards are written as a continuum of skills, behaviors, and concepts that children develop throughout this time of life. They are divided into age groups for convenience and serve as a framework for learning.

591-1-1-.33 Staff Training

(4) Food Preparation and Nutrition Training. Within the first year of employment, the Director and the person primarily responsible for food preparation shall receive four (4) clock hours of training in food nutrition planning, preparation, serving, proper dish washing and food storage.

Rule Type: Non-Core Rule

Intent

To provide staff with the information necessary to assume the duties and responsibilities of their assigned positions.

Clarification

Outbreaks of foodborne illnesses have occurred in many settings, including child care facilities. Some of these outbreaks have led to fatalities and severe disabilities. Young children are particularly susceptible to foodborne illness due to their body size and immature immune systems. Directors and food handlers in these settings must have successfully completed courses on appropriate food handling.

First year training requirements must be obtained within the first year of employment (i.e., date of hire to one year anniversary). First year training will be accepted only for the year in which the training was completed.

Indicators

- ✓ Review 10% of staff's personnel records (or a minimum of five staff records, whichever is greater) for evidence of first year training as specified by the rule requirements (i.e., if applicable based on the staff person's hire date and job responsibilities/title). If needed, check the Georgia Professional Development System for Early Childhood Educators (GaPDS) for training documentation.

Best Practices:

- Though staff are not required to retake the specified first year training topics after their first year of employment, it is recommended that they retake these topics on occasion to refresh their knowledge.

Things for child care programs to consider:

- Specified first year training topics are only required to be taken once during a staff person's career as long as there is documentation of the training (i.e., on paper documents or through the GaPDS). If staff provide documentation of the training, it is not necessary for them to take these trainings again if they move to another facility.

591-1-1-.33 Staff Training

(5) Annual Training.

- (a) Every calendar year after the first year of employment, all supervisory and caregiver Personnel, except independent contractors, Students-in-Training and volunteers, shall attend ten (10) clock hours of diverse training which is offered by an accredited college, university or vocational program or other Department-approved source.**
- (b) The annual ten (10) clock hours of training shall include the following:**
 - 1. At least two (2) hours in evidence based, developmentally appropriate language and literacy practices;**
 - 2. At least two (2) hours in on-going child development and health and safety related topics, which could include, but not be limited to:**
 - (i) Child development (e.g., developmental domains (cognitive; social and emotional; physical development and motor skills; communication, language, and literacy; approaches to play and learning), discipline and guidance techniques, children with special needs);**
 - (ii) Health (e.g., nutrition and the support of breast feeding, physical activity, prevention and control of illnesses and infectious diseases, immunizations, prevention of and response to emergencies due to food and allergic reactions, cleanliness, sanitation, and the appropriate disposal of bio contaminants);**
 - (iii) Safety (e.g., prevention of Sudden Unexpected Infant Death (SUID) which includes Sudden Infant Death Syndrome (SIDS) and the use of safe sleeping practices, medication administration, injury control and prevention, transportation, handling and storage of hazardous materials, identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic, and emergency preparedness planning and response);**
 - (iv) Child abuse and neglect (e.g., identification and reporting, meeting the needs of abused and/or neglected children, prevention of shaken baby syndrome, abusive head trauma and child maltreatment).**
 - 3. No more than two (2) of the required ten (10) hours in business-related topics (e.g., parental communication, recordkeeping, management, business planning).**

Rule Type: Non-Core Rule

Intent

To provide staff with the opportunity to broaden child-related skills and knowledge which enhances their ability to meet the physical, emotional, developmental, intellectual and social needs of children in care.

Clarification

Training ensures that staff members are challenged and stimulated, have access to current knowledge and have access to education that will qualify them for new roles. Better trained staff are better equipped to prevent, recognize and correct health and safety issues. Training enhances staff competence and aids in the understanding of how young children learn and grow to their fullest potential. The training/education of caregivers/teachers is a specific indicator of child care quality. Untrained staff may simply “tend” to children, protecting them from harm but not providing challenging, developmentally appropriate activities. Training topics should cover information regarding child development, early childhood education or related topics.

Ongoing/annual training requirements must be fulfilled each calendar year (January through December) after the staff member’s first year of employment. Ongoing/annual training will be accepted only for the year in which the training was completed and must be obtained from a Department-approved source. Training topics should vary from year to year but must consist of at least two (2) hours of developmentally appropriate language and literacy practices and at least two (2) hours of ongoing health and safety topics (e.g., child development, discipline, child abuse and neglect, etc.) Training topics should focus on professional development that benefits the needs and ages (e.g., infants, ages 1-2 years, ages 3-4 years, etc.) of the children served and the caregiver’s job responsibilities. Approved trainers/trainings can be found at: <https://gapds.decal.ga.gov/>.

Indicators

- ✓ Review 10% of staff’s personnel records (or a minimum of five staff records, whichever is greater) for evidence of ongoing/annual training (i.e., if applicable based on the staff person’s hire date and job responsibilities/title), including the minimum hours required for training topics listed in the rule requirements. If needed, check the Georgia Professional Development System for Early Childhood Educators (GaPDS) for training documentation.

Best Practices:

- Though voluntary, it is highly recommended that staff register and maintain an account with the GaPDS. This allows staff to maintain an electronic record of their education credentials and completed training. The GaPDS can be used to document each staff person’s professional development, and an individual resume can be printed directly from the website. The electronic record can also expedite licensing visits since the consultant can verify a staff person’s training hours with a quick review of the information contained in the GaPDS. Furthermore, it eliminates the need to keep track of paper copies of training documents. GaPDS is managed by the Professional Standards Commission, the same agency that certifies Georgia teachers, and can be found at the following link: <https://gapds.decal.ga.gov/>
- Although the rule requires at least 10 hours of approved ongoing/annual training each year, staff should be encouraged to obtain more than 10 hours of training each year. A greater number of training hours may be required for other purposes such as Quality Rated, various accreditations and individual professional development. Caring for Our Children recommends that staff complete 24 hours of training each year after the first year of employment with 16 hours of training in child development programming and eight hours of training in child health, safety, and staff health. The trainings should be based on staff’s individual competency needs and any special needs of the children in their care.
- The director should conduct an annual needs assessment with each individual staff member to plan the trainings that would be of the most benefit to each individual.

Things for child care programs to consider:

- The Department accepts training (education) offered by accredited colleges, universities, and vocational programs. The training must be documented by an official transcript from the accredited educational institution. Depending on whether the academic institution is on the quarter or semester system, each three- or five-hour unit will represent approximately 35 to 45 clock hours of class time. Therefore, one (1) accredited college or university class meets the Department's annual 10-hour training requirement. The academic course must be in Early Childhood Education (ECE) or a related field to receive training credit. General core curriculum classes do not count towards training credit (i.e., computer lab, biology, college algebra, etc.).
- The minimum of two (2) hours of language and literacy training must be Department-approved as per the requirement for all ongoing/annual training. Approved trainers/trainings can be found on the GaPDS website at: <https://gapds.decal.ga.gov/>. Language and literacy trainings taken via GaPDS will be marked with a specific symbol/statement notating the training meets the specified rule requirements.

591-1-1-.33 Staff Training

(6) Documentation of Training. Evidence of orientation and training shall be documented and maintained in the Personnel file and/or Georgia's workforce registry and professional development system of each Staff member which shall be available to the Department for inspection.

(7) Exemptions from Training. Custodial, maintenance Personnel or volunteers who provide no direct care to children are not required to obtain health and safety training or annual training.

Rule Type: Non-Core Rule

Intent

To ensure that orientation and training requirements are met and can be verified by the Department for compliance purposes.

Clarification

Training documentation must be maintained for each staff member, this could include storing paper copies of certificates in staff files or maintaining electronic copies via Georgia's Professional Development System (GaPDS). Training documentation must include the name of the staff person, the date of the training, the title of the training course, the number of credit hours received, and the signature of the trainer who provided the training (when applicable). Training that has been approved by the Department should also have the trainer code and training approval code listed on the training documentation/certificate.

Indicators

- ✓ Review 10% of staff's personnel records (or a minimum of five records, whichever is greater) via files and/or GaPDS for documentation of orientation and training.

Best Practices:

- It is highly recommended that staff register and maintain an account with the Georgia Professional Development System for Early Childhood Educators (GaPDS). This allows staff to maintain an electronic record of their education credentials and completed training. The GaPDS can be used to document each staff person's professional development, and an individual resume can be printed directly from the website. The electronic record can also expedite licensing visits since the consultant can verify a staff person's training hours with a quick review of the information contained in the GaPDS. Furthermore, it eliminates the need to keep track of paper copies of training documents. GaPDS is managed by the Professional Standards Commission, the same agency that certifies Georgia teachers, and can be found at the following link: <https://gapds.decal.ga.gov/>.

591-1-1-.35 Swimming Pools and Water-related Activities

- (1) **Local Approval.** When permanent swimming or wading pools are located on the center premises, applicable local regulations regarding the design, construction, operation and maintenance shall be followed.
- (7) **Use of Wading Pools.** Wading pools shall be cleaned and filled with clean water for each day's usage and emptied when not in use.

Rule Type: Non-Core Rule

Intent

To protect the health and safety of children and to prevent the spread of infectious diseases.

Clarification

The county health department usually serves as the local regulatory agency responsible for the inspection of equipment, water quality, etc., and may require that certain health standards are met. The center should follow applicable safety standards of the designated regulatory agency for pool operations.

Pool regulations and codes are developed by government agencies to make sure that treated recreational water facilities (such as pools) provide a clean, healthy, and safe environment for the public. These regulations set minimum standards (such as the amount of chlorine that should be in the pool) to decrease the public's risk of illness and injury. To ensure that these regulations are followed, state and local officials regularly inspect treated recreational water facilities. Additional information regarding pool inspections in Georgia can be found on the Georgia Department of Public Health's website at: <https://dph.georgia.gov/pools>.

Wading pools are filled with tap water and don't have additional disinfectants to kill germs. The water in wading pools must be emptied every day, the pool cleaned and if possible, allowed to dry in the sun for at least four hours. Also, staff persons should respond to toileting accidents in the wading pool by emptying and cleaning the pool before it is used again.

Indicators

- ✓ Ask the Director if there are local regulations or ordinances related to the operation and maintenance of the center's pool (i.e., if a permanent swimming and/or wading pool is on the premises). Review the most recent pool inspection report (if applicable) and observe to ensure the pool is compliant with local regulations.
- ✓ Observe the center's premises for the presence of a wading pool. If present, check to ensure the wading pool is clean, filled with clean water for each day's usage, and emptied when not in use.

Things for child care programs to consider:

- Monitor swimming and wading pool areas for mosquitos and other biting insects since they can be attracted to bodies of water. Remember that written parental permission must be obtained prior to applying insect repellent on a child. A sample parental permission form can be found on the Department of Early Care and Learning's (DECAL) website at:

http://dec.al.ga.gov/documents/attachments/AuthorizationtoDispenseExternalPreparations_CENTERS.pdf.

591-1-1-.35 Swimming Pools and Water-related Activities

(2) Accessibility of Pools. All swimming and wading pools shall be inaccessible to children except during supervised activities.

Rule Type: Core Rule

Intent

To protect children from pool hazards that can lead to serious injury or drowning.

Clarification

This rule applies to any pool on the center's premises. A swimming pool should be made inaccessible by a fence with a locked gate. Fencing material must be at least four feet in height and secured at the top and the bottom, with no entrapment hazards. Fencing material must be secured to all poles, and the bottom of the fence must be flush with the ground to prevent a child from trying to crawl underneath the fence and enter the pool area. All gates must be equipped with locks to prevent access, and the locks must prevent the gate from being pushed open when pressure is applied.

An effective fence is one that prevents a child from getting over, under, or through it and keeps the child from gaining access to the pool or body of water except when supervising adults are present. Fences are not childproof, but they provide a layer of protection for a child who strays from supervision. The fence should be constructed to discourage climbing and kept in good repair. For a chain link fence, the mesh size should not exceed one and one-quarter square inches.

All wading pools should be emptied and stored in an area inaccessible to children immediately after use.

Indicators

- ✓ Observe the center's premises for the presence of a swimming pool. If present, check to ensure the pool is completely enclosed by a fence that measures at least four feet in height with a locked gate.
- ✓ Observe the center's premises for the presence of a wading pool. If present, check to ensure the wading pool is inaccessible to children when not in use.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.35(2) - All swimming & wading pools shall be inaccessible to children except during supervised activities	If there is no pool on the premises	If there is no pool on the premises	If planning to provide swimming activities in the future; Wading pool without water is accessible; If children not outside and the gate to the pool is unlocked	Pool area accessible but not accessed by children (gate latched but not locked)	Swimming pool accessible and accessed by child(ren) but no child(ren) entered the water; Wading pool used for water related activities accessible with <u>no</u> incident or injury	Swimming pool accessible and/or wading pool used for water related activities accessible with an incident and/or injury; Any other swimming related incident and/or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Routinely monitor the entire perimeter of the pool's fence to ensure it remains in good repair. This will help to prevent injury to children and their accessibility to the pool when it is not in use.

Things for child care programs to consider:

- If/when local ordinances require the fence around the pool to be taller than four feet, the center must comply with the stricter requirement.
- When children occupy the pool area, keep the pool gate(s) closed. This will help to ensure children do not enter or exit the pool area without staff's knowledge.

591-1-1-.35 Swimming Pools and Water-related Activities

(3) Supervision of Children in Water Over Two (2) Feet Deep. For water-related activity (such as swimming, fishing, boating or wading) in water over two (2) feet deep, continuous supervision of children must be provided as follows:

Ages of Children	Staff:Child Ratio*
Under two and one-half (2½) yrs.	1:2
Two and one-half (2½) to four (4) yrs.	1:5
Four (4) yrs. and older who cannot swim a distance of fifteen (15) yards unassisted**	1:6
Four (4) yrs. and older who can swim a distance of fifteen (15) yards unassisted**	1:15

***At least one person must have current evidence of having completed successfully a training program in lifeguarding offered by a water-safety instructor certified by the American Red Cross or YMCA or YWCA or other recognized standard-setting agency for water safety instruction. Such person may be a Center Staff member or an employee of a water facility (e.g., local swimming pool).**

****In lieu of requiring each child to take a swimming test to determine whether the child can swim a distance of fifteen (15) yards unassisted, Center Staff may accept copies of certificates or cards from a recognized water-safety instruction organization showing that the child has successfully completed a swimming class which required the child to swim a distance of fifteen (15) yards unassisted.**

Rule Type: Core Rule

Intent

To protect children from water-related accidents by ensuring that an adequate number of staff are present to provide constant and active supervision during water-related activities. To ensure that a person who is responsible for direct supervision of the children has received water safety certification training.

Clarification

To protect children from water-related accidents, children should not be permitted to play or swim without constant supervision in areas where there is any body of water. When children participate in swimming or wading activities, the risk increases in direct proportion to the depth of the water, and as the number of active, playful children increases.

Supervision is essential to protect the safety of the children; therefore, staff must closely supervise children of all ages during water-related activities and required ratios must be maintained at all times. It is recommended that staff ensure they are positioned within arm’s reach of children when children up to five years of age play in areas where there is any body of water, including swimming pools, ponds, etc. The attention of an adult who is supervising children of any age should be focused on the children, and the adult should never be engaged in other distracting activities, such as talking or texting on the telephone, socializing, or completing chores.

Either a center staff member or an employee provided by the water facility, such as a lifeguard at the public pool, must have the required lifeguard training. The center must have written verification of the training on file which may be a copy of the staff person's lifeguard certificate or a letter of verification from an agency such as the recreation department. If a center employs a lifeguard, he/she can be counted in the staff:child ratios. Lifeguards on duty at public pools may not be counted in the staff:child ratio as they are not employed by the center and their attention is not devoted solely to the center's children.

In order to determine adequate supervision of children, required ratios for children under four years of age must be maintained regardless of their ability to swim. For children four years of age and older, ratio requirements are determined by each child's ability to swim the distance of 15 yards unassisted. Children may be separated into groups but the ratio within the grouping must be based on their ages. In addition, for children four years of age and older, ratios are also based on each child's swimming ability. If the center cannot demonstrate children's ability to swim, the center should follow the non-swimmer ratio for the entire group.

Example for determining staff:child ratios in water over two feet deep:

There are 30 children in the pool area.

- Three children are under 2 ½ years requiring a ratio of 2:3
- Seven children are 2 ½ years - 4 years requiring a ratio of 2:7
- Ten children are 4 years and older and cannot swim requiring a ratio of 2:10
- Ten children are 4 years and older and can swim requiring a ratio of 1:10

The total staff required for this example would be seven staff for the 30 children in the pool area.

Indicators

- ✓ Observe a water-related activity in water over two feet in depth, if possible. Count the number of children and staff who are participating in the activity. Verify children's ages and swimming ability, if applicable, to determine the required ratio as specified by the rule. Check to ensure children are continuously supervised by staff while participating in the activity.
- ✓ Review documentation from the center's last off-site swimming activity (if applicable). Count the number of children and staff who participated in the activity. Verify children's ages and swimming ability, if applicable, to determine the required ratio as specified by the rule.
- ✓ Review the center's personnel and/or swimming records for evidence of lifeguard certification for any person who serves as a lifeguard during the center's swimming activities (on-site or off-site).

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.35(3) - Supervision in water <u>more</u> than two feet (requires lower Staff: Child ratios, lifeguard certification and verification of swimming distance) Proper ratios: Under 2 1/2 years: 1:2 2 1/2 to 4 years: 1:5 4 yrs & older who cannot swim a distance of 15 yds unassisted: 1:6 4 years & older who can swim a distance of 15 yds unassisted: 1:15	If haven't participated in swimming activities since last visit or since swimming was last evaluated	If no swimming activities are provided	If planning to provide swimming activities in the future	Incomplete/missing paperwork: no evidence of swim test or documentation of lifeguard certification missing (if Center has pool on site)	No certified lifeguard and/or inadequate ratios/supervision with no incident or injury	No certified lifeguard and/or inadequate ratios/supervision with an incident and/or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Follow the non-swimmer ratio regardless of children's swimming ability to ensure that ratios are adequate.
- Keep documentation of on-site swimming activities. For example, maintain swim logs which include the names of all staff and children who participate in the activity.
- Surfaces in or near water activity areas can become slippery when wet. Staff should monitor surfaces for safety and remind children not to run in areas where water activities take place.
- Develop a system for staff to follow that will help ensure that all licensing rules are followed consistently during water-related activities.
- Actively supervise and remain close to children participating in swimming activities at all times. Many drownings occur when adults are present but not actively supervising, and child drowning is typically silent and happens within seconds.
- Provide close, active supervision for all water related activities with more than 1 inch of water, including use of sprinklers with water collecting pads, water table use, and kiddie pools.
- Do not use cell phones, iPads/tablets, smart devices, or computers when supervising children.

Things for child care programs to consider:

- Document and maintain evidence of each child's swimming ability. A sample swim test form can be found on the Department of Early Care and Learning's (DECAL) website at: <http://dec.al.ga.gov/documents/attachments/SwimTestForm.pdf>.
- When children are taken off-site for water-related activities, ensure the field trip documentation clearly reflects the type of water activity the children will participate in (e.g., swimming, splash pad, etc.).
- Remember that written parental permission must be obtained prior to applying sunscreen on a child. A sample parental permission form can be found on DECAL's website at: http://dec.al.ga.gov/documents/attachments/AuthorizationtoDispenseExternalPreparations_CENTERS.pdf.

591-1-1-.35 Swimming Pools and Water-related Activities

(4) Supervision of Children in Water Less than Two (2) Feet Deep. For water-related activity (such as swimming, fishing, boating or wading) in water less than two (2) feet deep (such as a wading pool), continuous supervision must be provided in accordance with normal Staff:child ratios which are as follows:

Ages of Children	Staff:Child Ratio*
Infants less than one (1) year old or children under eighteen (18) months who are not walking	1:6
One (1) year olds who are walking	1:8
Two (2) year olds	1:10
Three (3) year olds	1:15
Four (4) year olds	1:18
Five (5) year olds	1:20
Six (6) years and older	1:25

Rule Type: Core Rule

Intent

To protect children from water-related accidents by ensuring that an adequate number of staff are present to provide constant and active supervision during water-related activities.

Clarification

To protect children from water-related accidents, children should not be permitted to play or swim without constant supervision in all areas where there is any body of water. When children participate in swimming or wading activities, the risk increases in direct proportion to the depth of the water, and as the number of active, playful children increases. The American Academy of Pediatrics states that small children can drown within thirty seconds, in as little as two inches of liquid.

Supervision is essential to protect the safety of children, so staff must closely supervise children of all ages during water-related activities and required ratios must be maintained at all times. It is recommended that staff ensure they are positioned within arm’s reach of children when children up to five years of age play in areas where there is any body of water, including swimming pools, ponds, built-in wading pools, tubs, or pails.

The attention of an adult who is supervising children of any age should be focused on the child, and the adult should never be engaged in other distracting activities, such as talking or texting on the telephone, socializing, or completing chores.

Indicators

- ✓ Observe a water-related activity in water less than two feet in depth, if possible. Count the number of children and staff who are participating in the activity. Verify children's ages to determine the required ratio as specified by the rule. Check to ensure children are continuously supervised by staff while participating in the activity.
- ✓ Ask the Director and/or staff if the center allows children to participate in water-related activities (i.e., if not observed). If so, ask about the type of activity and the center's procedure for determining ratios.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.35(4) - Supervision in water <u>less</u> than two feet (requires ratios/supervision in accordance with normal Staff: Child ratios) Proper ratios: Infants (less than 1 year old & Children who are under 18 mths & not walking) 1:6 One yr olds (who are walking): 1:8 Two year olds 1:10 Three year olds 1:15 Four year olds 1:18 Five year olds 1:20 Six year olds & up 1:25	If have not participated in swimming activities since last visit or since swimming was last evaluated	If no swimming activities are provided	If planning to provide swimming activities in the future	N/A	Inadequate ratios/supervision with no incident or injury	Inadequate ratios/supervision with an incident and/or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Surfaces in or near water activity areas can become slippery when wet. Staff should monitor surfaces for safety and remind children not to run in areas where water activities take place.
- Develop a system for staff to follow that will help ensure that all licensing rules are followed consistently during water-related activities.
- Actively supervise and remain close to children participating in swimming activities at all times. Many drownings occur when adults are present but not actively supervising, and child drowning is typically silent and happens within seconds.
- Provide close, active supervision for all water related activities with more than 1 inch of water, including use of sprinklers with water collecting pads, water table use, and kiddie pools.
- Do not use cell phones, iPads/tablets, smart devices, or computers when supervising children.

Things for child care programs to consider:

- When children are taken off-site for water-related activities, ensure the field trip documentation clearly reflects the type of water activity the children will participate in (e.g., swimming, splash pad, etc.). Remember that written parental permission must be obtained prior to applying sunscreen on a child. A sample parental permission form can be found on the Department of Early Care and Learning's (DECAL) website at: http://dec.al.ga.gov/documents/attachments/AuthorizationtoDispenseExternalPreparations_CENTERS.pdf.

591-1-1-.35 Swimming Pools and Water-related Activities

(5) Additional Supervision. At least one (1) additional Staff member above the required Staff:child ratios for any water-related activity (such as swimming, fishing, boating, or wading) shall be available to rotate among the age groups as needed when any of the following circumstances are present: the majority of the children in a group are not accustomed to or are afraid of the water; the majority of the children in a group comprised of children who cannot swim a distance of 15 yards unassisted cannot touch the bottom of the water facility without submerging their heads; the water facility is particularly crowded; or the children have special needs which impact on their ability to participate safely in the water-related activity.

Rule Type: Non-Core Rule

Intent

To protect children from water-related accidents by increasing supervision during water-related activities.

Clarification

When children participate in water-related activities, the risk increases in proportion to the depth of the water, and as the number of active, playful children increases. There is also an increased risk to children whenever a majority of the children are fearful of the water, when children are not comfortable being around and in water, and when children who cannot swim are unable to touch the bottom of the pool. Additional supervision is essential to assist children and to ensure they are safe in the water.

Indicators

- ✓ Observe a water-related activity, if possible. Count the number of children and staff who are participating in the activity. Verify children's ages and swimming ability (if applicable) to determine the required ratio as specified by Rule 591-1-1-.35(3) or Rule 591-1-1-.35(4). Observe that at least one additional staff member is present if warranted due to the conditions specified by the rule.

Best Practices:

- Keep documentation of on-site swimming activities. For example, maintain swim logs which include the names of all staff and children who participate in the activity.
- Have additional staff present and available to assist with supervision when unexpected circumstances require additional staff due to the conditions specified by the rule.

Things for child care programs to consider:

- Document and maintain evidence of each child's swimming ability. A sample swim test form can be found on the Department of Early Care and Learning's (DECAL) website at:
<http://dec.al.ga.gov/documents/attachments/SwimTestForm.pdf>.

591-1-1-.35 Swimming Pools and Water-related Activities

(6) Parental Permission. No child shall participate in a swimming activity without the Parents' written permission.

Rule Type: Non-Core Rule

Intent

To ensure parents' awareness of the center's activities and to ensure the center has parental permission for children's participation in swimming activities.

Clarification

Written parental permission is required prior to children's participation in any swimming activities. It is recommended that detailed information regarding the center's supervision and staffing plan, the water facility to be used and the presence of an approved lifeguard is included in the parental permission information.

Indicators

- ✓ Observe a swimming activity, if possible. Check to ensure that written parental permission is on file for each child participating in the activity.
- ✓ Ask the Director and/or staff if children participate in swimming activities (i.e., if not observed). If so, check for written parental permission for any child who participates in the activities.
- ✓ Review documentation from the center's last off-site swimming activity, if applicable. Check to ensure the center had written parental permission for each child who participated in the activity.

Best Practices:

- Update parental permission forms for all children on a routine basis to ensure the permissions are current and accurately reflect the children's swimming abilities.
- Keep documentation of on-site swimming activities. For example, maintain swim logs which include the names of all staff and children who participate in the activity.

Things for child care programs to consider:

- Remember that written parental permission for swimming is part of a child's record and must be maintained on file for up to one year after a child disenrolls from the center.
- A sample swimming permission form can be found on the Department of Early Care and Learning's (DECAL) website at:
<http://dec.al.ga.gov/documents/attachments/SwimTestForm.pdf>

591-1-1-.36 Transportation

- (1) Transportation Requirements.** The transportation requirements that follow apply to all transportation provided by the Center, including transportation provided by any person on behalf of the Center, regardless of whether the person is employed by the License Center and regardless of whether a fee is charged for this service. Non-routine transportation, such as a Parent requesting that their child be picked up at school due to the Parents' work schedule or other conflicts, is also covered by these requirements, regardless of whether a fee is charged for this service or not. (Possible scenarios include, but are not limited to: contract services hired by the Center to provide transportation or another licensed facility providing transportation on the Center's behalf.)
- (2) Emergency Transportation.** A Center shall have available at all times both a licensed driver and a vehicle that meets the safety requirements contained in these rules or must have a plan approved by the Department for alternative emergency transportation.

Rule Type: Non-Core Rule

Intent

To ensure that children are safely transported during routine and non-routine transportation and emergency situations.

Clarification

Before assuming responsibility for the transportation of children, the center must have clear, accurate instructions and policies in place for all persons/entities who assume this role, regardless of whether a fee is charged. Each center should have a safe vehicle readily available for transportation in case of an emergency. If no vehicle is present, the center must have a plan for emergency transportation that has been approved by the Department. The plan should include detailed procedures that the center will take to transport children and staff during emergency situations.

Indicators

- ✓ Observe the center's emergency vehicle. If not observed, ask the Director about the center's plan for emergency transportation and/or review the emergency plan in the center's policies and procedures.

Things for child care programs to consider:

- It is acceptable for the center to use 911 for emergency transportation services. This alleviates the need for the center to have an emergency transportation vehicle on site.
- If a staff person's vehicle is used as the center's emergency vehicle, it must have a current annual safety inspection report on file and meet all other applicable laws.
- When emergency transportation is the only transportation provided by the center, transportation training is not required; however, it is recommended that emergency transportation staff obtain this training.

591-1-1-.36 Transportation

(3) Transportation Training. Child Care Learning Centers that provide any type of transportation shall obtain two (2) clock hours of state-approved or state-accepted transportation training, biannually, for the Director and for each Staff person responsible for or who participates in the transportation of children. The training shall include, but is not limited to, a review of the transportation rules, a review of approved transportation forms and procedures, and instruction on the usage and completion of the forms and procedures. This training may be counted as part of the annual training requirements for Staff.

- (a) The Director and each Staff person who is responsible for or who participates in the transportation of children shall complete two (2) clock hours of state-approved or state-accepted transportation training on or before June 30, 2015 and at least every two years thereafter.**
- (b) Effective July 1, 2015, the Director and each Staff person who will be responsible for or participate in the transportation of children shall have completed two (2) clock hours of state-approved or state-accepted transportation training prior to assuming any duties related to the transportation of children and at least every two years thereafter.**

Rule Type: Non-Core Rule

Intent

To ensure that all staff who participate in the transporting of children are properly trained on the Department's transportation rules, recordkeeping processes, policies and procedures.

Clarification

Directors, drivers, and any other staff who participate in transporting children (e.g., staff who sign transportation checklists, staff who ride the vehicle, etc.) for child care learning programs must obtain two clock hours of approved transportation training prior to performing any duties associated with the transportation of children. The transportation training must be approved by the Department and must cover administrative policies for transportation safety and the required procedures for transporting children as outlined in the Department's rules and regulations for child care learning centers. The transportation training must be retaken every two years to ensure that staff are trained on the most current rules and regulations. Documentation of transportation training must be maintained on file at the facility, and the training documentation/certificate should contain the trainer code and the training approval code.

Indicators

- ✓ Review transportation training documentation. Check to ensure the Director and each staff person who is responsible for or who participates in the transportation of children has obtained two hours of Department-approved training.
- ✓ Check transportation training documentation to ensure the training is current and has not expired.

Best Practices:

- While not required, it is beneficial for *all* staff to know the transportation rules and the safety procedures when transporting children. In the case of an emergency or transportation staff's absence, additional staff may be needed to assist with transportation. For these staff to help in an emergency or absence, they must have the proper transportation training to ensure children are transported safely.
- Clip copies of transportation training certificates together and store them in the transportation notebook/folder for easy tracking.
- Highlight the completion date on the training certificates as a reminder when staff must renew the training.
- Check the training certificates expiration dates every August, December, and May. Have anyone whose training is expiring before the next check to go ahead and take the renewal training needed.

Things for child care programs to consider:

- Access free online transportation training at the following link:
English Version: <https://gapds.decal.ga.gov/Training/Sessions/89735>

591-1-1-.36 Transportation

(4) Vehicle Safety. Vehicles used for transporting children shall be maintained as follows:

- (a) Annual Safety Check.** Each vehicle shall have a satisfactory annual safety check, completed by a trained individual, of at least: tires, headlights, horn, taillights, turn signals, brake lights, brakes, suspension, exhaust system, steering, windows, windshields and windshield wipers. A copy of a standard inspection report used by the Department or an equivalent shall be kept in the Center or on the vehicle and should include evidence of any repairs and/or replacements that were identified as needed on the inspection report.
- (c) Fire Extinguisher.** Each vehicle shall be equipped with a fire extinguisher maintained in working order and kept inaccessible to children.
- (d) Heater.** Each vehicle must have a functioning heating system.
- (e) Seats.** Seats must be securely fastened to the body of the vehicle.

Rule Type: Non-Core Rule

Intent

To ensure children are transported in a safe vehicle. To ensure that vehicles are equipped with an operable fire extinguisher and heater. To prevent sudden movement of seats that can result in accidental injury while a vehicle is in motion.

Clarification

Weekly cleaning and inspection of transportation vehicles by child care program staff helps to ensure that signs, lights, tires, and other safety features of the vehicle, such as coolant, brake fluid, and oil are checked and operating effectively. Centers must have transportation vehicles inspected yearly and must maintain documentation of these inspections. The annual vehicle safety inspection certification form can be found on the Department of Early Care and Learning's (DECAL) website at: <http://www.dec.al.ga.gov/documents/attachments/VehicleInspection.pdf>.

According to the National Fire Protection Association, 20% of all reported fires occur in a motor vehicle. Fires can break out for many different reasons. In rare cases, fires can start suddenly with no warning at all. A working fire extinguisher on each vehicle used for transportation can help stop the fire and protect the children and staff.

The heating system in the vehicle is designed to keep children warm, comfortable and safe when the temperature outside is cold. On vehicles used to transport children, the heating system must be in working order. Routine maintenance and inspections will help ensure the heating system is working properly.

Seats that are securely attached to the body of the vehicle ensure that children and staff are not thrown around or ejected from the vehicle. In addition, securely attached vehicle seats permit safety restraints, such as seat belts, car seats and booster seats to function properly.

Indicators

- ✓ Observe documentation of a current annual safety check inspection for each vehicle used for transporting children. Check for evidence of vehicle repairs and/or replacements if deficiencies or problems were noted/identified on the annual safety check inspection report.
- ✓ Check each transportation vehicle for a working fire extinguisher and a functioning heater. Observe the location of the fire extinguisher to ensure it is inaccessible to children.
- ✓ Check the seats in each transportation vehicle to ensure they are securely fastened to the body of the vehicle.

Best Practices:

- Monitor each transportation vehicle's fire extinguisher routinely to ensure the extinguisher is maintained in working order (i.e., fully charged, etc.).
- Staple receipts for vehicle repairs and/or replacements to the applicable annual safety check inspection report.
- Vehicles should be equipped with a seat belt cutter and a window breaking tool in the event of an emergency entrapment of a child or staff person caused by an accident. Both shall be kept inaccessible to children, but stored within reach (e.g., the console, storage area on driver side door, etc.) of the transportation vehicle's driver.
- At least one staff person present on the vehicle should have a functioning cell phone on hand in the event emergency assistance is needed.
- Maps of the areas traveled shall be kept in the vehicle(s) for cell phone service outages/interruptions.

Things for child care programs to consider:

- Secure fire extinguishers to ensure they do not pose a hazard. Children can trip on or over an unsecured fire extinguisher and/or it can become airborne during a collision.
- Tires should be inspected as part of the annual vehicle inspection conducted by a trained mechanic.

591-1-1-.36 Transportation

(4) **Vehicle Safety.** Vehicles used for transporting children shall be maintained as follows:

(b) **Interior.** Interior of a transportation vehicle must be clean and in safe repair and free of hazardous items, objects and/or other non-essential items which could impede the children’s access or egress from the vehicle or cause injury if the items were thrown about the vehicle as a result of a collision.

Rule Type: Core Rule

Intent

To protect children’s health and safety and to prevent injury.

Clarification

Weekly cleaning and inspection help to ensure that the vehicle’s interior is kept free of visible accumulation of soil and litter, and that any hazardous items are kept inaccessible to children. Loose items or objects (e.g., fire extinguishers, first aid kits, seat belt cutters, window breaking tool, tire irons, coolers, etc.) should be securely attached to prevent the items from becoming airborne during a collision and to prevent children from tripping on or over the items when entering and exiting the vehicle. Non-essential items such as cleaning supplies, brooms, plastic crates, etc. should always be securely stored and inaccessible to children.

Indicators

- ✓ Observe the interior of all transportation vehicles to ensure the vehicles are clean, in safe repair, and free of hazardous items. Check for non-essential items (e.g., cleaning supplies, brooms, plastic crates, etc.) that could hinder children’s safety.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.36(4)(b) - Interior of vehicle must be clean, in safe repair, free from hazardous objects	If vehicle is not on site during the visit	If program does not provide routine transportation or transportation for field trips	Isolated minor hazards: trash, dirt, candy wrappers, minor tear to seat *If TA documented on previous visit, move to Low Risk	Torn seat covers; Frayed or torn seat belts that are not in use; Trash or debris; Hazardous objects: first aid kit, jumper cables, brooms, etc. with <u>no</u> incident or injury	Serious/easily ingestible hazards (motor oil, antifreeze, wiper fluid, etc.) accessible with or without being handled by a child; Safety issues: missing mirrors, doors won't open, tools accessible (jack or tire iron, etc.) with or without an incident and/or injury with no medical attention or with medical attention as a precaution	Serious hazards accessible and handled or ingested with an incident and/or injury that required professional medical attention; Safety issues with an incident and/or injury that required professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Establish a plan for the routine cleaning of the center's transportation vehicles.
- Create a system for routinely checking each of the center's transportation vehicles. Staff who are assigned this responsibility should notice and report issues such as torn seats, exposed wiring, missing door handles, etc. and vehicles should be repaired when problems are noted.
- Check transportation vehicles for hazardous items before each trip and prior to children loading onto the vehicles.

Things for child care programs to consider:

- Remember that Duct tape is a temporary fix and should only be used until a permanent repair is made. When used, Duct tape must be monitored for fraying edges and exposed adhesive and replaced as needed.

591-1-1-.36 Transportation

(4) Vehicle Safety. Vehicles used for transporting children shall be maintained as follows:

(f) Child Passenger Restraints

- 1. All children transported in a vehicle provided by or used by the Center shall be secured in a child passenger restraining system or seat safety belt in accordance with current state and federal laws and regulations. The child passenger restraining system and seat safety belts must be installed and used in accordance with the manufacturer's directions for such system and used in accordance with the manufacturer's directions with respect to restraining, seating or positioning the child being transported in the vehicle.**
- 2. No vehicle used by the Center to transport children shall exceed the manufacturer's rated seating capacity for the vehicle. The Center shall maintain on file proof of the manufacturer's rated seating capacity for each vehicle used by the Center.**

Rule Type: Core Rule

Intent

To ensure compliance with state and federal legal requirements and manufacturer's guidelines. To ensure that children are transported in a safe manner by preventing them from being thrown about or ejected from a vehicle in case of a collision.

Clarification

According to the National Center for Health Statistics, motor vehicle crashes are the leading cause of death among children ages three to fourteen in the United States. The use of restraint devices, if used properly, reduces the likelihood of any passenger suffering serious injury or death, while riding in the vehicle, if the vehicle is involved in a crash. Examples of child passenger restraints could include any type of child safety seat (i.e., car seat, booster seat) or seat belts (i.e., lap belt, shoulder belt, or both).

It is imperative that car safety seats be installed and used according to the manufacturer's instructions. Since there are many different brands of appropriate seats, the facility should maintain the manufacturer's instructions for each type of seat used by the center. The best car safety seat is one that fits in the vehicle being used, fits the child being transported, has never been in a crash, and is used correctly every time. Child safety seats must be replaced if they have been recalled, are missing parts (i.e., the protective, cushioned covering), are past the manufacturer's expiration date or have been involved in a crash that meets the U.S. Department of Transportation crash severity criteria or the manufacturer's criteria for replacement of these car safety seats after a crash. Vehicles that were not manufactured with seat belts must have appropriate restraining equipment (usually a lap belt) required for proper use of child restraining systems (e.g., rear-facing only, convertible, high-back booster, etc.). Booster and high-back booster seats should never be used with only a lap belt as a restraint. It may be necessary to install seat belts for this purpose in older vehicles.

Wearing seat belts correctly is a simple yet life-saving habit. It is crucial to use them properly to ensure safety on the road. Over time, seat belts may wear thin and/or fray. Regularly inspect seat belts for damage/twisting and replace if

either are found. A twisted seat belt could reduce effectiveness and cause injury. Make sure the belt is flat against the body. Ensure the lower belt is positioned properly on the hips and not the stomach to avoid serious internal injuries. Always use both the lap and shoulder belts. Using only one part reduces the protection offered by seat belts.

Vehicles used for transportation must not exceed the manufacturer's rated seating capacity. Manufacturer installed seat belts are counted to determine the number of persons who can occupy the vehicle used for transportation. If the manufacturer's written instructions cannot be located, this information may be found at either the manufacturer's website or others such as www.edmunds.com.

Indicators

- ✓ Observe children on transportation vehicles, if possible. Check to ensure that all children are properly secured in a child safety seat and/or a seat safety belt as required by each child's age/weight and in accordance with state and federal laws and regulations. If unable to view child safety seats in use, ask the Director to draw a diagram of where each child is located on the transportation vehicle and the age of each child.
- ✓ Check the child safety seats and/or seat safety belts on each transportation vehicle to ensure they are installed and used properly (i.e., according to the manufacturer's directions), are in good repair, within the manufacturer's expiration date, and in working order.
- ✓ Observe evidence of the manufacturer's rated seating capacity for each transportation vehicle.
- ✓ Review the center's most recent field trip transportation checklist as well as the routine transportation checklists (current week and week prior) from one vehicle's route to ensure the manufacturer's rated seating capacity was not exceeded. Count the number of working seat belts on each vehicle to ensure the vehicle can safely accommodate the rated seating capacity. If possible, observe children on transportation vehicles and check for compliance with each vehicle's rated seating capacity.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.36(4)(f)1. - All children shall be secured in a child passenger restraining system or seat safety belt in accordance with applicable state and federal laws	If vehicle is not on site during the visit	If program does not provide routine transportation or transportation for field trips	If planning to provide transportation in the future	N/A	No restraints or not restrained in accordance with state and federal laws and/or torn or frayed seat belts in use with or without an incident and/or injury with no medical attention or with medical attention as a precaution; Expired child safety seat observed without incident or injury	No restraints or not restrained in accordance with state and federal laws and/or torn or frayed seat belts in use with an incident and/or injury requiring professional medical attention; Expired child safety seat observed with incident or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
.36(4)(f)2. - No vehicle shall exceed the manufacturer's rated seating capacity	Never (can be obtained from proof of the manufacturer's rated seating capacity)	If program does not provide routine transportation or transportation for field trips	If planning to provide transportation in the future	N/A	Exceeded vehicle seating capacity with or without an incident and/or injury with no medical attention or with medical attention as a precaution	Exceeded vehicle seating capacity with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- When possible, the center should purchase new child safety seats to be used for the transportation of enrolled children. This ensures the child safety seat has no prior history of damage and/or being involved in an automobile accident. Always register newly purchase child safety seats with the manufacturer to ensure the center is promptly notified of recall information.
- Maintain a copy of the manufacturer's information for each child safety seat used by the center. If parents provide the child safety seat, request a copy of the manufacturer's information to keep on file at the center.
- Develop a system for routinely checking vehicle seat belts and child safety seats to ensure they are maintained in good repair and working conditions.
- Develop a system for routinely monitoring child safety seats to ensure they are properly installed and are not past the manufacturer's expiration date.
- Vehicles should be equipped with a seat belt cutter and a window breaking tool in the event of emergency entrapment of a child or staff person caused by an accident. Both should be kept inaccessible to children, but stored within reach (e.g., the console, storage area on driver side door, etc.) of the transportation vehicle's driver.
- At least one staff person present on the vehicle should have a functioning cell phone on hand in the event emergency assistance is needed.
- Develop an evacuation plan for the transportation vehicle to ensure children are evacuated quickly and safely in the event of an emergency.
- Maps of the areas traveled shall be kept in the vehicle(s) for cell phone service outages/interruptions.
- Car seats and booster seats have expiration dates. Most expire 6-8 years after the manufacturer date and need to be replaced, even if they have not been in an accident. Ensure all staff members who participate in transportation know how to check this for any seat that will be used for program transportation, and so they can share the information with parents in their class also for home use vehicles.

Things for child care programs to consider:

- Identify which child passenger restraining system is appropriate for use based on the type of vehicle the center uses to transport children. Vehicle fact sheets can be found on the Department of Early Care and Learning's (DECAL) website under the Transportation section of the Child Care Learning Center forms page at: <http://www.dec.al.ga.gov/BftS/FormList.aspx?cat=Child%20Care%20Learning%20Center>
- Contact Safe Kids Georgia for assistance with installing child passenger restraining systems. Local Safe Kids Georgia coalitions can be found at the following link: <https://www.safekids.org/coalition/safe-kids-georgia>
- Additional information regarding child passenger restraining systems and their installation can be found at: <https://www.nhtsa.gov/equipment/car-seats-and-booster-seats#age-size-rec>

591-1-1-.36 Transportation

(4) Vehicle Safety. Vehicles used for transporting children shall be maintained as follows:

(g) Front Seat. There shall be no more than three (3) persons in the front seat of a transporting vehicle including the driver. Centers must follow applicable state and federal laws and regulations and the vehicle manufacturer's recommendations when children are allowed to sit in the front seat.

(h) Windows. No window, in a transporting vehicle, except that of the driver, shall be opened to more than fifty percent (50%) of its capacity at any time children are on board.

Rule Type: Non-Core Rule

Intent

To prevent overcrowding and distractions by children that may impede the driver's ability to operate the vehicle in a safe manner. To decrease the risk of children being thrown toward the windshield of a vehicle in case of a collision. To protect children from injury.

Clarification

The safest place for all infants and children under thirteen years of age is to ride in the back seat. Head-on crashes cause the greatest number of serious injuries. A child sitting in the back seat is farthest away from the impact and less likely to be injured or killed. Most cars, trucks and vans have air bags in the front seats. Air bags inflate at speeds up to 200 mph and can injure small children who may be sitting too close to the air bag or who are positioned incorrectly in the seat. Windows should not be lowered more than fifty percent (50%) to prevent children from climbing through and falling from windows.

Indicators

- ✓ Observe transportation (if possible) to ensure that no more than three persons are present in the front seat of the vehicle, including the driver. If not observed, ask the Director and/or staff (preferably the vehicle's driver) about the implementation of this rule.
- ✓ Observe the vehicle's windows as children are loaded/unloaded at the center, if possible. If not observed, ask the Director and/or driver about the implementation of this rule.

Best Practices:

- Although it is not required, it is recommended that vehicles used for transportation be equipped with air conditioning.

Things for child care programs to consider:

- Whenever possible, ensure that children are placed in seats other than the front seat of the vehicle.

591-1-1-.36 Transportation

(5) Staffing Requirements for Transportation of Children

- (a) **Driver.** Whenever the Center transports children for any reason, the driver of the vehicle shall be at least eighteen (18) years of age and possess a valid driver's license as required for the class of vehicle that the driver will be operating for the Center.

Rule Type: Non-Core Rule

Intent

To protect children's safety by ensuring that vehicles used to transport children are operated by persons who have been determined capable of holding a license to operate them.

Clarification

Transporting children is a significant responsibility. Centers must ensure that anyone who transports children is a licensed, responsible driver and able to respond appropriately to emergency situations. While drivers must be at least 18 years of age, centers have the option to adopt a more restrictive policy (e.g., requiring all drivers to be twenty-one years of age or older, etc.).

In Georgia, the driver must possess a commercial driver's license (CDL) when driving a vehicle that is designed to carry sixteen (16) or more passengers, including the driver. Regardless of the type of driver's license required, the center must maintain documentation of a current driver's license for each of its drivers.

Indicators

- ✓ Check the driver's license for each staff person who drives a vehicle during the transportation of children. Verify that each driver meets the age requirement and possesses a valid driver's license appropriate for the class of vehicle operated.

Best Practices:

- Develop a system for routinely checking the expiration dates on each driver's license to ensure a current license is on file.
- Maintain documentation/verification of each driver's license in his/her personnel file and/or with transportation records.
- Obtain a driving history report from the Georgia Department of Driver Services for each of the center's drivers to ensure each driver has a safe driving record. Obtain new reports on a routine basis to ensure safe driving records are maintained. Information about driving history reports can be found at:
<https://dds.georgia.gov/georgia-licenseid/general-license-topics/how-do-i-mvr-driving-history-reports>.

591-1-1-.36 Transportation

(5) Staffing Requirements for Transportation of Children

(b) Additional Staff. When the Center transports children for any reason, the following Staff:child ratios shall be maintained:

Driver + One (1) Staff Members [The additional Staff must be at least eighteen (18) years of age or older]

When transporting three (3) or more children under three years of age;
When seven (7) or more children under five (5) years of age occupy the vehicle;
When eighteen (18) or more children five (5) years of age or older occupy the vehicle.

Driver + Two (2) Staff Members [One (1) of the additional Staff members must be at least eighteen (18) years of age]

When eight (8) or more children under three (3) years of age occupy the vehicle with other children;
When more than twenty (20) children under five years of age occupy the vehicle with other children.

Rule Type: Core Rule

Intent

To protect children’s safety by ensuring that adequate staff are available to supervise and to protect children during transportation, particularly in case of an emergency.

Clarification

Direct supervision helps to protect children from harm during transportation activities. Drivers must be able to focus entirely on driving tasks, leaving the supervision of children to other adults. If younger children are being transported and/or the total number of children increases, additional staff members must be present on the vehicle to respond to children’s needs while traveling. This is especially important with young children who will be sitting near one another in the vehicle and may need care during the trip. One of the two additional staff persons required on the vehicle may be under eighteen (18) years of age when eight or more children under three years of age occupy the vehicle with other children (three years of age or older) or when more than twenty (20) children under five years of age occupy the vehicle with other children (five years of age or older).

Indicators

- ✓ Observe staffing on vehicles during transportation, if possible. Ask the Director and/or driver about children's ages (or check children's records) to ensure an adequate number of staff are present on the vehicle.
- ✓ Review the center's most recent field trip transportation checklist as well as the routine transportation checklists (current week and week prior) from one vehicle's route to determine the number of children and staff present on the vehicle. Ask the Director and/or driver about the children's ages (or check children's records) to ensure an adequate number of staff were present on the vehicle.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.36(5)(b) - Transportation ratios must be maintained: Driver + 1 Staff when: 3 or more child(ren) under age 3 7 or more children under age 5 18 or more children under age 5 Driver + 2 Staff when: 8 or more children under age 3 More than 20 children under age 5	No additional staff person(s) required by .36(5)(c)	If program does not provide routine transportation or transportation for field trips	If planning to provide transportation in the future	N/A	Additional required staff not present with <u>no</u> incident or injury	Additional required staff not present <u>with</u> an incident and/or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- The Director or designated staff person should conduct a routine spot check at least monthly of transportation procedures, with more frequent spot checks if concerns are present, to ensure every staff person responsible for transportation follows all transportation rules and safety procedures and completes all required transportation documentation accurately. If rules are not followed, the Director should provide guidance and oversight needed to ensure the necessary corrections are made immediately, including having the staff person repeat transportation training, if needed.

Things for child care programs to consider:

- Field trip chaperones as specified by Rule 591-1-1-.13(3) do not count as additional staff when meeting the transportation staffing requirement unless the chaperones are center staff members and meet the age requirements as specified by this rule.

591-1-1-.36 Transportation

(5) Staffing Requirements for Transportation of Children

(c) Staffing Requirements When Transporting More Than Thirty-Six (36) Children.

1. When more than thirty-six (36) children under five (5) years of age occupy the vehicle, the Staff:child ratios as stated in Rules 591-1-1-.32(1) and 591-1-1-.32(2) shall be met.

Rule Type: Non-Core Rule

Intent

To protect children's safety by ensuring that adequate staff are available to supervise and to protect children during transportation, particularly in case of an emergency.

Clarification

Direct supervision helps to protect children from harm during transportation activities. While drivers are included in staff:child ratios, they must be able to focus entirely on driving tasks leaving the supervision of children to other adults. When a large number of young children are transported, additional staff persons must be present on the vehicle to respond to children's needs while traveling. This is especially important with young children who will be sitting near one another in the vehicle and may need care during the trip.

NOTE: If a violation of this rule is observed/noted, the violation should be cited as a Core rule under one of the following (as determined by the ages of the children on the vehicle):

591-1-1-.32(1) - Staff:child ratios

591-1-1-.32(2) - Mixed age group staff:child ratios

Indicators

- ✓ Observe staffing on vehicles during transportation, if possible. Ask the Director and/or driver about the children's ages (or check children's records) to ensure an adequate number of staff are present on the vehicle.
- ✓ Review the center's most recent field trip transportation checklist as well as the routine transportation checklists (current week and week prior) from one vehicle's route to determine the number of children and staff present on the vehicle. Ask the Director and/or driver about the children's ages (or check children's records) to ensure an adequate number of staff were present on the vehicle.

Things for child care programs to consider:

- Although drivers are included in staff:child ratios during transportation, plan for ratio requirements to be met by staff other than the driver to help ensure children are properly supervised.

591-1-1-.36 Transportation

(5) Staffing Requirements for Transportation of Children

(c) Staffing Requirements When Transporting More Than Thirty-Six (36) Children.

- 2. When more than thirty-six (36) children five (5) years of age and older are transported with no children under the age of five (5) years, there shall be a minimum of two (2) Staff persons for the first thirty-six (36) children and there must be one additional Staff person for each additional twenty (20) children. This means a third Staff person would be required if transporting thirty-seven (37) to fifty-six (56) children five (5) years and older.**

Rule Type: Core Rule

Intent

To protect children's safety by ensuring that adequate staff are available to supervise and to protect children during transportation, particularly in case of an emergency.

Clarification

Direct supervision helps to protect children from harm during transportation activities. While drivers are included in staff:child ratios, they must be able to focus entirely on driving tasks leaving the supervision of children to other adults. As the number of children in the vehicle increases, additional staff persons must be present to respond to children's needs while traveling. This is especially important with children who will be sitting near one another in the vehicle and may need care during the trip.

Indicators

- ✓ Observe staffing on vehicles during transportation, if possible. Ask the Director and/or driver about the children's ages (or check children's records) to ensure staff:child ratios are met while transporting children.
- ✓ Review the center's most recent field trip transportation checklist as well as the routine transportation checklists (current week and week prior) from one vehicle's route to determine the number of children and staff present on the vehicle. Ask the Director and/or driver about the children's ages (or check children's records) to ensure an adequate number of staff were present on the vehicle.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.36(5)(c)2. - Ratios: More than 36 children five years and over: One additional Staff (in addition to driver and monitor) per 20 additional children transported required	If never transport more than 36 children on one vehicle at a time	If program does not provide routine transportation or transportation for field trips	If planning to provide transportation in the future	N/A	Transportation ratios not met with <u>no</u> incident or injury	Transportation ratios not met <u>with</u> an incident and/or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Things for child care programs to consider:

- Although drivers are included in staff:child ratios during transportation, plan for ratio requirements to be met by staff other than the driver to help ensure children are properly supervised.

591-1-1-.36 Transportation

(6) Parental Authorization. For routine transportation provided by the Center or on behalf of the Center, the child's Parent(s) must provide written authorization for the transportation and specify routine pick-up location, routine pick-up time, routine delivery location, routine delivery time and the name of any person authorized to receive the child.

Rule Type: Non-Core Rule

Intent

To ensure that parental permission is on file that provides clear instructions regarding transportation and the release of a child to authorized persons.

Clarification

Before assuming responsibility for the transportation of children, the center must have clear, accurate instructions from a child's parent. The center should use the details listed in the rule to ensure that a child is transported as authorized and instructed by his/her parent.

Indicators

- ✓ Review the routine transportation checklists (current week and week prior) from one vehicle's route and check to ensure the center has written parental authorization for each child who was transported. Check the authorizations to ensure they contain all required information as specified by the rule.

Best Practices:

- Create a system for routinely checking parental authorizations to ensure the center has written parental permission for each transported child and to ensure authorizations are up to date.

Things for child care programs to consider:

- A sample transportation authorization form can be found on the Department of Early Care and Learning's (DECAL) website at:
<http://dec.al.ga.gov/documents/attachments/TransportationAgreement.pdf>

591-1-1-.36 Transportation

(7) Transportation Plan. For all transportation conducted by the Center or on behalf of the Center, the following requirements shall be met:

- (a) Center and Passenger Information.** Each vehicle used to transport children shall contain current information including the full names of all children to be transported and each child's pick-up location, pick-up time, delivery location, alternate delivery location if a Parent is not at home and name of person authorized to receive each child. In addition, the vehicle shall contain current information identifying the Center's name and telephone number and the name of the driver of the vehicle.
- (b) Emergency Medical Information.** An emergency medical information record must be maintained in the vehicle for each child being transported. The emergency medical information record for each child shall include a listing of the child's full name, date of birth, 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 Parent(s) can be reached.

Rule Type: Core Rule

Intent

To ensure that children are transported in accordance with the parental agreement and that children are not lost, injured, or left behind at other locations or on the vehicle. To facilitate the handling of medical emergencies in case of an accident.

Clarification

It is important that children's contact and emergency information, as well as the center's information is available any time transportation services are provided. In the event of an accident or a missing child, both caregivers and emergency response personnel need access to this information. The passenger information on the vehicle should match the information on the written parental authorization.

Indicators

- ✓ Review the center's most recent field trip transportation checklist as well as the routine transportation checklists (current week and week prior) from one vehicle's route to ensure the required center and passenger information (as specified by the rule) was present on the vehicle.
- ✓ Check emergency medical information records for each child who was transported as determined by the indicator above. Review the records to ensure they contain all information as specified by the rule.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.36(7)(a) - Transportation Plan - Center & Passenger Information: Pick-up & delivery location & time, alternate delivery location, person authorized to receive the child, Center name, driver, and phone number	If transportation records not available for review *If this is the case, cite Staff .31(1)(a)	If program does not provide routine transportation or transportation for field trips	If planning to provide transportation in the future; Isolated instances of incomplete paperwork other than load/unload *If TA documented on previous visit, move to Low Risk	Missing paperwork for more than 20% of transported children; Incomplete transportation paperwork: Missing Center name, some children's pick-up or delivery information incomplete/missing, etc.	Missing/Incomplete paperwork with an incident and/or injury with no medical attention or with medical attention as a precaution	No passenger information and/or paperwork with an incident and/or injury requiring professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
.36(7)(b) - Emergency Medical Information: Maintained on vehicle for each child and includes: child's full name, date of birth, allergies, special medical needs and conditions, current prescribed medications, name and phone number of the child's doctor, the local medical facility that the Center uses and the telephone numbers where the Parent(s) can be reached	Transportation records not available for review *If this is the case, cite Staff .31(1)(a)	If program does not provide routine transportation or transportation for field trips	If planning to provide transportation in the future; Incomplete emergency medical information for 20% or less of transported children *If TA documented on previous visit, move to Low Risk	Incomplete emergency medical information for more than 20% of transported children; No emergency medical information for at least one transported child	Missing/Incomplete emergency medical information for all transported children with no incident or injury	No emergency medical information on the vehicle with an incident and/or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- At least one staff person present on the vehicle should have a functioning cell phone on hand in the event emergency assistance is needed.

Things for child care programs to consider:

- Sample passenger transportation checklists (school, home and field trip) and a sample vehicle emergency medical information form can be found on the Department of Early Care and Learning's (DECAL) website under the Transportation section of the Child Care Learning Center forms page at:
<http://www.dec.ga.gov/BftS/FormList.aspx?cat=Child%20Care%20Learning%20Center>

591-1-1-.36 Transportation

(7) Transportation Plan. For all transportation conducted by the Center or on behalf of the Center, the following requirements shall be met:

- (c) Passenger Transportation Checklists.** A passenger transportation checklist, provided by or in a format approved by the Department, shall be used to account for each child during transportation. A separate passenger checklist shall be used for each vehicle.
- 1. The first and last name of each child transported shall be documented on the passenger transportation checklist. Each child shall be listed individually; a sibling group shall not be listed as a single entry, for example, an entry of “Smith children” would be unacceptable.**
 - 2. The driver or other designated person shall immediately document in writing, with a check or other mark/symbol to account for each child listed on the passenger transportation checklist each time a child enters and exits the vehicle. The driver or other designated person shall document in writing with a different mark/symbol to account for each child listed on the passenger transportation checklist who was not present on the vehicle for any reason. An explanation shall be documented in writing whenever a child is transported to a field trip site but is not present on the return trip to the Center.**
 - 3. The driver or other designated Staff person shall also document in writing the dates and the departure/arrival times for all types of transportation on the passenger transportation checklist as follows: School Transportation – each time the vehicle departs from the Center, is loaded or unloaded at each school and when the vehicle returns to the Center. Home Transportation – each time the vehicle departs from the Center, arrives at the location where any child is picked up or dropped off and when the vehicle returns to the Center. Field Trip Transportation – each time the vehicle leaves the Center, arrives at a field trip destination, leaves a field trip destination, and returns to the Center.**
 - 4. The Staff person on the vehicle responsible for keeping the passenger transportation checklist shall give the completed passenger transportation checklist to the Director or the Director’s designated Staff person at the Center as set forth below: immediately upon return to the Center at the completion of the trip once the vehicle has been checked or the next business day following the completion of the trip if the vehicle did not return to the Center at the end of the trip or if the Center was closed when the vehicle returned.**

Rule Type: Core Rule

Intent

To ensure that children are properly supervised and accounted for when transported by the center. To ensure that essential information on each passenger transportation checklist is documented and readily available for the protection of the child(ren) and the center.

Clarification

The transportation checklist, whether for routine transportation or field trips, ensures that children are transported in accordance with the parental agreement and that they are not lost, injured, or left behind at other locations or on the vehicle. The center must ensure that the center's and passengers' information is complete and documented on the transportation checklist. All transported children must be checked on and off the vehicle or marked absent as indicated by the responsible person's documentation/mark on the transportation checklist. In addition, the date of transportation and children's departure/arrival times must be documented on the transportation checklist. The center's transportation plan should include procedures for the transfer of the transportation checklist from the responsible person to the center's director or the person in charge.

Indicators

- ✓ Observe transportation (if possible) to ensure children are checked on and off the vehicle as they enter and exit. Observe whether staff give the completed transportation checklist to the Director or the Director's designated staff person as specified by the rule. If transportation is not observed, ask the Director and/or the driver about transportation practices/procedures.
- ✓ Ensure the center has a passenger transportation checklist, provided by or in a format approved by the Department, that includes each child's first and last name, a place for children to be marked on and off the vehicle, dates and times of arrival and departure documented.
- ✓ Review the center's most recent field trip transportation checklist as well as the routine transportation checklists (current week and week prior) from one vehicle's route. Check to ensure that children have been accounted for and that all required information has been documented on the checklists as specified by the rules.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.36(7)(c) - Passenger Checklist: - Approved and complete checklist for each vehicle	Transportation records not available for review *If this is the case, cite Staff .31(1)(a)	If program does not provide routine transportation or transportation for field trips	If planning to provide transportation in the future; If using one checklist for multiple vehicles *If TA documented on previous visit, move to Low Risk	Unapproved transportation checklist being used resulting in missing components of documentation	No passenger checklist with or without an incident and/or injury with no medical attention or with medical attention as a precaution	No passenger checklist with an incident and/or injury that required professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.36(7)(c)1. - Passenger Checklist: - Checklist includes child's first and last name and children listed individually	Transportation records not available for review *If this is the case, cite Staff .31(1)(a)	If program does not provide routine transportation or transportation for field trips	If planning to provide transportation in the future	Missing/Incomplete checklist information: child(ren)'s complete name(s) OR each child not listed separately	N/A	N/A	N/A
.36(7)(c)2. - Passenger Checklist: - Checklist marked with mark or symbol to account for loading/unloading at each location	Transportation records not available for review *If this is the case, cite Staff .31(1)(a)	If program does not provide routine transportation or transportation for field trips	If planning to provide transportation in the future; Blanks on the checklist for children that were absent *If TA documented on previous visit, move to Low Risk	N/A	Checklist without load/unload documented with or without an incident and/or injury with no medical attention or with medical attention as a precaution	Checklist without load/unload documented with an incident and/or injury that required professional medical attention	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
.36(7)(c)3. - Passenger Checklist: - Dates and Arrival/departure time(s) for each location	Transportation records not available for review *If this is the case, cite Staff .31(1)(a)	If program does not provide routine transportation or transportation for field trips	If planning to provide transportation in the future	Missing/Incomplete checklist information: dates and arrival/departure time(s)	N/A	N/A	N/A
.36(7)(c)4. - Passenger Checklist: - Turned over to Director or Director's designated Staff person following completion of trip	Transportation records not available for review *If this is the case, cite Staff .31(1)(a)	If program does not provide routine transportation or transportation for field trips	If planning to provide transportation in the future	Checklist not turned over to person in charge	N/A	N/A	N/A

Best Practices:

- Use unique consistent characters/symbols on the transportation checklists to account for children's loading and unloading from the vehicle and to indicate when they are absent. For example, if the center's procedure is to use a check mark to account for children's loading and unloading, train all transportation staff to use check marks for that purpose instead of some other type of symbol.

Things for child care programs to consider:

- Remember that passenger transportation checklists must be in a format approved by the Department unless the center uses the Department's checklists.

- Sample passenger transportation checklists (school, home, and field trip) can be found on the Department of Early Care and Learning's (DECAL) website under the Transportation section of the Child Care Learning Center forms page at:
<http://www.dec.al.ga.gov/BftS/FormList.aspx?cat=Child%20Care%20Learning%20Center>

591-1-1-.36 Transportation

(7) Transportation Plan. For all transportation conducted by the Center or on behalf of the Center, the following requirements shall be met:

(c) Passenger Transportation Checklists.

5. Passenger transportation checklists shall be maintained as Center records for one (1) year.

Rule Type: Non-Core Rule

Intent

To aid the Department's evaluation of the safety of the center's transportation operations by ensuring that transportation checklist information is readily available when needed.

Clarification

Information regarding each transportation service must be kept at the center and made available upon request by the Department. Passenger transportation checklists consist of various documentation such as a child's full name, pick-up location, pick-up time, delivery location, alternate delivery location if a parent is not at home, an authorized person to receive each child, the center's name and telephone number, and the driver of each vehicle. This information is a basis for meeting transportation plan rule requirements.

Indicators

- ✓ Observe documentation of the center's passenger transportation checklists for the past twelve (12) months.

Best Practices:

- Create a filing system for maintaining passenger transportation checklists and store them in a central location.

591-1-1-.36 Transportation

(7) Transportation Plan. For all transportation conducted by the Center or on behalf of the Center, the following requirements shall be met:

- (d) Checking the Vehicle – To ensure that all children have been unloaded from transportation vehicles, regardless of whether the vehicle is equipped with a child safety alarm devices, the vehicle shall be thoroughly checked first by a designated Staff person who was present on the vehicle during the trip and then by a second designated Staff person, who may or may not have been present on the vehicle during the trip, to ensure that two checks of the vehicle have been completed.**

Rule Type: Non-Core Rule

Intent

To protect children's health and safety. To ensure that no child is left on a vehicle at the end of a transportation service.

Clarification

Children who are left unattended in a closed vehicle may die or be injured as a result of hypothermia, heatstroke or hyperthermia. Hypothermia can occur when a child's body temperature falls below 95 degrees Fahrenheit. Hyperthermia can occur in vehicles even if outside temperatures are mild. When the outside temperature reaches 60 to 70 degrees Fahrenheit, the inside of a vehicle can reach dangerous temperatures in as little as fifteen minutes. This rise in temperature is especially dangerous for young children. Because of this danger, vehicles should be checked twice after each use to make sure no child is left unintentionally in a vehicle. Child deaths in child care programs have occurred when children were mistakenly left in a vehicle by staff who thought that the vehicle was empty.

NOTE: If a violation of this rule is observed/noted, the violation should be cited as a Core rule under one or more of the following:

591-1-1-.36(7)(d)(1) - First check

591-1-1-.36(7)(d)(2) - Second check

591-1-1-.36(7)(d)(3) - Phone call to report check

Indicators

- ✓ Observe transportation, if possible, to ensure that staff complete the required checks of the vehicle. If not observed, review the center's most recent field trip transportation checklist as well as the routine transportation checklists (current week and week prior) from one vehicle's route and check to ensure the checklists contain documentation of a first and second check of the vehicle.

Best Practices:

- Review completed transportation checklists on a regular basis to ensure staff complete the checklists entirely as specified by the requirements of the transportation rules.
- At least one staff person present on the vehicle should have a functioning cell phone on hand in the event emergency assistance is needed.

Things for child care programs to consider:

- Sample passenger transportation checklists (school, home and field trip) can be found on the Department of Early Care and Learning's (DECAL) website under the Transportation section of the Child Care Learning Center forms page at:
<http://www.dec.state.ga.us/BftS/FormList.aspx?cat=Child%20Care%20Learning%20Center>

591-1-1-.36 Transportation

(7) Transportation Plan. For all transportation conducted by the Center or on behalf of the Center, the following requirements shall be met:

(d) Checking the Vehicle -

- 1. The first check shall be conducted immediately upon unloading the last child at any location including, but not limited to, a field trip destination, arrival at the Center, and the last stop during transportation to home or school. The responsible person on the vehicle shall: physically walk through the entire vehicle; visually inspect all seat surfaces, under all seats and in all compartments or recesses in the vehicle's interior; sign the passenger transportation checklist(s), indicating all of the children have exited the vehicle; and give the passenger transportation checklist(s) to the second designated Staff person.**
- 2. The second designated Staff person shall conduct a check of the vehicle immediately upon the completion of the first check of the vehicle. The responsible person shall: physically walk through the entire vehicle; visually inspect all seat surfaces, under all seats and in all compartments or recesses in the vehicle's interior; and sign the passenger transportation checklist(s), indicating all of the children have exited the vehicle. There shall be continuous watchful oversight of the vehicle between the first check and second check.**
- 3. If a second designated Staff person is not available to conduct a second check of the vehicle, the driver shall check the vehicle as follows: physically walk through the entire vehicle; visually inspect all seat surfaces, under all seats and in all compartments or recesses in the vehicle's interior; and sign the passenger transportation checklist(s), indicating all of the children have exited the vehicle, and then report by phone to the Director or designated Staff person that the check has been completed and no children remain on the vehicle. (Possible circumstances include, but are not limited to: the Center has closed when the driver returns with the vehicle; the driver is the only Staff person on the vehicle at the last destination during home, school or field trip transportation; the driver takes the vehicle home at the end of the day.) The time and verification of such telephone contact shall be immediately documented and signed on the passenger transportation checklist(s) by the driver.**

Rule Type: Core Rule

Intent

To protect children's health and safety. To ensure that no child is left on a vehicle at the end of a transportation service.

Clarification

Children who are left unattended in a closed vehicle may die or be injured as a result of hypothermia, heatstroke or hyperthermia. Hypothermia can occur when a child's body temperature falls below 95 degrees Fahrenheit. Hyperthermia can occur in vehicles even if outside temperatures are mild. When the outside temperature reaches 60 to 70 degrees Fahrenheit, the inside of a vehicle can reach dangerous temperatures in as little as fifteen minutes. This rise

in temperature is especially dangerous for young children. Because of this danger, vehicles should be checked twice after each use to make sure no child is left unintentionally in a vehicle.

Children must receive direct supervision when they are being transported, in loading zones, and when they get in and out of vehicles. Two checks of the vehicle are essential to ensure that no child is inadvertently left behind. Child deaths in child care programs have occurred when children were mistakenly left in a vehicle by staff who thought that the vehicle was empty. There must be a seamless transition between the first and second check of the vehicle and continuous watchful oversight. If a second staff person is not available to conduct a second check of the vehicle, the driver must check the vehicle, sign the passenger transportation checklist(s) indicating that all of the children have exited the vehicle, and then report by phone to the director or designated staff person that the check has been completed and no children remain on the vehicle. Documentation of the phone call must be made on the transportation checklist(s).

Indicators

- ✓ Observe transportation, if possible, to ensure staff complete the required checks of the vehicle as specified by the rule(s) and to ensure that the vehicle is under continuous watchful oversight between the first and second checks. If unable to observe transportation, ask the Director and/or staff about the center's transportation practices.
- ✓ Review the center's most recent field trip transportation checklist as well as the routine transportation checklists (current week and week prior) from one vehicle's route to ensure the checklists contain documentation of a first and second check of the vehicle.
- ✓ Ask the Director and/or the driver about the center's procedure when a second designated staff person is not available to conduct the second check of the vehicle.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.36(7)(d)1. - Checking the Vehicle - First Check: <ul style="list-style-type: none"> - 1st check must be completed immediately upon unloading the last child - Staff should physically walk through the vehicle - Visually inspect all seat surfaces, seats, compartments, etc. - Staff person checking, signs checklist - Give the checklist to the 2nd designated Staff person 	Transportation records not available for review *If this is the case, cite Staff .31(1)(a)	If program does not provide routine transportation or transportation for field trips	If planning to provide transportation in the future	Missing documentation of a first check of the vehicle and/or no signature on form, but Consultant observed check completed	First check of vehicle not completed and/or no signature on form to verify vehicle was checked with <u>no</u> incident or injury	First required check of vehicle not completed/no signature on form to verify check <u>with</u> an incident and/or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.36(7)(d)2. - Checking the Vehicle - Second Check: - 2nd Staff person will check the vehicle as required - Staff should physically walk through the vehicle - Visually inspect all seat surfaces, seats, compartments, etc. - Staff person checking, signs checklist - Provides watchful oversight during vehicle inspection	Transportation records not available for review *If this is the case, cite Staff .31(1)(a)	If program does not provide routine transportation or transportation for field trips	If planning to provide transportation in the future	Missing documentation of a second check of the vehicle and/or no signature on form, but Consultant observed check completed	Second check of vehicle not completed and/or no signature on form to verify vehicle was checked with no incident or injury; Second check of vehicle conducted, and a child was found immediately during a seamless transition between the first and second check	Second required check of vehicle not completed/no signature on form to verify check with an incident and/or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
.36(7)(d)3. - Checking the Vehicle - No 2nd person available: - Driver will check the vehicle as required - Report by phone to the Director or designated person in charge that check was completed - Document time and verification of phone contact on checklist - Sign checklist	Transportation records not available for review *If this is the case, cite Staff .31(1)(a)	If program does not provide routine transportation or transportation for field trips	If planning to provide transportation in the future	Vehicle check reported by phone, but call not documented	No check of vehicle was completed and/or no signature of check or phone call documentation with no incident or injury	No check of vehicle was completed and/or no signature of check or phone call documentation with an incident and/or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Best Practices:

- Review completed transportation checklists on a regular basis to ensure staff complete the checklists entirely as specified by the requirements of the transportation rules.
- At least one staff person present on the vehicle should have a functioning cell phone on hand in the event emergency assistance is needed.

Things for child care programs to consider:

- Sample passenger transportation checklists (school, home and field trip) can be found on the Department of Early Care and Learning's (DECAL) website under the Transportation section of the Child Care Learning Center forms page at:
<http://www.decals.ga.gov/BftS/FormList.aspx?cat=Child%20Care%20Learning%20Center>

591-1-1-.36 Transportation

- (8) Travel Restriction.** Unless accompanied by his or her Parent, no child shall be required to travel more than forty-five (45) minutes on each trip between the Center and destination point, excluding field trips.
- (11) Prohibited Methods of Transportation.** Children shall not be transported in vehicles, or parts thereof, which are not designed for the purpose of transporting people, such as but not limited to: truck beds, campers, or any trailers attached-to a motor vehicle.
- (13) The motor shall be turned off, the brake set and the keys removed whenever the driver leaves the vehicle.**

Rule Type: Non-Core Rule

Intent

To ensure realistic travel time that is in keeping with the tolerance level and well-being of the children being transported. To ensure that children are transported in a safe manner. To provide safety precautions that prevent children and other unauthorized persons from attempting to operate a vehicle.

Clarification

Lengthy trips can be tiring and boring for young children. It is unreasonable to expect young children to remain confined and seated in a vehicle for long periods of time. Centers must plan their routine transportation routes (i.e., before and after school routes, to and from home routes, etc.) to ensure that children are not riding in the vehicle for more than forty-five (45) minutes between their pick-up location and their delivery location. This requirement does not apply to field trip transportation.

Some vehicles (or parts thereof) are not designed to safely transport people, especially young children. Federal standards require that a vehicle's occupant compartment be designed to protect occupants during a crash. Pickup truck beds, utility trailers, etc. are designed to carry cargo, not people, and are not designed to provide protection in a crash. In addition, children and adults can be easily ejected from cargo areas at relatively low speeds as a result of a sharp turn.

Transportation vehicles should not be allowed to idle whenever the driver leaves the vehicle for any reason. When the driver leaves the vehicle, the motor must be turned off, the brake set and the keys removed to prevent the possibility of a child or another unauthorized person from starting and/or moving the vehicle.

Indicators

- ✓ Review the routine transportation checklists (current week and week prior) from one vehicle's route and check each child's pick-up and delivery time to verify that no child is riding in the vehicle for more than forty-five (45) minutes.
- ✓ Observe transportation vehicles to ensure each vehicle is designed for transporting people. If not observed, ask the Director and/or staff about vehicles used for transportation.

- ✓ Observe drivers as they exit transportation vehicles, if possible, to ensure they follow the safety precautions specified by the rule. If not observed, ask the drivers about their process for exiting the vehicle.

Best Practices:

- When home transportation is provided, remember to take into consideration how long each child will be in the vehicle (i.e., from the time the child boards until he/she exits the vehicle). Routes must be planned so that no child rides in the vehicle for more than 45 minutes.

Things for child care programs to consider:

- Sample school and home passenger transportation checklists can be found on the Department of Early Care and Learning's (DECAL) website under the Transportation section of the Child Care Learning Center forms page at:
<http://www.dec.state.ga.us/BftS/FormList.aspx?cat=Child%20Care%20Learning%20Center>

591-1-1-.36 Transportation

- (9) Center Responsibility.** The Center is responsible for the child from the time and place the child is picked up until the child is delivered to his or her Parent(s) or the responsible person designated by his or her Parent(s). A child shall not be dropped off at any location if there is no one present authorized to receive the child.
- (10) Supervision of Vehicles.** A child shall never be left unattended in a vehicle.
- (12) Transporting vehicles shall be parked or stopped so that no child will have to cross the street in order to meet the vehicle or arrive at a destination.**

Rule Type: Core Rule

Intent

To ensure proper supervision and protection of children. To ensure children are not lost or placed in the hands of unauthorized persons during transportation.

Clarification

The transportation of children is a high-risk activity and requires careful planning, and proactive and protective measures to ensure children's safety. During transportation activities, the driver or another staff person on the vehicle must ensure that each child is only delivered to his/her parent or to the person authorized by the parent on the child's written transportation authorization/agreement. The center must have a policy for situations when the authorized person is not present or available to receive the child, and this policy should be communicated to parents prior to the start of transportation services.

Parents have an expectation that their children will be supervised while in the center's care. This includes during transportation activities. Children should be supervised by a staff member at all times, even when buckled into seat restraints. No child of any age should be left unattended in a vehicle due to the potential danger of the child leaving the vehicle, taking the vehicle out of gear or taking the parking brake off, being taken from the vehicle by an unauthorized person, or dying from heat stress in a hot vehicle. Children have died when center staff mistakenly left them in vehicles, thinking the vehicle was empty.

Children should not be exposed to the danger of street traffic when loading and unloading from a transportation vehicle since injuries and fatalities can occur during this process. Children should be loaded and unloaded from curbside, or in a safe, off-street area out of the flow of traffic to protect them from all traffic hazards.

Indicators

- ✓ Review the routine transportation checklists (current week and week prior) from one vehicle's route and compare the information on the children's parental authorizations. Check to ensure that children are delivered to authorized locations and to authorized persons. Ask the Director and/or the vehicle's driver about the center's policy when there is no authorized person to receive a child during transportation drop off.

- ✓ Observe transportation, if possible, to ensure that children are supervised by staff when present on the vehicle. If not observed, ask the Director and/or the vehicle's driver about the center's supervision practices when children are present on the vehicle.
- ✓ Observe transportation, if possible, to ensure the vehicle is stopped and/or parked to allow for children's safe loading and unloading. Check to ensure the route from the vehicle to the center is safe. If not observed, ask the Director and/or the vehicle's driver about the vehicle's position when children are picked up and dropped off.

Core Rule Severity Levels

Child Care Learning Center Core Rules	NE	NA	TA	Low Risk	Medium Risk	High Risk	Extreme
.36(9) - Child shall not be dropped off at any location if there is no one present authorized to receive Child	If not observed during the visit; If haven't participated in transportation of any kind since last visit or since transportation of any kind was last evaluated	If program does not provide routine transportation or transportation for field trips	If planning to provide transportation in the future	N/A	N/A	Child(ren) dropped off at location where there was no one present authorized to receive the child	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
.36(10) - Child(ren) shall never be left unattended in a vehicle	If not observed during the visit; If haven't participated in transportation of any kind since last visit or since transportation of any kind was last evaluated	If program does not provide routine transportation or transportation for field trips	If planning to provide transportation in the future	N/A	N/A	Child(ren) left on a vehicle unattended	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation
.36(12) - No child shall have to cross street in order to meet the vehicle or arrive at a destination	If not observed during the visit; If haven't participated in transportation of any kind since last visit or since transportation of any kind was last evaluated	If program does not provide routine transportation or transportation for field trips	If planning to provide transportation in the future	N/A	Child must cross street in order to meet the vehicle or arrive at destination with <u>no</u> incident or injury	Child must cross street in order to meet the vehicle or arrive at destination <u>with</u> an incident and/or injury	Incident resulting in death, extreme or permanent injury or gross negligence that indicates a deficiency in program operation

Things for child care programs to consider:

- Drivers should familiarize themselves with all transportation routes to ensure that no child has to cross the street to enter or exit the vehicle.

591-1-1-.37 Inspections and Investigations

The Department is authorized and empowered to conduct on-site inspections and investigations of Centers.

- (a) Inspections and Investigations. The Department may conduct inspections and investigations in the following instances:**
- 1. At regular intervals as the Department may determine or at the expiration of the current License or Permit;**
 - 2. Upon receiving a report alleging child abuse, neglect or deprivation which occurred while the child was in the care of the Center Director, Provisional Employees or Employees;**
 - 3. Upon receiving a complaint concerning the Center which could endanger the health, safety or welfare of the children in care;**
 - 4. Upon receipt and review of a request for an amended License where the Department determines that an on-site inspection is advisable;**
 - 5. Upon the Department or its duly authorized representative being made aware of any flagrant abuses, derelictions or deficiencies during the course of the inspection or at any other time. The Department shall immediately investigate such matters and may make an on-site inspection so as to take such actions as conditions may require;**
 - 6. Subsequent to the receipt of a Plan of Correction, as determined necessary by the Department to monitor whether the Plan of Correction is being complied with by the Center Personnel.**
- (b) Consent to Entry. An application for a License or Permit to operate a Center or issuance of a License or Permit by the Department constitutes consent by the applicant, the proposed holder of the License or Permit and the owner of the premises for the Department's representative, after displaying identification to any Center Staff, to enter the premises at any time during operating hours for the purpose of inspecting the facility, including both scheduled and unscheduled inspections and includes consent for meaningful access to all Staff, all parts of the premises, all children present and all records, to include but not limited to, audio, video, photos, written documentation, social media posts, and other electronic information. The Department shall have the right to a photocopy or reproduction of any record maintained by or on the behalf of the Center as needed for any inspection or investigation.**
- (c) Failure to Allow Access. Failure to allow access of the Department's representative to the Center, Center Staff, the children receiving care at the Center or the records, maintained by or on behalf of the Center, to include but not be limited to, audio, video, photos, written documentation, social media posts, and other electronic information shall constitute good cause for the denial, restriction, revocation or suspension of a License, Permit or commission.**
- (d) Failure to Cooperate. The proposed and current License Holder, Permit Holder or commission holder and Staff shall cooperate with any inspection or investigation by responding truthfully to any legitimate departmental inquiry. Failure to cooperate with a Department inspection or investigation shall constitute good cause for the denial, restriction, revocation or suspension of a License, Permit or commission.**

(e) False or Misleading Statements. No License Holder, Permit Holder or commission holder shall make or condone any Staff making false or misleading statements to the Department in connection with any authorized investigation or inspection being conducted by the Department.

Rule Type: Non-Core Rule

Intent

To make centers aware of the Department's right to enter the premises and access all records during business hours to conduct inspections and investigations. To inform all individuals associated with the ownership and operation of the center of their responsibility to provide accurate and truthful information to the Department at all times. To inform center staff of the Department's right to copy and/or reproduce all records kept or used by or on the behalf of the center while conducting inspections and investigations.

591-1-1-.38 Enforcement and Adverse Actions

- (1) Enforcement and Adverse Actions.** Under Georgia law, the Department, after considering the seriousness of the violation(s), including but not limited to the circumstances, extent and gravity of the prohibited act(s), the severity of the rule violation, the duration of non-compliance, the License Holder's prior Licensure or history, the voluntary reporting of the violation(s) for which an Adverse Action is being imposed and the hazard(s) or potential hazard(s) to the health or safety of the public, may take any of the following actions when a Center, Permit Applicant or License Applicant violates any of the rules for Child Care Learning Centers:
- (a) Refuse to grant a License or Permit;**
 - (b) Administer a public reprimand;**
 - (c) Suspend any License or Permit;**
 - (d) Prohibit any License Applicant, License Holder, Permit Applicant or Permit Holder from allowing a person who previously was involved in the management or control of any program which has had its License or Permit revoked or denied within the past 12 months to be involved in the management or control of such program;**
 - (e) Revoke any License or Permit;**
 - (f) Impose a fine, not to exceed a total of \$25,000, of up to \$500 per day for each violation of the law, rule, regulation or formal order related to the initial or ongoing licensing requirement of any program. If any violation is a continuing one, each day of such violation will constitute a separate violation for the purpose of computing the applicable enforcement fine;**
 - (g) Impose a late fee of up to \$250 for failure of a program to pay the annual License fee within 30 days of the due date;**
 - (h) Limit or restrict any License or Permit, including but not limited to, restricting some or all services of or admissions, into a Center;**
 - (i) Seek an injunction against an early care and education program operating without a License or Permit or in willful violation of these rules;**
 - (j) Make application for an inspection warrant to a court of competent jurisdiction to gain entry into a Center that is believed to be subject to licensure;**
 - (k) Order the emergency placement of a monitor or monitors in a Center at the expense of the Center; and**
 - (l) Order the emergency closure of a Center.**
- (2) Adverse Actions Subject to the Compliance and Enforcement Chart.** In the majority of cases when a rule violation is found, the Department will determine the appropriate action in accordance with the Compliance and Enforcement Chart below. A Center will receive points based on the frequency and severity of citations and will land in the corresponding box. Accordingly, Prevention, Intermediate or Closure Actions will be imposed as outlined in the Enforcement Categories, Levels and Action chart below. The Department will

consider mitigating and aggravating factors to determine which action is appropriate and will have sole discretion in making this determination. The guidelines for determining the Violation History Level and Violation Class shall be posted on the Department website and updated as needed. Note that if a rule violation is not found, the chart will not be applied, and no citations will be issued.

COMPLIANCE AND ENFORCEMENT CHART

V I O L A T I O N C L A S S	Incident results in or could result in:	VIOLATION HISTORY LEVEL			
		I 0 Points	II 1-3 Points	III 4-9 Points	IV 10 + Points
	D Extreme Harm or Risk of Harm Imminent Danger	I3-C D D			
	C High Harm or Risk of Harm	CI I1-I2 GS	CII I1-I3 S	CIII I2-C D	CIV I3-C D
	B Medium Harm or Risk of Harm	N/A	BII P2-P3 GS	BIII I1-I2 S	BIV I2-C D
	A Low Harm or Risk of Harm	AI P1-P2 GS	AII P1-P3 GS	AIII P2-P3 GS	AIV I1-I2 S

ENFORCEMENT CATEGORIES, LEVELS AND ACTIONS		
PREVENTION ACTION CATEGORY (P)	INTERMEDIATE ACTION CATEGORY (I) (Includes Citation and Prevention Actions)	CLOSURE ACTION CATEGORY (C) (Includes Citation and Prevention and/or Intermediate Actions)
Prevention 1 (P1)	Intermediate 1 (I1)	Closure (C)
Technical Assistance	Fine	Suspension of License (More than 1 week)
Prevention 2 (P2)	Intermediate 2 (I2)	Revocation of License
Citation	Per Rule Fine	Emergency Closure
Prevention 3 (P3)	Per Day Fine	
Formal Notice Letter	Intermediate 3 (I3)	
Office Conference	Public Reprimand	
	Fine and Restrictions	
	Restricted License	
	Restricted License & Per Rule/Per Day Fine	
	Emergency Monitor & Per Rule/Per Day Fine	
	Short-term Suspension (Less than 1 week)	

- (3) Adverse Actions Not Subject to the Compliance and Enforcement Chart. In the event that any of the rule violations described below are identified, the Department will not apply the Compliance and Enforcement Chart, but will take Adverse Action as follows:**
- (i) The Department shall refuse to issue a License or shall otherwise restrict a License or Permit for any applicant who has had a License denied, suspended or revoked within one year of the date of the application.**
 - (ii) The Department shall refuse to issue a License or shall otherwise restrict a License for any applicant, alter ego or agent of the applicant who has transferred ownership or governing authority of a program when such transfer was made in order to avert payment of an enforcement fine, denial, revocation or suspension of such License.**
 - (iii) The Department shall refuse to issue a License upon a showing of non-compliance with rules and regulations, flagrant and continued operation of an unlicensed facility, or failure to pay the License fee.**
 - (iv) The Department shall refuse to issue a License or Permit if the applicant or the operation or management of a Center knowingly or intentionally makes or causes another to make any false statement of material information in connection with the application for a License or Permit, or in statements made, or on documents submitted to the Department as part of an inspection, survey, or investigation, or in the alteration or falsification of records maintained by the early care and education program.**
 - (v) The Department shall refuse to issue a License or Permit if the applicant or Center fails to provide the Department with information pertinent to an investigation, or the initial or continued licensing of a program within the time specified by the formal notice provided by the Department.**
 - (vi) The Department shall refuse to issue a License or Permit if a Center repeatedly fails or refuses to allow the Department access to the Center for the purpose of determining whether the Center is in compliance with these rules.**
 - (vii) The Department shall refuse to issue a License or Permit if a Center knows or should reasonably know that any actual or potential Director, Employee (including Independent Contractors, Students-in-Training, and Volunteers) or Provisional Employee has a Criminal Record, an unsatisfactory Fingerprint Records Check Determination or an unsatisfactory Comprehensive Records Check Determination and allows such individual to either reside at the Center or be present at the Center while any Child is present for care.**
 - (viii) The Department may revoke a License or Permit if a Center displays a multi-year pattern of failure to correct a Correctable Abuse, Dereliction or Deficiency in the operation or management of a Center within a reasonable time after having received notice from the Department.**
 - (ix) The Department shall revoke a License or Permit if a Non-correctable Abuse, Dereliction or Deficiency exists in the operation or management of the Center.**
 - (x) The Department shall revoke a License if a Center fails to pay the annual License fee within a reasonable time after the Department provides formal notice of such fee.**
 - (xi) The Department shall revoke a License or Permit if a Center knows or should reasonably know that any actual or potential Director, Employee (including Independent Contractors, Students-in-Training, and**

Volunteers) or Provisional Employee has a Criminal Record, an unsatisfactory Fingerprint Records Check Determination or an unsatisfactory Comprehensive Records Check Determination and allows such individual to either reside at the Center or be present at the Center while any Child is present for care.

- (xii) The Department shall revoke a License or Permit if a Center knowingly or intentionally violates other provisions relating to Criminal Records or Comprehensive Background Checks.**
- (xiii) The Department shall revoke a License if a Center fails to pay an enforcement fine within the time specified by the formal notice provided by the Department.**
- (xiv) The Department shall revoke a License or Permit if the operation or management of a Center knowingly or intentionally makes or causes another to make any false statement of material information in connection with the application for a License or Permit, or in statements made, or on documents submitted to the Department as part of an inspection, survey, or investigation, or in the alteration or falsification of records maintained by the early care and education program.**
- (xv) The Department shall revoke a License or Permit if a Center fails to provide the Department with information pertinent to an investigation, or the initial or continued licensing of a program within the time specified by the formal notice provided by the Department.**
- (xvi) The Department shall revoke a License or Permit if a Center repeatedly fails or refuses to allow the Department access to the Center for the purpose of determining whether the Center is in compliance with these rules.**

(4) Rights and Responsibilities of a License Holder or Permit Holder

- (i) A License Holder or Permit Holder has the right to submit a written statement within ten (10) days of the receipt of notice of the Departmental intent to impose an Adverse Action as to why the Department should not take the Adverse Action. If the licensee submits a written statement, it will be placed in the facility's state file.**
- (ii) The imposition of any Enforcement Action by the Department shall not preclude the Department from taking any additional action authorized by law or regulation.**
- (iii) Right to a Hearing. The Department's Enforcement Actions shall be preceded by a notice and opportunity for a hearing and shall constitute a contested case in accordance with the Georgia Administrative Procedure Act, O.C.G.A. § 50-13-1 *et seq.*, except that only thirty (30) days' notice in writing from the Commissioner's designee shall be required prior to License or Permit revocation except that the hearing held relating to such action by the Department may be closed to the public if the hearing officer determines that an open hearing would be detrimental to the physical or mental health of any child who will testify at that hearing.**
- (iv) The notice of revocation, suspension or restriction of a License or Permit becomes effective thirty (30) days from the day of notice unless the License Holder or Permit Holder requests a hearing. A request for a hearing must be made in writing within ten (10) days of receipt of the notice of revocation, suspension or restriction.**
- (v) Payment of an enforcement fine must be made within thirty (30) days of receipt of the notice, unless otherwise specified in writing by the Department.**

- (vi) The notice of the emergency closure of a Center becomes effective upon delivery of the order, unless otherwise provided in the order. A request for a hearing must be made in writing within 48 hours, excluding weekends and holidays, from the receipt of the emergency order.**
- (vii) When the Department issues a revocation or emergency order that is based upon health and safety rule violations, the following actions shall be taken:**
- 1. the Department shall both hand-deliver and send the formal notice to the Center by certified or registered mail;**
 - 2. the Center shall post the formal notice in an area that is visible to the Parents and others whose children attend the Center;**
 - 3. the Department shall provide a brief notice of revocation or emergency action to the Center; and**
 - 4. the Center shall distribute the brief notice to all Parents or persons authorized to pick up children from care for the Parents.**
- (h) When the Department issues a revocation or emergency order that is not based upon health and safety rule violations, the Department shall either hand-deliver or send the formal notice or both to the Center by certified or registered mail.**
- (i) The Department may post any notice of any Adverse Action on the Department's website.**
- (j) The Department may share any notice of any Adverse Action and any information pertaining thereto with any other agencies which may have an interest in the welfare of the children in care at the Center.**
- (k) When the Department has issued a notice of revocation or emergency order required to be posted in accordance with these rules, the Center shall ensure that the notice continues to be visible to the Parents and others throughout the pendency of the revocation or emergency action, including throughout any appeal period.**
- (l) When the Center transports children in care to and from the Center and Parents do not come to the Center on a regular basis, the Center shall send home copies of the brief notice of the revocation or emergency action with the children on the day that it is delivered by Department.**
- (m) When the Department has issued a notice of revocation or emergency order required to be posted in accordance with these rules, the Center shall post any inspection reports that are prepared by the Department during the pendency of any revocation or emergency action in an area that is readily visible to the Parents and others.**
- (n) A Center shall not permit the removal or obliteration of any notices of revocation, emergency action, resolution, or inspection survey report posted on the premises of the Center during the pendency of any revocation or emergency action.**

Rule Type: Non-Core Rule

Intent

To inform license and permit holders of penalties for non-compliance with licensing rules and to explain their rights and responsibilities upon the Department's issuance of an adverse action.

591-1-1-.39 Waivers and Variances

The Department may, at its discretion, grant waivers and variances of specific rules upon application or petition being filed on forms provided by the Department. The Department may establish conditions which must be met by the Center in order to operate under the waiver or variance granted. Waivers and variances may be granted in accordance with the following considerations:

- (a) Variance. A variance may be granted upon a showing by the applicant or petitioner that the particular rule or regulation that is the subject of the variance request should not be applied as written because strict application of the rule would cause undue hardship. The applicant or petitioner must also show that adequate standards affording protection for the health, safety and care of the children exist and will be met in lieu of the exact requirements of the rule or regulation in question.**
- (b) Waiver. The Department may dispense entirely with the enforcement of a rule or regulation by granting a waiver upon a showing by the applicant or petitioner that the purpose of the rule or regulation is met through equivalent standards affording equivalent protection for the health, safety and care of the children.**
- (c) Experimental Variance or Waiver. The Department may grant waivers and variances to allow experimentation and demonstration of new and innovative approaches to delivery of services upon a showing by the applicant or petitioner that the intended protections afforded by the rule or regulation which is the subject of the request are met and that the innovative approach has the potential to improve service delivery.**

Rule Type: Non-Core Rule

591-1-1-.40 Severability

In the event that any rule, sentence, clause or phrase of any of these rules and regulations may be construed by a court of competent jurisdiction to be invalid, illegal, unconstitutional or otherwise unenforceable, such determination or adjudication shall in no manner affect the remaining rules or portions thereof. The remaining rules or portions thereof shall remain in full force and effect as if such rule or portions thereof so determined, declared or adjudged invalid or unconstitutional were not originally a part of these rules.

Rule Type: Non-Core Rule

591-1-1-.46 Exemptions

(1) All programs providing group care for children shall obtain either a License, Permit or a commission for an early care and education program or an exemption from the Department, as applicable. Any person or entity operating or planning to operate a program that meets the criteria for exemption from licensure, as listed below, shall either apply to the Department for exemption by submitting the Department's online application for exemption or complete an online self-assessment through the Department, whichever is applicable.

(a) Requirements for Exemption Applications.

- 1. The following exemption categories are required to complete an online application for an exemption through the Department: Category (1) – Government Owned and Operated, if receiving Childcare and Parents Services (CAPS), Category (5) – Licensed Faith Based Accredited or Religious Schools, and Category (7) – Day Camp Programs or School Breaks for School-Aged Children, if receiving Childcare and Parent Services (CAPS). The application for exemption shall include the following:**
 - (i) A valid and current e-mail address,**
 - (ii) A written description of services, fees, ages of children to be served, months, days, and hours of operation and location,**
 - (iii) Verification documentation of ownership type (e.g., Inc. or LLC, board sponsored, individual owner, etc.)**
 - (iv) Copies of written policies, advertisements, parental agreement forms, and other materials to support the criteria for exemption as determined by the Department.**
 - (v) A sworn statement that the information provided to the Department is accurate and truthful.**
- 2. The exemptions granted by the Department are exemptions from licensure, and do not affect the authority of local, regional or state health department officials, the state fire marshal, local fire prevention officials, local or regional building officials or zoning officials to inspect and approve facilities and locations. Programs operated in a residence are not eligible for exemption. Additionally, the exemption is only valid at the address listed on the application.**
- 3. A program granted an exemption shall post in a prominent place near the front entrance of the facility both a copy of the exemption approval letter issued by the Department and a notice provided by the Department that will notify a Parent that the program is not licensed and is not required to be licensed by the state. The notice shall be at least ½ inch letters and shall contain the Department's telephone number and website address.**
- 4. A program approved for exemption shall maintain attendance records for children. When a Parent initially registers a child with an exempt program, the Parent shall sign a form indicating the Parent has been advised and understands that the program is not licensed and is not required to be licensed by the state. The program must maintain the attendance records and parental notification forms during the time the child is enrolled in the program and for one year after the child no longer attends the program. All records shall be made available to any authorized representative of the Department upon request.**

- 5. Any program granted an exemption from licensure that subsequently loses accreditation, closes and/or ceases operation shall notify the Department in writing within five (5) business days of such a change. A program granted an exemption that has subsequent material changes in the operation of their program, such as, but not limited to, a change of physical location, a change in operating months, days, and/or hours, or a change in the ages served shall be required to submit a new application for exemption to the Department.**
- 6. Programs granted an exemption may be required to periodically update the Department on the status of their exemption and operating information such as but not limited to submitting an annual report that would contain information related to the exemption approval.**
- 7. The Department may rescind an approval for exemption when one or more of the following is determined by the department:**
 - (i) The program no longer meets the criteria for the exemption.**
 - (ii) The program provided false information during the exemption request process or during an investigation.**
 - (iii) The program failed to comply with local, regional, and state health department, fire marshal, fire prevention, and building/zoning guidelines/requirements.**
 - (iv) The program failed to provide the Department with a valid and current e-mail address or with other information requested by the department, such as but not limited to, the months, days, and hours of operation, ages of children served and operating address.**
- 8. A program granted an exemption from licensure that receives funding under the Childcare and Parent Services (CAPS) program must comply with the background check requirements as outlined in Rule 591-1-1-.09, Criminal Records and Comprehensive Background Checks.**

(b) Requirements for Exemption Self-Assessments

- 1. The following exemption categories shall complete an online self-assessment through the Department: Category (2) – National Membership School Aged, Category (3) – Private Schools, and Category (4) – Short Term Care. In addition, Category (1) – Government Owned and Operated and Category (7) – Day Camp Programs or School Breaks for School-Aged Children that will not participate in the Childcare and Parent Services (CAPS) program, shall also complete a self-assessment.**
- 2. Programs that self-assess, do not affect the authority of local, regional, or state health department officials, the state fire marshal, local fire prevention officials, local or regional building officials or zoning officials to inspect and approve facilities and locations. Programs operated in a residence are not eligible for self-assessment. Additionally, the self-assessment is only valid at the address listed and for the services indicated.**
- 3. A program that completes a self-assessment and deems itself exempt but has subsequent material changes in the operation of the program, such as, but not limited to, a change of physical location, a change in operating months, days, and/or hours, or a change in the ages served, shall complete a new self-assessment.**

(c) Exemption Categories. The following types of programs shall be exempt from licensure:

- 1. Category (1) – Government Owned and Operated.** Programs which are owned and operated by any department or agency of state, county, or municipal government. This includes, but is not limited to, the customary school day, as defined in Georgia law, and before- and/or after-school programs in public schools operated by the public school system and staffed with school system employees, recreation programs operated by city or county parks and recreation departments and staffed with city or county employees, and charter schools that operate under the terms of a charter or contract, with an authorizer, such as the state and local boards of education in accordance with the Charter Schools Act, O.C.G.A. § 20-2-2060 *et seq.*, and is recognized by the State Charter Schools Commission of Georgia.
- 2. Category (2) – National Membership School-Aged.** Any program or facility providing care for school-aged children that is operated by, or in affiliation with a national membership non-profit organization that was created for the purpose of providing youth services and youth development, that charges a membership fee for children and may receive monthly, weekly, or daily fees for services. Such program or facility holds membership in good standing and is certified by its national association as complying with the association's purposes, procedures, minimum standards, and mandatory requirements.
- 3. Category (3) – Private Schools.** Private school programs that meet one or more of the following:
 - (i)** A private, either accredited or non-accredited, educational program which provides education in any grades from kindergarten through 12th grade, that operates during the school term for the customary school day, as defined by Georgia law, but that does not provide care before, after, or both before and after the customary school day.
 - (ii)** A non-accredited private educational program which provides education in any grades from kindergarten through 12th grade, and which provides care before, after, or both before and after the customary school day, as defined in Georgia law, to its students as an auxiliary service.
 - (iii)** An accredited private educational program with an established curriculum for four-year-old children for the customary school day, as defined in Georgia law, that are not part of a full day Child Care Learning Center and are an integral part of an accredited private educational program that provides elementary or secondary instruction or both, providing the accreditation specifically covers these ages; any before and/or after school hours for four-year-old children who attend such a program as described above, provided the children do not leave the premises of the accredited private educational program and the program is staffed with employees of that private school.
- 4. Category (4) – Short Term Care.** A program serving children for no more than four (4) hours a day, excluding before and after school care. This may include part-time preschool, parent's morning or night out, short-term educational or recreational classes, or single skill activities.
- 5. Category (5) – Licensed Faith Based Accredited or Religious Schools.** A Center that is licensed by the Department may request an exemption from licensure if the Center's program is an integral part of an established religious congregation or religious school that conducts regularly scheduled classes, courses of study, or educational programs and is a member of, or accredited or certified by a state, regional, or national accrediting agency for religious educational instruction or a state, regional, or national accrediting agency for educational instruction as recognized and approved by the Department if such accrediting entity uses standards that are substantially similar to those established by the Department.

In addition to the requirements listed above applicable to all exemptions, the following additional requirements shall apply to Centers seeking an exemption under this provision:

- (i) A Center seeking such exemption from licensure shall be required to submit to the Department documentation of certification or accreditation, including a copy of its most recent certification or accreditation inspection report, and any other pertinent documentation as requested by the Department, such as non-profit tax-exempt verification. The accrediting agency must conduct regularly scheduled visits to the program while such program remains accredited.**
- (ii) If such exemption is granted, the program shall submit documentation to the Department verifying its continued certification or accreditation, including a copy of its most recent certification or accreditation inspection report, and other pertinent documentation as may be requested by the Department.**
- (iii) Such exemptions granted by the Department are valid as long as the program remains certified or accredited for all ages in which the certification or accreditation is approved. The program shall provide the Department written notice within five (5) business days of the program's loss of certification or accreditation, including a copy of such notification from the certifying or accrediting entity. The Department shall rescind the program's exemption granted herein upon notification of the loss of certification or accreditation.**
- (iv) Any Center seeking such exemption shall comply with all applicable requirements for background checks for Directors, Provisional Employees and Employees as required in O.C.G.A. § 20-1A-30 *et seq.*, Chapter 591-1-1, Rules for Child Care Learning Centers, Department policies, as well as applicable local, regional, and state health department, state fire marshal, and local fire prevention guidelines/requirements while such exemption is in effect. The Department retains jurisdiction over programs granted such exemption to conduct unannounced periodic background check audits and to conduct complaint investigations regarding compliance with background check requirements, as well as compliance with local, regional, and state health department, state fire marshal, and local fire prevention guidelines/requirements.**
- (v) The Department may rescind such exemption for a program's failure to comply with the requirements for background checks for directors/employees pursuant to O.C.G.A. § 20-1A-30 *et seq.*, Chapter 591-1-1, Rules for Child Care Learning Centers, and Department policies.**
- (vi) Any Center applying for such exemption that is owned and/or under the legal control/direction of the certifying or accrediting entity shall not be approved by the Department.**
- (vii) A Center seeking such exemption shall adopt and comply with the minimum standards of its certifying or accrediting entity for the operation of the Center's program. Such minimum standards adopted by the Center shall be published and made available to Parents of enrolled or prospective children upon request.**
- (viii) A program granted such exemption shall comply with the requirements regarding notification to Parents of enrolled children if the program does not carry liability insurance.**

6. Category (6) – Reserved.

7. Category (7) – Day Camp Programs or School Breaks for School-Aged Children. Any program whose primary purpose is to provide organized recreational, religious, or instructional activities for children five

(5) years and older that is operated during summer and other school breaks for no more than twelve (12) hours per day.

Rule Type: Non-Core Rule

Intent

To describe the types of programs that may not be subject to licensure by the Department. To ensure that the Department has necessary and relevant information from exempt programs in order to communicate with them and evaluate their exempt status.

Clarification

Child care programs that may qualify for an exemption must submit an online exemption application to the Department or complete an online self-assessment to determine the exemption status using DECAL KOALA, whichever is applicable. A program that holds more than one exemption will have the exemption categories migrated into one exemption category.

When an exemption is issued, it is valid only at the program address to which it was granted. Additional information about exemptions can be found on the Department of Early Care and Learning's (DECAL) website at:
<http://www.decal.ga.gov/CCS/Exemptions.aspx>

Resources

AbilityPath – Support for Parents of Children with Special Needs. Retrieved from <https://abilitypath.org/>.

AirNow. Retrieved from <https://www.airnow.gov/>.

American Academy of Pediatrics. Retrieved from <https://www.aap.org/en-us/Pages/Default.aspx>.

American with Disabilities Act. Retrieved from <https://www.ada.gov/>.

California Childcare Health Program. Retrieved from <https://cchp.ucsf.edu/>.

Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition. Retrieved from <https://nrckids.org/CFOC>.

Center for Advancing Health. Retrieved from <http://www.cfah.org/hbns/>.

Center for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/>.

Child Welfare Information Gateway. Retrieved from <https://www.childwelfare.gov/>.

Community Playthings. Retrieved from <https://www.communityplaythings.com/>.

Earlychildhood NEWS. Retrieved from <https://earlychildhoodnews.wordpress.com/>.

Environmental Rating Scales Institute. Retrieved from <http://ersi.info/index.html>.

eXtension – Child Care. Retrieved from <https://childcare.extension.org/>.

Foodsafety.gov. Retrieved from <https://www.foodsafety.gov/keep/charts/mintemp.html>.

Georgia Department of Early Care and Learning: Online Library Learning Initiative (OLLI). Retrieved from <http://olli.dec.al.ga.gov/>.

Georgia Department of Public Health. Retrieved from <https://dph.georgia.gov/>.

Head Start, Early Childhood Learning & Knowledge Center. Retrieved from <https://eclkc.ohs.acf.hhs.gov/>.

HealthyChildren.org. Retrieved from <https://www.healthychildren.org/English/Pages/default.aspx>.

Healthy Kids, Healthy Future. Retrieved from <https://healthykidshealthyfuture.org/>.

Joyful Heart Foundation. Retrieved from <http://www.joyfulheartfoundation.org/>.

KidsAndCars.org. Retrieved from <http://www.KeepYourChildSafe.org/child-safety-book/child-car-window-accidents.html>.

National Association for the Education of Young Children. Retrieved from <https://www.naeyc.org/>.

Onsafety, CPSC Stands for Safety. Retrieved from <https://onsafety.cpsc.gov/>.

U.S. Food & Drug Administration. Retrieved from <https://www.fda.gov/>.