Applicant's Guide to Licensing

for Family Child Care Learning Homes

Bright from the Start
Georgia Department of Early Care and Learning
2 Martin Luther King Jr. Drive SE, 670 East Tower
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Revised June 2024

Georgia Dept of Early Care and Learning
BRIGHT FROM THE START

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Georgia Department of Early Care and Learning
2 Martin Luther King Jr. Drive SE, 670 East Tower
Atlanta, Georgia 30334
(404) 656-5957

The Family Child Care Learning Home Applicant Guide was prepared to assist you with licensing to become a Family Child Care Learning Home provider. The following steps should be followed to complete the application process:

1) Read the Rules and Regulations for Family Child Care Learning Homes. Make sure you fully understand all rules and regulations, as you will be responsible for meeting all rules and regulations as a licensed Family Child Care Learning Home provider.

2) Contact the local fire Marshall to determine if there are local ordinances that apply to operating a Family Child Care Learning Home in your area.

3) Complete and submit the online licensing application for Child Care Learning Centers and become familiar with appropriate rules and regulations. The application should be completed online via DECAL Koala. Providers may set up a DECAL Koala account at https://www.decalkoala.com/Default

4) Submit with the online application a letter from the local zoning department indicating your residence is zoned for a Family Child Care, or a letter stating there are no zoning regulations.

5) Submit with the application a valid business license with the facility address or a letter stating a business license is not required/or will be issued upon completion of the Bright from the Start licensing process.

   (a) After completing the above three items, please consider your ability to follow the rules and regulations for Family Child Care Learning Homes. If you decide to apply to become a Family Child Care Learning Home provider, you are agreeing to follow the laws that have been set into place by our legislature for the safety and well-being of children in the State of Georgia. If you decide to apply, please move to step 6.

6) Applicants must register through Bright from the Start, for the fingerprint processing. For more information on obtaining a finger print clearance, please visit http://www.decal.ga.gov/CCS/CriminalRecordsCheck.aspx. Applicants and all other adults (17 years of age and older) residing in the home, or who will be present when children are in care, must be fingerprinted through Bright from the Start. These record checks must be maintained in the home.

7) The non-refundable $50 license fee will not be accepted until permission to operate (PTO) is granted during the initial licensing visit. At that time, payment can be made via your DECAL Koala account.

Thank you for your interest in becoming a Family Child Care Learning Home provider. If you have any questions once you have reviewed the Family Child Care Applicant Guide, you may call (404) 657-5562 and ask for general intake. A consultant from our office will be happy to assist you.

Georgia Dept of Early Care and Learning
BRIGHT FROM THE START

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Family Child Care Learning Home Definition and Fact Sheet

"Family Child Care Learning Home" and "Home" are defined **290-2-3-.03** "Family Child Care Learning Home" and "Home" means a private residence operated by any person who receives therein for pay for supervision and care fewer than 24 hours per day, without transfer of legal custody, at least three but not more than six Children under 13 years of age who are not Related to such persons and whose Parent(s) are not residents in the same private residence as the Provider and which is required to be licensed; provided, however, that the total number of unrelated Children cared for in such Home, for pay and not for pay, may not exceed six Children under 13 years of age at one time, except that a Provider may care for two additional children three years of age or older for two designated one hour periods daily upon approval by the Department.

- A Family Child Care Learning Home (FCCLH) is permitted by law to care for three (3) to six (6) unrelated children. The home that is issued a license must be in a residential zone and cannot be in a commercial facility.

- You may legally care for (2) children for pay until a license has been issued from Bright from the Start: Georgia Department of Early Care and Learning.

- Upon approval of your application and initial licensing visit, you will receive permission to operate and may begin to care for 3 to 6 children for pay. You will then have 30 days from the permission-to-operate date to pay the annual license fee of $50. Once the license fee is paid, you will receive a license by e-mail that you must print and post. Bright from the Start is the only issuer of Family Child Care Learning Home licenses.

- Bright from the Start is responsible for monitoring all Family Child Care Learning Homes to ensure compliance with the rules and regulations. All complaints received in reference to a Family Child Care Learning Home must be investigated. All visits, whether initial licensing, routine monitoring, technical assistance, or complaint investigations, may be unannounced. Your signature on the license application form is your consent and understanding that Child Care Services staff may visit your home at any time during operating hours.

- You will be required to pay the non-refundable license fee of $50 by December 1st each year on your user account at www.decalkoala.com if you continue to provide care for children in your home. Bright from the Start will send e-mail notices to remind you of this requirement. A late fee will be added if you fail to pay the license fee by the due date. Failure to pay the annual license fee will result in revocation of the Family Child Care Learning Home license.

- During your approved licensing period, if you voluntarily close you must notify Bright from the Start in writing immediately.

- Post Office or 911 Address Change: If your address has changed due to postal regulations or the new 911 emergency systems, you must submit proof of the address change, i.e., a copy of the 911 notices sent to you stating the address change. You can contact your local Post Office or the non-emergency 911 numbers for the county and request a copy if you no longer have the one originally sent to you.

- E-mail Address Change: You must ensure that the e-mail address on file is current at all times. You will receive your license by e-mail and you are responsible for all information sent to you by e-mail.

- Moving/Transfer of License: The license does not transfer from one address to another. The license is only valid for the address printed on the license. If you move locations, you will need to resubmit a new application for licensing.

- Name Change: You must provide us with one of the following documents if your name has changed: a Marriage Certificate, Divorce Decree, Corrected Drivers' License, or corrected Social Security Card.

- Required Training: Family Child Care Learning Home providers are required to obtain and maintain current Infant, Child and Adult (for children age 8 and above) Cardiopulmonary Resuscitation (CPR) and First Aid Training. Initial applicants are required to attend FCCLH-LOM (Family Child Care Learning Home - Licensure Orientation Meeting) and to complete 10 additional hours of training in five specific areas: Early Learning Standards, Communications, Leadership and Professional Development, Business Management, and Advocacy for Parents and Children (2 hours in each).

Family Child Care Learning Home Application Checklist

Include each of the following in your completed online application

Owner/Applicant Information	
	Affidavit & Verifiable Identification (copy of front and back)
	Comprehensive Record Check Acknowledgement
	Copy of Tax Assessment or Copy of Lease Agreement • If you do not own the residence, submit a copy of a current lease agreement that states you are allowed to operate a family child care in the residence. • If you do own the residence, please submit proof of ownership such as a tax bill or tax assessment.
	Homeowner Association Letter (**if applicable**)
	Floor Plan(s)
	Fingerprint Results visible in KOALA **A satisfactory comprehensive fingerprint criminal record check must be obtained for each adult who is 17 years of age and resides in the home as well as any other adult who will routinely have access to children in care.** ***NOTE: ALL satisfactory comprehensive criminal records check must be completed prior to the Initial Licensing Study (ILS) and should be displayed in Koala.**
	Educational Requirement - Rule 290-2-3.07(2) – Documentation of credentials/degrees. Please submit documentation of one of the following: • Child Development Associate credential (CDA) – issued by the Council for Professional Recognition; • Technical Certificate of Credit (TCC) in Early Childhood Education; • Technical College Diploma (TCC) in Early Childhood Education; • Associate Degree in Early Childhood Education; • Paraprofessional Certificate issued by the Georgia Professional Standards Commission; • Bachelor's Degree in Early Childhood Education; • Master's Degree in Early Childhood Education.
	Current CPR (Infant and Child) & First Aid cards/certificates.
	Completion of Family Child Care Learning Home - Licensing Orientation Meeting (FCCLH - LOM). • FCCLH - LOM registration, go to http://www.decal.ga.gov/CCS/FamilyChildCareLearningHome.aspx
	Documentation of required pre-service training (10 hours total)- Documentation of completion required. Additional approved online training courses are acceptable. The applicant must obtain at least two (2) hours of training in each of these topic areas below totaling (10 hours). Documentation of completion required. • Early Learning Standards (2 hours) • Communications (2 hours) • Leadership & Professional Development (2 hours) • Business Management (2 hours) • Advocacy for the Parents, Children, and Staff in the Family Child Care Home (2 hours)
Approvals	
	Copy of Zoning Approval from agency with jurisdiction or letter stating no zoning required (Must be dated within the past 12 months)
	Copy of current Business license or letter stating no business license is required.
	Fire Inspection (**only if applicable)** (dated within past 12 months)
	Confirmation of city/county water/sewer (copy of bill)
	Confirmation of septic or well (**only if applicable**) (Environmental Health Letter)

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

Brian P. Kemp
Governor

Amy M. Jacobs
Commissioner

Training Approval Application Submission Guide for FAMILY CHILD CARE LEARNING HOME PRE-SERVICE COURSE

Background Information

All initial Family Child Care Learning Home (FCCLH) applicants must submit evidence of having obtained pre-service training as required by the rule described below. Eligible trainers are invited to submit a Family Child Care Learning Home Pre-Service Training Course for state approval by completing a Training Approval Application that meets both Georgia Training Approval expectations and the content requirements listed below for Item 2: Pre-licensure training. DECAL provides the Licensure Orientation online (Item 1). Further, CPR and first aid training (Item 3) must be obtained from a health care professional. Georgia Approved Trainers can submit training to be approved for the remaining topic areas described in rule 290-2-3-.04(2)(c)(2) to be packaged together in a course and, once approved, may list their Course in the Georgia Professional Development System (www.gapds.decal.ga.gov). The Course must consist of a minimum of 10 hours.

290-2-3-.04(2)(c) Pre-Service Training. Prior to the submission of the License application, the applicant who will be responsible for the day-to-day operations shall complete the pre-service training listed below that has been approved by the Department and which will include:

1. **Licensure orientation that provides, at a minimum, instruction on the application process and gives an overview of the Department's rules and regulations that relate to the operation of the Family Child Care Learning Home;**
2. **Pre-licensure training course on Provider competencies that serve as a framework for professional development, which includes, but is not limited to, early learning standards and developmentally appropriate practices, communication, professional and leadership development, business management, and advocacy for the Family Child Care Learning Home, parents, children, and staff;**
3. **Cardiopulmonary resuscitation (CPR) and first aid training programs offered by certified or licensed health care professionals and approved by the Department, which include emergency care for infants and children.**

The applicant must obtain at least ***two (2) hours of training in each of these topic areas*** – 1. Early Learning Standards and Developmentally Appropriate Practices; 2. Communication; 3. Professional and Leadership Development; 4. Business Management; 5. Advocacy for the Parents, Children, and Staff in the Family Child Care Home. These topic areas are cross-referenced with the corresponding Workforce Knowledge and Competencies (WKCs). One Course may be counted in more than one content area if the Course is longer than two hours.

Guidance for Training Applications

Trainers may submit a new training or may combine several individually approved trainings into a Course bundle. The Course or Course bundle must consist of a minimum of 10 hours. The Course must include the topic areas listed

below. One Course may be counted in more than one content area if the Course is longer than two hours. The submitted Course must contain at least ***two (2) hours of training in each of these topic areas***:

- **Early Learning Standards and Developmentally Appropriate Practices**
- **Communication**
- **Professional and Leadership Development**
- **Business Management**
- **Advocacy for the Parents, Children, and Staff in the Family Child Care Home**

For your convenience, the table below cross-references the topics with the corresponding Workforce Knowledge and Competencies (WKCs). Please note that the course does NOT have to address all listed standards. Please select the Standards that are appropriate for the content included in the course.

Topic Area 1: Early Learning Standards and Developmentally Appropriate Practices *At least two hours in the topic area required*
– ECE 1.1: Using knowledge of young children's characteristics, cultural and linguistic backgrounds, and their needs to plan appropriate and responsive learning experiences – ECE 1.2: Using knowledge of the multiple influences on development and learning to create inclusive and responsive learning environments – ECE 1.3: Using developmental knowledge to create healthy, respectful, supportive, and stimulating learning environments and relationships – ECE 1.4: Creates emotionally and physically safe environments for children – ECE 5.1: Utilizing the GELDS as a framework for growth and development – ECE 5.2: Utilizing content knowledge in the GELDS Physical Development and Motor Skills domain, selects, implements, and evaluates developmentally appropriate activities for each and every child, taking into consideration cultural context, home language, and individual needs – ECE 5.3: Utilizing content knowledge in the GELDS Social and Emotional Development domain, selects, implements, and evaluates developmentally appropriate activities for each and every child, taking into consideration cultural context, home language, and individual needs – ECE 5.4: Utilizing content knowledge in the GELDS Approaches to Play and Learning domain, selects, implements, and evaluates developmentally appropriate activities for each and every child, taking into consideration cultural context, home language, and individual needs – ECE 5.5: Utilizing content knowledge in the GELDS Communication, Language, and Literacy domain, selects, implements, and evaluates developmentally appropriate activities for each and every child, taking into consideration cultural context, home language, and individual needs – ECE 5.6: Utilizing content knowledge in the GELDS Cognitive Processes and General Knowledge domain, as well as all sub-domains, selects, implements, and evaluates developmentally appropriate activities for each and every child, taking into consideration cultural context, home language, and individual needs
Topic Area 2: Communication *At least two hours in the topic area required*
– ECE 2.1: Fostering family engagement in the child's educational experiences – ECE 2.2: Developing partnerships with families – ECE 2.3: Utilizing community resources – ECE 3.3: Sharing, reporting, and communicating assessment, observation, or developmental screening data while maintaining supportive and respectful family partnerships – ECE 4.1: Developing positive relationships with each and every child – ECE 4.3: Intentionally planning and preparing a learning environment that nurtures each and every child's initiative, encourages active exploration of materials, supports engagement with activities, and encourages interactions with others

– ADM 3: To market the program to parents and the community
Topic Area 3: Professional and Leadership Development *At least two hours in the topic area required*
– ECE 6.1: Engages in professional and ethical behavior – ECE 6.2: Demonstrating a commitment to ongoing professional learning – ECE 6.3: Building collaborative relationships – ADM 7: To foster good community relations and to influence child care policy that affects the program
Topic Area 4: Business Management *At least two hours in the topic area required*
– ADM 1: To develop and maintain an effective organization – ADM 5: To maintain and develop the facility and equipment – ADM 8: To practice responsible fiscal management
Topic Area 5: Advocacy for the Parents, Children and Staff in the Family Child Care Learning Home *At least two hours in the topic area required*
– ECE 3.3: Sharing, reporting, and communicating assessment, observation, or developmental screening data while maintaining supportive and respectful family partnerships – ADM 7: To foster good community relations and to influence child care policy that affects the program

Operating a Family Child Care Learning Home

As a beginning family child care provider, you want to be prepared to offer safe, quality care. Thoughtful preparation can make your home safer and your job easier. Consider the following:

...Be sure your family understands that changes will be inevitable, you will be a professional child care provider with up to six children spending the day in your home that will require your attention and supervision.

...Decide the areas in your home that the children will be able to use and plan:

1. Places for children to store their personal belongings to include coats, bags, or items brought from home.
2. Areas for the children to have active play.
0. Storage for play equipment that is within the children's reach.
3. Comfortable and safe individual places for children to nap.
4. Comfortable eating arrangements.

...Make a safety check of your home and playground area and plan for:

1. Protection from stoves, fans and heating equipment.
2. Locked and out-of-reach storage of household cleaners, poisons, and medicines.
3. Protection from or for stairs, electrical outlets, extension cords, breakable items, and furniture that is unstable, heavy or has sharp corners.
4. Separation of children from area used for cooking.
5. An accessible playground area with a four-foot high fence or other approved barrier to protect from hazards and is free of trash, weeds, debris, holes, standing water, or other hazards.
6. An emergency plan to include fire safety and evacuation.
7. A neighbor to help in case of an emergency.
8. Posting of emergency telephone numbers.
9. Determining whether or not additional insurance protection is needed.

...Prepare a statement for parents, that describes the services and meals that will be offered, hours of operation, regulations, and charges (parental agreement or contract).

...Plan activities so that you will be free to devote your time to the children:

1. Develop nutritious menu plans that allow for a maximum amount of preparation ahead of time.
2. Develop a plan for the day so that children have comfortable routines that include supervised quiet and active indoor and outdoor play with age-appropriate activities.

...Set up a record system:

- Children's records
- Income/Expense records
- Attendance records (Including records of home use for business/Internal Revenue Service will allow a percentage deduction because of child care use)

...Obtain the basic supplies

1. First Aid Kit – homemade or purchased, that contains all of the required items.
2. Individual or disposable drinking cups & towels, washcloths and diapering supplies
3. Age-appropriate play materials and equipment.

Section 2: Application Procedures	
Steps for a Successful Application	
Criminal Record Check Guidelines	
Criminal Record Check Acknowledgement Form	
Lawful Presence Verification FAQ	
Affidavit for Lawful Presence Verification	

Steps For Successful Application

1. The provider must complete and submit the online licensing application for Family Child Care Learning Homes and become familiar with appropriate rules and regulations. The application should be completed online via DECAL Koala. Owners may set up a DECAL Koala account at https://www.decalkoala.com/Default

2. Determine what local and state agencies have jurisdiction for the facility and become familiar with their requirements. Examples are agencies that have jurisdiction for fire, zoning, building, and health regulations and requirements that will apply to the facility. Begin securing the appropriate approvals needed for the facility from these agencies.

3. Prepare the facility for compliance with the rules and regulations and submit the completed application online to the Application Services Unit (ASU).

4. Upload and submit the completed Affidavit and secure and verifiable documentation (front and back if there is anything on the back of the back of the document) verifying status for Family Child Care Learning Homes. This should be completed by the owner of the business or the person legally responsible for the business. This should be signed and notarized then uploaded to the online application.

    a. The secure and verifiable documentation is U.S. issued passport or passport card, U.S. military ID, or U.S. issued driver's license.

5. Upload and submit detailed and readable copy of the floor plan(s), and Family Child Care Learning Homes Emergency. The floor plan should show all rooms in the home on the floor with the child care area being abled as "Child Care Area". The floor plan should be signed and dated by the provider then uploaded to the online application.

6. If you do not own the property where the Family Child Care Learning Home will be located, a lease agreement with permission given from the owner of the allowing you to operate a child care in the home must be uploaded and submitted with the online application. If you own the property where the facility will be located, proof of ownership such as a tax bill or tax assessment must be uploaded and submitted to the online application.

    a. If the property is located within a area that has a home owners association, a letter from the home owner association must be provided giving permission for a Family Child Care Learning Home.

7. Written zoning approval from the county/city or letter stating no zoning required (Must be dated within the past 12 months).

8. Confirmation of public sewage and public water, or an approval letter from the local health department indicating safe drinking water and an approval for septic tank usage for

the capacity of the home.

9. A certificate of completion from a Licensure Orientation Meeting (FCCLH-LOM) must be submitted with the application. A copy is acceptable.

10. Other documentation to upload and submit includes:
    - Documentation of the Director's Education Credentials– Please submit documentation of one of the following :
        - Child Development Associate credential (CDA) – issued by the Council for Professional Recognition;
        - Technical Certificate of Credit (TCC) in Early Childhood Education;
        - Technical College Diploma (TCC) in Early Childhood Education;
        - Associate Degree in Early Childhood Education;
        - Paraprofessional Certificate issued by the Georgia Professional Standards Commission;
        - Bachelor's Degree in Early Childhood Education;
        - Master's Degree in Early Childhood Education.
    - Director's CPR (Child and Infant) and First Aid Card/Training
    - Documentation of required pre-service training (10 hours total)
      Additional approved online training courses are acceptable. The applicant must obtain at least two (2) hours of training in each of these topic areas below totaling (10 hours).
        - Early Learning Standards (2 hours)
        - Communications (2 hours)
        - Leadership & Professional Development (2 hours)
        - Business Management (2 hours)
        - Advocacy for the Parents, Children, and Staff in the Family Child Care Home (2 hours)
    - Results of satisfactory comprehensive criminal record checks for each adult who is 17 years of age and resides in the home as well as any other adult who will routinely have access to children in care.
      Get information and instructions at:
      http://www.decal.ga.gov/CCS/CriminalRecordsCheck.aspx
        - ***NOTE: ALL satisfactory comprehensive criminal records check must be completed prior to the Initial Licensing Study (ILS) and should be displayed in KOALA.**
    - Fire Inspection from the agency who has jurisdiction for fire approval (if applicable).
11. After approval of Application, the ASU consultant will be in touch to review the Licensing Prep Checklist and to schedule an on-site inspection to determine compliance with the rules and regulations. If the facility is approved during the on-site inspection, a Permission to Operate will be granted and operation can begin. The annual licensing fee must be paid within 30 days in order to receive a licensing certificate. License fee payments can be made at www.decalkoala.com.

CRIMINAL RECORDS CHECK GUIDELINES

Georgia law (O.C.G.A. Title 20-1A-30 et.seq.) requires comprehensive satisfactory criminal records checks on directors and employees of all child care facilities as a condition of licensure. No person with unsatisfactory results may become an employee or director of a child care facility.

Provider is defined as the Licensure Holder or applicant of a Family Child Care Learning Home who has submitted a Records Check Application and has received a satisfactory Comprehensive Records Check Determination and who is also the person that primarily provides care in the home.

Georgia law requires that a criminal records check clearance for an employee or director be on file before the person begins employment. This clearance must be on file for the director before the center can be initially licensed.

FINGERPRINT PROCESSING: The provider and all employees are required to complete the Criminal records check through Bright from the Start:
http://www.decal.ga.gov/CCS/CriminalRecordsCheck.aspx

Who must be fingerprinted?

a) Provider of licensed facilities.
b) All employees in a licensed facility

Please note that in order to obtain a valid license the director and all employees must have had a satisfactory comprehensive fingerprint criminal record check clearance from Bright from the Start within the preceding twelve months.

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

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

An Employee is defined as anyone who:

A. Performs duties for the facility with or without compensation
AND

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

C. Anyone that resides in the home 17 years of age or older.

Criminal Record Check Acknowledgment Form

O.C.G.A. §20-1A-30 prohibits persons who have committed certain crimes from living in or being employed in family day care homes, group day care homes, or child care learning centers. The crimes are:

- any felony (in the state of Georgia, or any other state);
- all sexual offenses found in chapter six (6) of title 16 ;
- certain misdemeanors including:
  A) simple battery, when the victim is a minor;
  B) contributing to the delinquency of a minor;
- criminal attempt to commit any of the above listed crimes in accordance with O.C.G.A. §16-4-1.

A person must have been convicted of or entered a plea of guilty or nolo contendere to or have been adjudicated for any of the above crimes. A person that has been arrested for any of the above crimes may not live or be employed in family day care homes, group day care homes, or child care learning centers until such time a court of proper jurisdiction dismisses the charges or a not guilty verdict is rendered.
O.C.G.A. §16-12-1.1(b)(c) makes it a misdemeanor for any operator of a facility to knowingly have any person reside at, be domiciled at, or be employed at any such facility if such person has been convicted of or has entered a plea of guilty or nolo contendere to or has been adjudicated a delinquent for certain offenses.

The Department may deny or revoke the license, commission, or registration of any facility in violation of these requirements.

To my knowledge, no person lives at or is employed at the child care facility listed below who has been convicted of, has entered a plea of guilty or nolo contendere to, or has been adjudicated delinquent for any of the above listed crimes.

_____ _____
Director's Signature **Date**

_____
Director's Name (print legibly)

_____
Name of Facility (print legibly)

_____
Address of Facility

_____
City, State, and Zip Code

Frequently Asked Questions for Lawful Presence Verification

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

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

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

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

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

3. What is an Affirmation for Lawful Presence Verification?

Completing an Affirmation is the process of confirming whether or not the owner previously submitted the documents and was verified as a U.S. citizen by Bright from the Start. Those owners who have previously been verified as a U.S. citizens are required to complete the Affirmation at www.deca1koala.com annually as part of the license fee payment process.

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

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

5. What qualifies as a "secure and verifiable document"?

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

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

An entire list of acceptable documents can be found below.

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

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

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

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

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

Do not submit the FAO's. instructions or list of secure and verifiable documents. These were sent to assist you.

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

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

0. Can the Lawful Presence Verification form be notarized by a notary outside of Georgia? Yes. The notary will list the appropriate state in the space provided.

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

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

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

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

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

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

O.C.G.A. § **50-36-1(e)(2) Affidavit For** Lawful Presence Verification

License Number : _____

Facility Name : _____

Facility Address : _____

Facility Owner : _____

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

_____
***printed name of person*]**

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

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

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

3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older, with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Submit a legible front and back** copy **of secure and verifiable document from the list below that includes your alien number.**

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

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

In providing the above information under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Georgia law, O.C.G.A. Sec. I 6-10-20, and face criminal penalties as allowed by such criminal statute.

Completed in (city),_____(state)

_____ _____
Signature of Applicant Printed Name of Applicant

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

Contact Phone Number _____ E-mail Address _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE____ DAY OF , 20 ___

My Commission Expires: _____ NOTARY PUBLIC

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued February 20, 2018 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA"), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(g). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A.§ 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- An unexpired United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired United States military identification card [O.C.G.A. § 50-36-2(b)(3);8 CFR § 274a.2]
- An unexpired driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A.§ 50-362(b)(3); 8 CFR § 274a.2]1
- An unexpired identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A.§ 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: https://www.bia.gov/tribal-leaders-directory [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2 (b)(3); 8 CFR § 274a.2]
- An unexpired Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50- 36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

An unexpired Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

• An unexpired NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

- An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2 (b)(3);22 CFR § 41.2]
- An unexpired driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration

Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

- Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. §50-36-2(b)(3); 6 CFR § 37.11]
- Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. §50-36-2(b)(3); 6 CFR § 37.11]
- An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- When applying for any public benefit with the Department of Driver Services, an applicant may submit either an expired or unexpired document that is listed above as a secure and verifiable document. [O.C.G.A. §§ 50-36- 1(g) & 50-36-2(b)(3)]
- When applying for a voter identification card pursuant to O.C.G.A. § 21-2-417.1, an individual may submit the aggregate forms of identification authorized by O.C.G.A. § 21-2-417.1(e).
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

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[1] For identification presented to poll workers when voting, a registered Georgia voter may present an expired Georgia driver's license as proof of identification when voting pursuant to O.C.G.A. § 21-2-417.

[2] Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security ("DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law.

Georgia Dept of Early Care and Learning
BRIGHT FROM THE START

Section 3: Forms to Post or Keep on File	
Items Needed for Inspection	
Emergency Telephone Numbers	
Emergency Procedure Examples & Emergency Procedures Form	
No Smoking Sign	
Fire Drill Documentation Form	
First Aid Kit	
Injury/Illness Report	
Authorization to Dispense Medication	
Authorization to Dispense External Preparations	
Medical Care and Emergency Contact Information	
Notice of No Liability Insurance & No Liability Acknowledgement	
Parents You Have the Right Poster	
Helper Orientation Checklist	

Items Needed for Inspection

The pages found in this section are forms that Bright from the Start requires you to post or have available during your Family Child Care Learning Home hours of operation. The first form, the Family Child Care Learning Home (FCCLH) Rules Checklist is for your own personal review. Use it as a tool to see where you stand regarding the Bright from the Start Family Child Care Learning Home Rules and Regulations, Chapter 290-2-3, before and after you apply to become a provider. Please remember that the FCCLH Checklist does not cover all of the rules and regulations. You are responsible for reading the Family Child Care Learning Home Rules & Regulations and maintaining compliance with each rule and regulation. The rules and regulations can be found at http://www.decal.ga.gov/ChildCareServices/RulesAndRegulations.aspx.

Following the FCCLH Checklist are forms that Bright from the Start consultants will view when visiting your Family Child Care Learning Home. The consultants will be looking to see that these items are accurate, current, and posted so that they are easily seen by you, the children's parents, and your helper/assistant:

- Bright from the Start License (You will receive your license once your application has been received, the initial licensing study has been completed, you have been given permission to operate, and you have paid the annual licensing fee.)
- Emergency Numbers (Posted near phone)
- Written Emergency Plans
- "No Smoking" Sign
- Fire Drill Record
- Statement of No Liability Insurance
- Parent/Guardian Acknowledgement of No Liability (Place a signed copy in each child's file/Do not post)
- Parents You Have the Right poster

Each provider is required to have copies of the following items completed and available for the consultant to review:

- Criminal Record Checks
- Helper Orientation Form
- Enrollment Form (for each child in care)
- Immunization Records (for each child in care that is not enrolled in a school-age program) Current CPR (Infant/Child/Adult) Card & First Aid Certificate
- Training Certificates (a total of 10 hours for each license year)
- Infant Feeding Plan
  (for any child enrolled under the age of 1 year, with parent/guardian signature)
- Incident/Accident Reports
- Medical Authorization Forms
- Pet Vaccination Records
- Driver's License (If providing transportation)
- Notarized No Compensation Forms (for any child in care that you are not receiving any

Emergency Telephone Numbers

Family Child Care Rule: 290-2-3-.11(2)(b)

An operable telephone shall be readily available in the home with the following telephone numbers posted in a conspicuous place next to the telephone.

	Physician or Hospital	
	Ambulance or Rescue Squad Service	911 or
	Local Fire Department	911 or
	Police Department	911 or
	County Health Department	
Local Division of Family and Children Services (DFCS)		
	Regional Poison Control Center	1 (800) 222-1222
	Consumer Safety Information	1 (800) 638-2772

Emergency Plans

The following page is a form that you may use to assist you when stating the emergency procedures that you will follow in the case of an actual or practice emergency situation. Please create your own emergency procedures from the following below. The plan should include procedures for fire, severe weather, and loss of electrical power or water. The plan should also contain procedures for the serious injury, loss, or death of a child, and the procedure for the case of an active shooter. The plan must contain these components in the checklist below.

Post your completed Emergency Procedure form in an area that you, as well as, your enrolled children's parents, your family and assistants can easily view.

Emergency Preparedness Plan Checklist

Plans for:

- Fire
- Severe Weather
- Loss of Electrical Power or Water
- Death, Serious Injury, or Loss of a Child
- Threatening Event such as an intruder
- Natural Disaster

Procedures for:

- Evacuation
- Relocation
- Shelter-in-place
- Lock-down
- Communication & Reunification with Families
- Continuity of Operations

Include Accommodations for:

- Infants & Toddlers
- Children with Disabilities
- Children with Chronic Medical Conditions

There are examples of emergency plans on the DECAL website and many online resources, however, make sure to write a specific plan for your home's set up. Consider the evacuation routes from upper levels of homes or apartment buildings, if they apply to your home.

No Smoking On Child Care Premises *

* It is a misdemeanor for a person to smoke on the child care premises.

Fire Drill Documentation Form

Family Child Care Learning Home Rules: 290-2-3.08(8) and .11(2)(c)

This document must be kept for one year after completion.

for_____
(Year)

FIRE DRILL

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
DATE												
TIME												
NUMBER OF CHILDREN												
LENGTH OF DRILL*												

*The GOAL is to have evacuation time complete in less than 2 minutes.

SMOKE DETECTOR

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
DATE DETECTOR CHECKED												
DATE** BATTERIES CHECKED												

**Batteries should be checked annually.

FIRE EXTINGUISHER

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
DATE CHECKED												

What will the person discovering the fire do? _____

How will you sound an alarm? _____

What will you do before the fire department arrives? _____

How will you make sure all persons are evacuated and accounted for?

Family Child Care Learning Home Rule: 290-2-3-.11(1)(f)

The following first aid supplies, along with a manual of instructions, shall be maintained in a central location inaccessible to the children: scissors, tweezers, gauze pads, thermometer, adhesive tape, band-aids, insect-sting preparation, antiseptic cleaning solution, antibacterial ointment, bandages, disposable rubber gloves, face mask, protective eye, cold pack, procedures for handling blood and bodily fluids.

Your First Aid Kit should be located in an area that is not accessible to the day care children.

Your First Aid Kit should include:

- ☐ Scissors
- ☐ Tweezers
- ☐ Gauze pads
- ☐ Medical tape
- ☐ Thermometer
- ☐ Face Mask
- ☐ Protective Eyewear
- ☐ Band aids
- ☐ Insect sting preparation (over the counter cream, spray, or ointment)
- ☐ Antibacterial ointment (Bacitracin or Neosporin)
- ☐ Antiseptic cleaning solution (Betadine, alcohol, alcohol wipes, hydrogen peroxide)
- ☐ Rubber gloves
- ☐ Cold pack (**This may need to be in the freezer instead of the kit.*)
- ☐ Triangular bandage (**This must be large enough to make into a sling.*)
- ☐ Procedures for handling blood and bodily fluids
- ☐ First Aid Manual

Remember to check expiration dates!

Injury/Illness Report

Family Child Care Learning Home Rule: 290-2-3-.08(1)(g)

Description of accidents or serious illnesses that occur while child is in the Family Child Care Learning Home, including date, time and condition under which it occurred and the action taken.

Name of Injured/Ill Child:						
Date of Injury/Illness:			Time of Injury/Illness: a.m. or p.m.			
Place where Injury/Illness occurred:						
Describe the activity the child was involved in at the time of the Injury/Illness:						
Was first aid given?		Yes	If yes, please describe:			
		No				
Were emergency services called?		Yes	If yes, please describe:			
		No				
Was a doctor contacted?		Yes	If yes, give time of call: a.m. or p.m.			
		No	Name(s) of doctor(s):			
Parent/Guardian Notified?		Yes	If Yes, give time: a.m. or p.m.	Did child remain in child care facility?		Yes
						No
		No	Method of Notification:	Time child picked up: a.m. or p.m.		
Corrective action taken to prevent reoccurrence:						
Additional Comments:						
Signature of Provider:			Date:			
Signature of Parent/Guardian:			Date:			

Note: All accidents occurring in the Family Child Care Learning Home that require medical attention should be reported to Bright from the Start: Georgia Department of Early Care and Learning - Child Care Services within 24 hours.

Authorization to Dispense Medication

Family Child Care Learning Home Rule: 290-2-3.11(1)(e)

Except for first aid, personnel shall not hand out prescription or nonprescription medications to a child without specific written authorization from the child's physician or parent. All medications shall be stored in accordance with the prescription or label instructions and kept in places that are inaccessible to children. Each dose of medication given to a child shall be documented showing the child's name, name of medication, date and time given, and the name of the person giving the medication.

*It is up to the provider to decide whether or not they dispense non-prescription medication.

Child's Full Name:				
Name of Medication:				
Prescription Number:				
Physician's Name:		Phone Number:		
Date(s) to give medication:				
Time of day medication is to be given:	a.m. or p.m.	a.m. or p.m.	a.m. or p.m.	a.m. or p.m.
Amount (Dosage) of medication to be given each time:				
How medication is to be stored:				

_____

Parent/Guardian Signature Date

Medication Record to be completed by Child Care Provider

Date	Time (a.m./p.m.)	Amount (Dosage)	Any Adverse Reaction	Signature of person giving medication

If adverse reaction to medication was noted, please describe action taken:

_____

_____

_____

Note: This form must be used for all over-the-counter medications (e.g., Tylenol, cough syrup, Benadryl) <u>and</u> all prescription medications including the use of a Nebuli

Authorization to Dispense External Preparations

Family Child Care Learning Home Rule: 290-2-3.11(1)(e)

Except for first aid, personnel shall not hand out prescription or nonprescription medications to a child without specific written authorization from the child's physician or parent. All medications shall be stored in accordance with the prescription or label instructions and kept in places that are inaccessible to children. Each dose of medication given to a child shall be documented showing the child's name, name of medication, date and time given, and the name of the person giving the medication.

Child's Name _____ Date _____

I hereby give _____ permission to apply one or more of
(Provider's Name)

the following products, in accordance with directions on the container (Check all that apply):

	Baby Wipes
	Band-aids
	Neosporin, Bacitracin or similar ointment
	Bactine or similar first aid spray
	Sunscreen
	Insect Repellent
	Non-prescription ointment (A&D, Desitin, Vaseline, etc.)
	Other (please specify):
	Other (please specify):

I hereby request that _____ administer the checked
(Provider's Name)

products in accordance with the directions on the container.

_____ _____
Parent/Guardian Signature Date

_____ _____
Parent/Guardian Signature Date

Medical Care and Emergency Contact Information

Child's Name: _____ Birth Date _____

Address _____

Mother's Name _____ Phone (H) _____ Phone (W) _____

Father's Name _____ Phone (H) _____ Phone (W) _____

Alternate Emergency Contact 1) _____ Phone _____

Alternate Emergency Contact 2) _____ Phone _____

Child's Physician _____ Phone _____

Family Physician _____ Phone _____

Known Allergies of Child (medicine, food, etc.) _____

Describe past serious illnesses or hospitalization, with dates _____

Medicines taken by child _____

Date of last tetanus injection _____

Describe all physical conditions or illnesses, which could affect the child's participation in the programs or proper medical treatment (diabetes, epilepsy, poor blood clotting, etc.) _____

Health Insurance: Company _____ Policy Number _____

Notarized Emergency Medical Treatment Consent

I hereby give _____ permission to provide first aid care for my child, _____. In the event I cannot be reached, I hereby authorize _____ to transport my child to the emergency room of the hospital(s) listed below, And I hereby grant my consent for the hospital and its medical staff to provide my child with emergency medical treatment which a physician deems necessary (including anesthesia). If I have not specified any hospital(s) below, my child may be taken to and cared for at the nearest hospital. I agree to accept financial responsibility for all medical expenses incurred.

Hospital _____ Hospital _____

_____ Nearest Hospital

_____ _____

Parent/Guardian Date Parent/Guardian Date

State of: _____

County of: _____

The foregoing Consent was acknowledged before me this _____ day of _____, 20 _____, by _____ and _____.

(Notary Seal) Notary Public My Commission Expires:

INFANT FEEDING PLAN

Child's Full Name _____ Date _____

Date of Birth _____

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

Does the child eat: (check all that apply)

Strained Foods	[ ]	Whole Milk	[ ]
Baby Foods	[ ]	Table Food	[ ]
Formula	[ ]	Other	[ ]

What type formula used, if applicable?_____
Amount and time of formula/breast milk to be given?_____ Date _____

UPDATED AMOUNTS OF FORMULA/BREAST MILK TO BE GIVEN			
DATE	TIME	AMOUNT	TYPE

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

INTRODUCTION OF SOLID FOODS

The introduction of age-appropriate solid foods should preferably occur at six months of age, but no sooner than four months. Has the parent discussed with the child's primary caregiver that the child has met appropriate developmental skills for the introduction of solid foods? Yes [ ] No [ ] Parent Initials: _____

The child has reached the following developmental skills:

Can hold his/her head steady?	Yes [ ]	No [ ]
Opens mouth/leans forward in anticipation of food offered?	Yes [ ]	No [ ]
Closes lips around a spoon?	Yes [ ]	No [ ]
Transfers food from front of the tongue to the back and swallows?	Yes [ ]	No [ ]

Instructions for the introduction of solid foods _____

_____

Food likes _____

Food dislikes _____

Allergies? (including any premixed formula)_____

UPDATED AMOUNTS/TYPE OF FOOD TO BE GIVEN		
TIME	AMOUNT	TYPE

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

_____

PARENT'S SIGNATURE: _____ Date: _____

Liability Notice to Parents and Guardians:

This Facility Does Not Carry Liability Insurance Coverage Sufficient to Protect Your Children in the Event of an Injury, etc.

Posted per SB 24 (2004) requiring child care facility owners to post in a conspicuous place if the child care facility is not covered by liability insurance and to provide and retain written notice regarding no coverage to the parents and guardians.

PARENT/GUARDIAN NOTICE OF NO LIABILITY INSURANCE AND ACKNOWLEDGMENT

(Only Complete this Form if Instructed by your Child Care Provider)

I understand I am being informed in writing by signing this acknowledgment that this child care facility does not carry liability insurance sufficient to protect my children in the event of an injury, etc.

Parents'/Guardians' Signature(s):

Date: _____

Date: _____

Printed Name(s):

_____

_____

Per SB 24 (2004) requiring child care facility owners who are not covered by liability insurance to **provide and retain written notice** regarding no coverage to the parents and guardians.

Parents

You have the right:

- **To access this facility anytime your child is in care.**
  However, you need to immediately make your presence known to the person in charge of the facility.
- **To review a copy of the facility's latest licensure evaluation report.**
  The facility director has the report.

A copy of the rules and regulations which apply to this facility is available. Please ask your provider to share them with you. You may also review the rules and regulations by visiting the Bright from the Start website at www.decal.ga.gov. These rules establish minimum requirements for the health, safety and well-being of all children in care.

Bright from the Start: Georgia Department of Early Care and Learning, is required by law to investigate complaints regarding rule violations. If you have any complaints or concerns about your child's care, you may call (404) 657-5562. Inspections of facilities can be viewed on our website at http://www.decal.ga.us

Helper Orientation Checklist

Family Child Care Learning Home Rule: **290-2-3-.07 (15)**

At least one adult shall supervise children at all times. Such adult, if not the provider, shall receive orientation regarding these rules; the provide**r's** policies regarding discipline, injuries and illnesses, and **release of children; the provider's written plan for handling emergencies; and appropriate infor**mation about **any child's specific health needs. Plans shall be made to obtain additional adult he**lp in cases of emergencies.

- ☐ Helper received orientation to the Family Child Care Learning Home Rules and Regulations.
- ☐ Helper received orientation to my family child care policies.
- ☐ Helper received training about my written emergency plans.
- ☐ Helper received training regarding specific health needs, including allergies, for all children in care.

Helper's Signature _____ Date _____

Provider's Signature _____ Date _____

Date(s) of Orientation/Training _____

Place this form in the helper's file with other information including the helper's Criminal Record Check, any training received, etc. Please note: Under the Family Child Care Learning Home Rules and Regulations, annual training is not required for helpers. The provider may decide to require annual training for their helper/assistant under their policies and procedures for their family child care learning home.

FAMILY CHILD CARE LEARNING HOME
CHILDREN'S ENROLLMENT RECORD

CHILD'S INFORMATION

Child's Full Name:		**Child Resides with:**
Nickname:		
Date of Birth:		**Child's Age:**
Child's Home Address: **(Include Number and Street Name)**		
City/State/Zip:		

OTHERS AUTHORIZED TO PICK UP CHILD FROM FAMILY CHILD CARE LEARNING HOME

For your child's safety, I only allow children to leave my home with you (the person enrolling the child) and the person(s) you have specified below (One person should be listed that is not a parent/guardian). Changes to this list must be made in writing.

Name:		**Name:**	
Address:		**Address:**	
City/State/Zip:		**City/State/Zip:**	
Telephone:		**Telephone:**	
Relationship to child & guardian:		**Relationship to child & guardian:**	

PARENT(S)/GUARDIAN(S) INFORMATION

	Mother	**Father**
Name:		
Home Address:		
City/State/Zip:		
Home Telephone:		
Cell Telephone:		
Pager Number:		

PARENT(S)/GUARDIAN(S) WORK INFORMATION

Mother's Employer:	
Work Telephone:	
Work Address:	
City/State/Zip:	
Father's Employer:	
Work Telephone:	
Work Address:	
City/State/Zip:	

SPECIAL INSTRUCTIONS TO CONTACT PARENTS:

OTHER EMERGENCY CONTACT INFORMATION

In case of illness or other emergency, give the name, address and telephone number of nearest relative or friend who can be contacted if the parents cannot be reached.

Name:	
Relationship to Child:	**Grandparent Aunt/Uncle Sister/Brother Friend**
Address: **(Include Number and Street Name)**	
City/State/Zip:	
Telephone:	
CHILD'S PEDIATRICION OR PRIMARY SOURCE OF HEALTH CARE	
Name of Physician:	
Telephone:	
Address: **(Include Number and Street Name)**	
City/State/Zip:	

MEDICAL EMERGENCY STATEMENT

I hereby give _____(Name of Family Child Care Provider) permission to take my child, _____ , to a hospital for medical treatment when I cannot be reached.

_____ _____

Parent Signature **Date Signed**

Note: Many emergency services personnel often require notarized authorization in order to proceed with care. Please request from your provider and complete a **MEDICAL CARE AND EMERGENCY CONTACT INFORMATION** form in order to provide this detailed information.

PERMISSION TO TAKE THE CHILD OFF THE PREMISES

I hereby give (Name of Family Child Care Provider) permission to take my child, , on excursions from the family day care home that might include the following types of activities:

(The provider should fill in the above list with activities that she might provide away from home. Examples might include trips to the store, riding in the car, swimming, etc.)

Parent/Guardian **Date**

CHILD'S SCHEDULE AND INTERESTS

The following information will assist the provider to understand and care for your child.

Please describe your child's eating habits, i.e. food likes and dislikes, etc.
NOTE: Complete **INFANT FEEDING PLAN** (next page) for children who are under 1 year of age.

Describe the play activities that your child likes, both indoors and out-of-doors.

Describe your child's naptime habits.

Describe your child's toilet and hygiene habits.

Please add any other special information that is important to your child's care here:

Does your child have any known allergies? Yes No If yes, please explain:

Does your child have any known medical problems? Yes No If yes, please explain:

Please read the statement	**below and initial the box to the left if you have provided this information.**
	My child has known allergies and/or other medical problems. I have requested from my provider and completed a **MEDICAL CARE AND EMERGENCY CONTACT INFORMATION** form in order to provide this detailed information.

Parent/Guardian

_____
Date

Georgia Dept of Early Care and Learning
BRIGHT FROM THE START

Section 4: Important Information and Requirements	
Pets in the Home	
Keeping Your Family Child Care Area Clean	
Crib Requirements	
Hanging Cords	
Screens and Barriers for Heating Devices	
Outdoor Areas	
Outdoor Fencing	
Play Equipment and Surfaces	
Supervision of Children	
Hand Washing & Diapering Procedures	
Toileting	
Dishwashing	
Encouraging Good Food Habits & Meal Guidelines for Children 0-12	
Child Restraint Information Sheet (Georgia Safety Belt Laws) & Transportation	
Guidelines for Positive Discipline	
Don't Shake the Baby	
Biting	
Fire Extinguisher	

Pets in the Family Child Care Learning Home

Family Child Care Learning Home Rules: 290- 2- 3-.11(1)(n)and (o)

Pets in the Home shall be vaccinated in accordance with the requirements of your local county Board of Health.

Unconfined pets shall not be permitted in child care areas when children are present, except for supervised learning experiences.

Pets are found in many homes in Georgia. It is important to remember as a licensed Family Child Care Provider:

- You must have documentation that all your pets have been vaccinated according to local county Boards of Health.
- All pets must be restricted from the child care area, unless a pet is part of specific child activity.
  - You must be able to control pets and all other animals to keep the premises sanitary
  - Animals with a vicious propensity (such as, pit bull dogs, ferrets, poisonous snakes) are not allowed on the premises when children are present.
- Remember adequate supervision is a must!

A number of children are killed each year by an animal attack and many other children have required medical treatment such as stitches, tetanus shots or rabies prevention shots. Animal bites, scratches, and especially puncture type wounds, carry a significant risk of infection. Severe injuries such as multiple bites, deep or gaping lacerations, wounds with excessive or continuous bleeding, wounds which are painful or puncture-type, should receive immediate medical attention. Injuries that appear minor at first may become severe due to infection. This usually happens within 24 hours. Signs of infection include increasing pain, swelling, redness, drainage of pus, chills, fever, and red streaks.

If a child is bitten by an animal what do I do?

- Don't panic!
- Remove the child from any further danger. If safe to do so, restrain the animal. Do not attempt to restrain any unknown animal.
- Perform appropriate first aid measures (apply pressure to stop the bleeding, call 911 or your local emergency number if medical assistance is needed.)
- Follow up by contacting the parent/guardian of the injured child, a veterinarian, the local Animal Control Department and Bright from the Start.

Keeping your Family Child Care Area Clean

Family Child Care Learning Home Rules: 290-2-3-.13(1)

The Home's building shall be kept clean and free from obvious hazards to the children's health and safety.

The following are suggestions on how to help you keep your Family Child Care Learning Home area clean and free from contamination.

General cleaning and sanitizing procedures:

1. Wash surface or article vigorously with warm water and detergent.
2. Rinse with clean water.
3. Submerge, wipe, or spray with a solution of $^1/_4$ cup of chlorine bleach in 1 gallon of water or 1 tablespoon of chlorine bleach to 1 quart of water. Chlorine bleach is recommended since it is readily available, inexpensive, effective, and safe when diluted as instructed.
4. Wait 2 minutes and wipe dry or let surface air dry.

When properly mixed, bleach solution is efficient of twenty-four (24) hours. Bleach solution must be made fresh daily. We recommended that you make your bleach solution at the same time each day to establish an effective routine.

For hard, nonabsorbent surfaces:

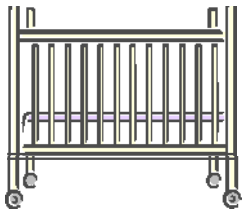
1. Homes and centers caring for infants and toddlers should wash, rinse, and sanitize with safe sanitizing solution those articles and surfaces that have been or are likely to be placed in children's mouths or in contact with the mouth.
2. Wash, rinse, and sanitize all other toys and surfaces when visibly dirty or contaminated with vomit, feces, urine, nasal discharge, etc. Develop a cleaning schedule for these items to ensure they are cleaned regularly.

For absorbent items (e.g. stuffed toys, bedding, clothes, etc.)

1. Use only washable stuffed toys, and dress up clothes.
2. Launder stuffed toys, sheets, and blankets regularly or when visibly dirty or contaminated with vomit, feces, urine, or other bodily discharges. Items should be washed in HOT water.
3. Laundered bedding items should be protected from contamination through proper storage, such as a closet, a shelf or in a drawer.
4. Do NOT store unsanitary or items that are not clean on the floor.

For carpeting: **In those cased where infants and toddlers are allowed to play/rest on carpeted floors extra precautions need to be taken:**

- Vacuum the carpet daily
- Shampoo the carpet regularly
- Spot clean the carpet immediately when an area is visibly dirty or contaminated with vomit, feces, or urine. Spot clean the carpet with commercially available products.



Crib with Waterproof Mattress for Infants

Family Child Care Learning Home Rule: 290-2-3-. 12(2)

Provision shall be made for each child to haves comfortable, clean place to nap. A crib with a waterproof mattress shall be provided for each child less than one year of age.

Many providers ask.... Is a used crib safe?

Here are several safety tips for cribs:

A safe crib has:

- A firm, tight-fitting mattress
- No loose, missing or broken hardware or slats
- No more than 2 3/8 inches between the slats/bars (about the width of a soda can)
- No corner posts over 1/16 inches high
- No cutout designs in the headboard or footboard.

For mesh-sided sleeping equipment look for:

- Mesh less than $^1/_4$ inch in size, smaller than the tiny buttons on baby's clothing.
- Mess with no tears, holes or loose threads that could entangle the baby.
- Mesh securely attached to top rail and floor plate.
- Top rail cover with no tears or holes

If you plan to use a used crib, please ensure:

- The crib has not been recalled by:

U.S. Consumer Product Safety Commission
Washington, D.C. 20207
Hotline 1-800-638-2772
Website: www.cpsc.gov

- The crib has been approved by the manufacturer for sleeping and is appropriate in size for the child according to the manufacturer's specifications.

U.S. Consumer Product Safety Commission

A SAFER GENERATION OF CRIBS

New Federal Requirements

5 New Federal Requirements:

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

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

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

www.cpsc.gov

NSN

NSN 11-2

www.cpsc.gov

Child Care Providers

Your Guide to New Crib Standards

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

What you should know…

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

What you should do…

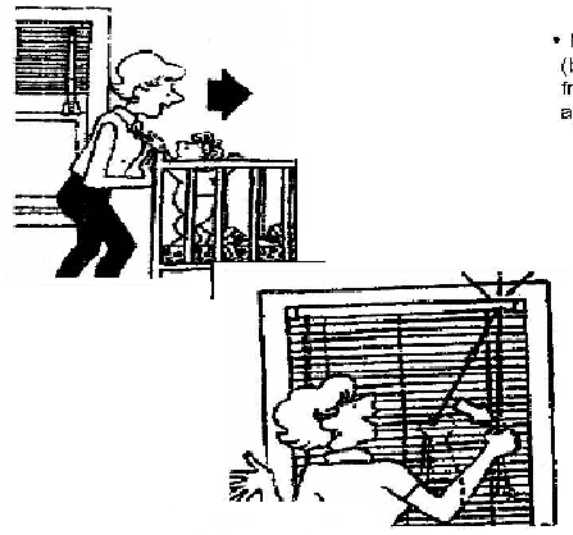
- All child care facilities, family child care homes, and places of public accommodation:
  - o Must prepare to replace their current cribs with new, compliant cribs before December 28, 2012.
  - o Should not resell, donate or give away a crib that does not meet the new crib standards.
- Dispose of older,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

Hanging Cords and Other Hazards

Family Child Care Learning Home Rule: 290-2-3-. 11(2)(d)
Children shall not have access to hanging cords or other hazardous objects.

- Window cords and young children don't mix. From infants to preschoolers, young children are unaware and unsuspecting of the many dangers of cords.
- When cribs are placed near a window, infants may be able to pull up to nearby window cords and pull them into the cribs and around their neck and/or head.
- Toddlers and older children can become tangled in window cords.

The key to window cord safety is to reduce the child's access to the cords by:



- Making sure all cribs and low-standing furniture (beds, books, toy boxes, etc.) are moved away from windows. You may want to place them against another wall.
- Locking all pull cords into position whether the blind is up or down.
- Eliminating dangling cords by securing all pull cords out of reach by using a cleat or permanent tie-down device.

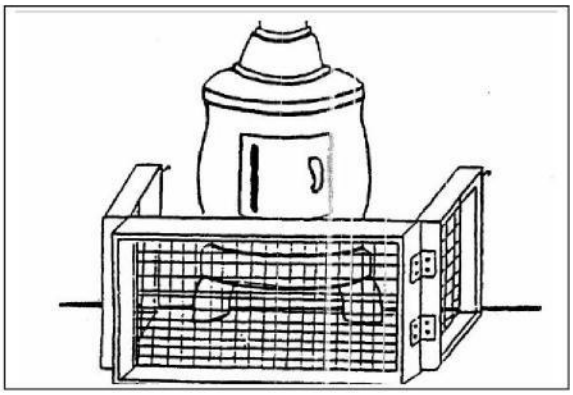
- Baby bibs with string ties cannot be used. Bibs are now available with Velcro and snap fastenings. Plastic and paper disposable bibs may be used with **short** ties for fastening.
- Cable and electrical cords must be inaccessible to the children in care.
- Television and radio cords also pose a significant risk and must be secured and inaccessible to the children in care.

For more information on cord safety or to get a free cord safety kit, call the Window Covering Safety Council at 1-800-506-4636 or http://www.windowcoverings.org/

Screens and Barriers for Heating Devices

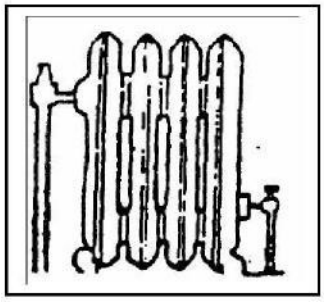
Family Child Care Learning Home Rule: 290-2-3-. 13(1)(e)
When in use, radiators, open fire, oil or wood burning stoves, floor furnaces and similar hazards shall have barriers or screens to prevent children from being burned.

Barricades/Barriers prevent children from being accidentally burned or injured when falling towards a stove, furnace or heating device.

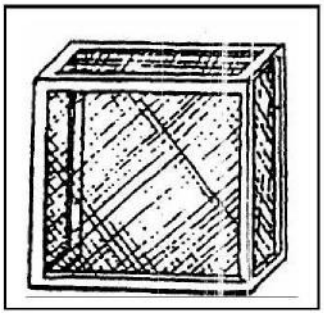


An example of a child-safe enclosure for a wood burning stove

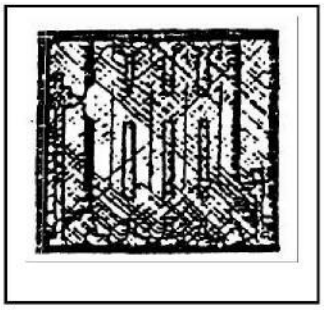
Exposed Radiator Properly Covered



Uncovered heater



An example of a radiator cover



A covered radiator

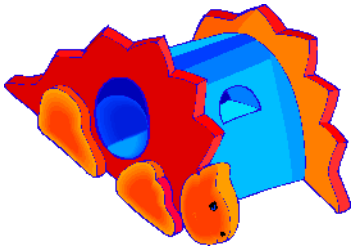
Outdoor Areas Free from Hazards

Family Child Care Learning Home Rule: 290-2-3-.13(2)(a) & (b)
Outside grounds and play areas shall be kept clean and free of obvious hazards to the ch**ildren's** health and safety. Climbing and swinging equipment shall be securely anchored to eliminate accidents or injuries.

The outdoor play area shall be clear of hazards by checking and removing or making the following items inaccessible:

Lawn and garden tools	Broken Toys
Construction materials	Barbecue equipment/Grills
Un-stacked wood	Trash that is not in closed containers
Old Cars	Tree roots
Lighter Fluid/Cleaning Agents	Mop Buckets/Pails

- Check and empty buckets, wading pools and any object that retains water every time it rains.
- Check and cover any protruding bolts and screws on play equipment. (Covers for protruding bolts may be plastic cups/covers available at your local hardware store)
- Check for sharp or jagged edges and rusted equipment. If the equipment is seriously rusted or has broken parts, it should be repaired or removed from the play area.
- Check storage areas such as sheds, barns or garages for poisons and other hazards.
- The best solution is to keep the outbuildings locked and inaccessible to the children.
- Check all swing S hooks to be sure they are completely closed. (Closed hooks should look like the number 8)
- Always supervise children closely when children are allowed access to swing sets.
- Do not allow children to play near the swing set when other children are swinging.
- Talk to the children about staying out of prohibited areas.



Outdoor Fencing

Family Child Care Learning Home Rule: 290-2-3-13(c)

Such outside play areas shall be protected from traffic or other hazards by fencing or other barriers at least four feet in height and approved by the department. Fencing material shall not present a hazard to children. A fence shall be provided around swimming pools to make them inaccessible when not in use.

- Fencing is a protection for children from hazards such as swimming pools and traffic.

- Fencing around pools must be at least four feet high and meet local ordinances for swimming pools.

- If the hazard is not a pool then other barriers can be used. Such barriers may be natural or man-made. Some examples include a wall, a building, a hedge or other protective enclosure.

- You must have a fenced/approved barrier outside space for your children to play. Fencing or other approved barriers must be at least four feet high, secure, and prevent children from leaving the area.

- Fencing or any other barrier does not take the place of supervision. Providers should be with children at all times when they play outdoors. Have an answering machine or voice mail inside to answer calls when you are outdoors. You may have a wireless phone or cell phone outside with you to make calls in case of an emergency.

- Fencing should be free from openings a child can get through and from entrapment hazards (gaps less than 3 $^{1}/_{2}$ inches wide).

- Fencing should be free of ready footing for climbing.

- Fencing should be free from hazards such as sharp exposed edges.

Other pool safety tips:

- Gates into the protected pool area, when the area is not in use, must be secured with a lock that a child cannot operate.

- If the pool is above ground, be sure exterior steps or ladders have been removed to make the pool inaccessible.

- Make sure the pump mechanism and other exposed pool equipment is enclosed and cannot be used as a climbing apparatus for the children to access the pool area.

FENCING

- **Provide at least a 4-foot-high fence around the play area.**
  - **Material must be non-hazardous without any protruding metal or wires.**

  The following are approved fencing materials if they are at least 4 feet tall:

  Chain Link (with closed, bent wire- no sharp points exposed along the top) Wooden (no gaps between boards, no splinters)
  PVC/plastic picket fence (if gaps between pickets, must be less than 3 $^{1}/_{2}$ inches) Wrought Iron (if gaps between rails, must be less than 3 $^{1}/_{2}$ inches)

  Materials <u>not</u> approved: Barbed wire, chicken wire, farm wire (rectangular openings), lattice (plastic or wood)

- A fence must be installed to prevent a child from becoming injured or from leaving the play area by any other means than through an approved access route. The fence must be secured at the top and meet the ground and be secured at its base. Securing the base would prevent the entrance of rodents, etc.

- Any bolt used for installation should be turned toward the outside of the fence. If pointing inside, the bolts must be cut down to no more than two threads, then filed smooth or capped.

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

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

- Gas meters and/or heating and cooling equipment must have a secure fence or barrier around them to prevent children from having access to them. This fence or barrier must also be at least 4 feet tall.

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

PLAY EQUIPMENT AND SURFACES

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

FALL ZONE

Use zones (also called “fall zones”) should surround equipment by six feet on all sides in general. For swings, measure the height to the top of the swing bar; the use zone in front and behind swings will be two times that height (a seven (7) foot tall swing would have fourteen (14) foot use zone in front AND behind the swings). Use zones of stationary equipment may overlap if the equipment is six (6) feet apart and 30 inches high or less. If more than 30 inches high, overlap is allowed only if equipment is nine (9) feet apart. Slides great than six (6) feet high require an exit use zone equal to their height up to eight (8) feet.

For more information please see the U.S. Consumer Product Safety Commission Public Playground Safety Handbook (Publication #325, November 2010) available at www.cpsc.gov

Fall Zones

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Fall Zones-Swings

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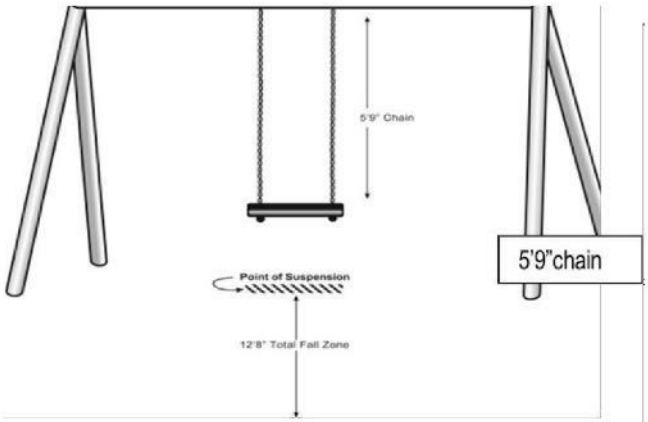
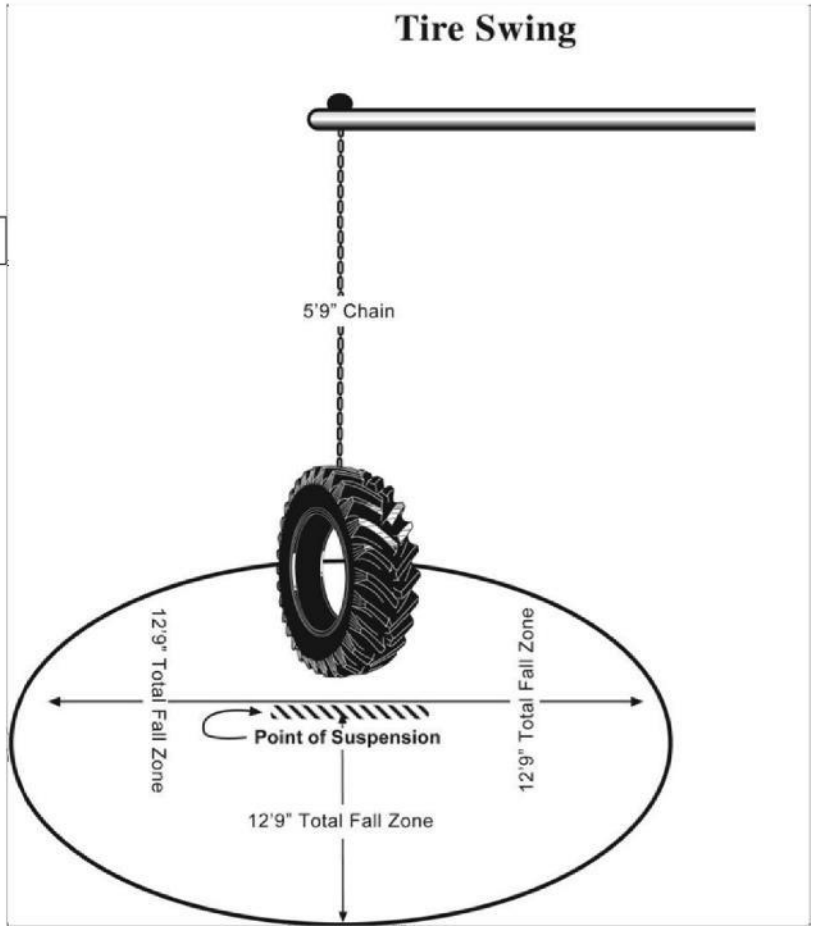
- Slides greater than six (6) feet high require an exit use zone equal to their height up to eight (8) feet.
- For more information, please see the U.S. Consumer Product Safety Commission Public Playground Safety Handbook (Publication #325, November 2010) available at www.cpsc.gov

Fall Zones



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

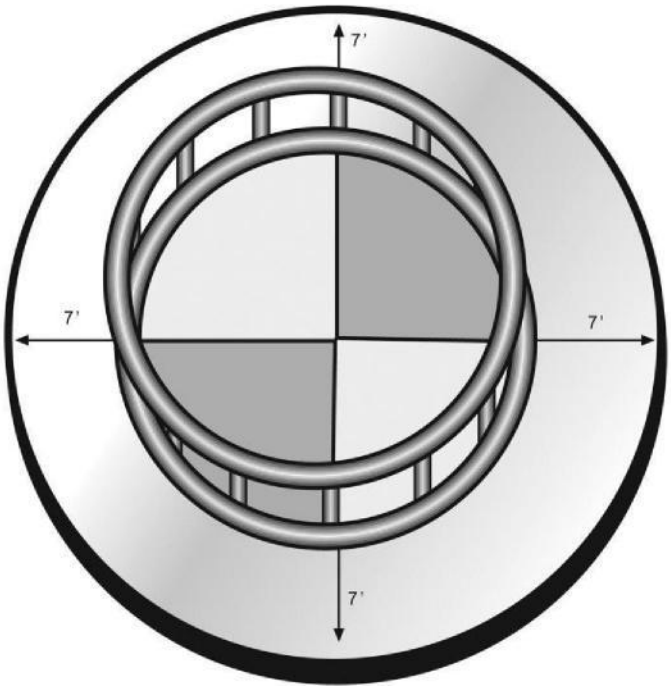
Entrapping Equipment
A component or group of components on play equipment that forms angles or openings that could entrap a child’s head by being, (1) too small to allow the child to withdraw head easily, and (2) placed so that the child would be unable to support weight by means other than head or neck.



Slide and Revolving Devices Fall Zone

Fall Zones - Slides

Fall Zones - Revolving Devices



Resilient Surface

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

Supervision of Children

Family Child Care Learning Home Rules: 290-2-3-.07(7)
At least one adult shall supervise children at all times.

When you provide care for other people's children, you have a responsibility to assure their safety and well-being. The most important way to do this is to provide appropriate care and supervision of all children and maintain the required adult/child ratio.

As the Child Care Provider, you are:

- Accountable for everything that happens in your home, including those times when you leave the children in the care of your assistant or substitute.

- Responsible for providing a program that meets the developmental needs of the children in care.

- Responsible for assuring that there is appropriate supervision.

Supervision means:

- You are in the same general area as the children and immediately available to them at all times.

- You are directly overseeing the children and their activities at all times.

- You are monitoring all the children's activities by sight.

- You are outdoors with the children during outdoor play.

What is appropriate naptime supervision?

- You are awake and alert while the children nap.

- You stay on the same level of your house where children are napping.

- You keep all doors open if children nap in different rooms or areas.

- You visually check on each child several times during naptime.

You must be accessible to the children during naptime in case they have an emergency, i.e., asthma attack, breathing stops, or any other traumatic experience or in case of an emergency situation that requires evacuation, such as a fire.

GOOD HEALTH IS IN YOUR HANDS!

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

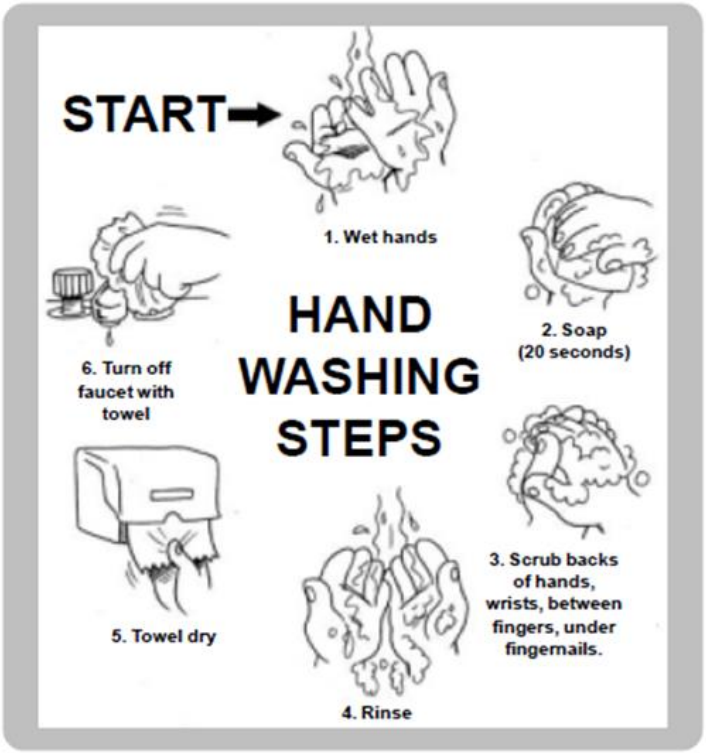
Always wash your hands . . .

Before

- preparing or eating food
- treating a cut or wound
- tending to someone who is sick
- inserting or removing contact lenses

After

- using the bathroom
- changing a diaper or helping a child use the bathroom (don't forget the child's hands!)
- handling raw meats, poultry or eggs
- touching pets, especially reptiles
- sneezing or blowing your nose, or helping a child blow his/her nose
- handling garbage
- tending to someone who is sick or injured

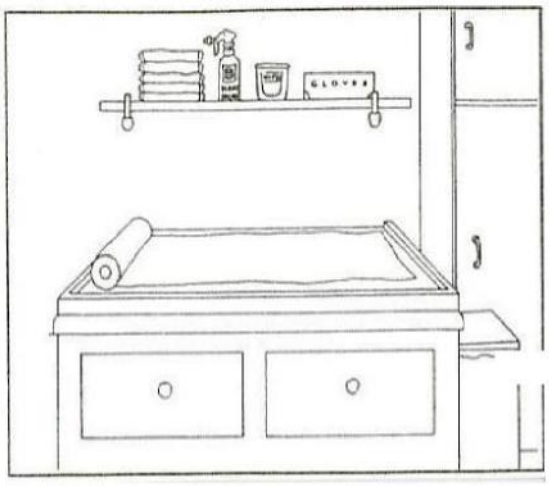


Georgia Department of Human Resources | Division of Public Health | http://health.state.ga.us

Proper Hand Washing is Essential to Good Health!

DIAPERING PROCEDURES

STEP 1

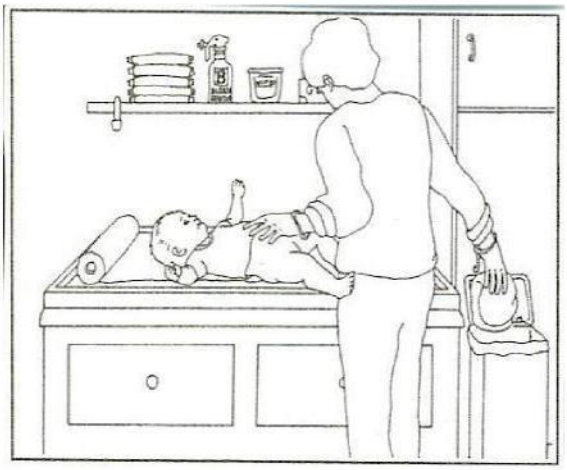


Prepare for Diapering Before Bringing Child to the Table

- Change the table paper (if used) to cover the table from the child's shoulders to feet (in case it becomes soiled and must be folded over to create a clean surface during the change).
- Obtain enough wipes for the diaper change (including cleaning the child's bottom and the child's and teacher's hands after taking the soiled diaper away from the child's skin).
- Get a clean diaper, plastic bag for soiled clothes and clean clothes (if soiled clothing is anticipated).
- Gather your non-porous gloves (if they will be used), and a dab of diaper cream on a disposable paper towel, if cream is being used.

Supplies should be removed from their containers and placed near, but not directly on, the diapering surface before starting the diaper change.

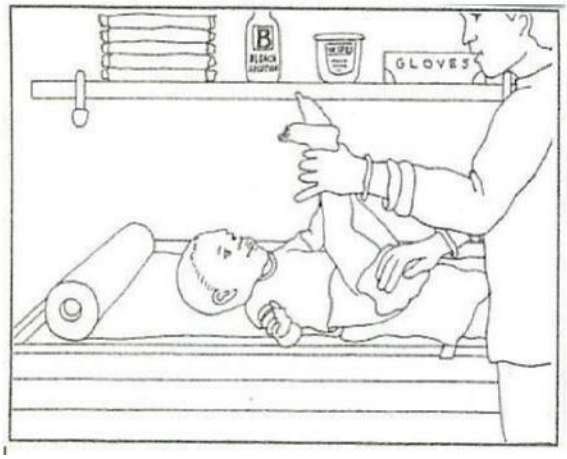
STEP 2



Avoid Contact with Soiled Items and Always Keep a Hand on the Child

- Wash your hands with liquid soap and warm running water.
- Place the child on diapering table. Remove clothing to access diaper. If soiled, place clothes into a plastic bag.
- Remove soiled diaper and place into a lined, hands-free trash container. (To limit odor, seal in a plastic bag before placing into trash container.)

STEP3

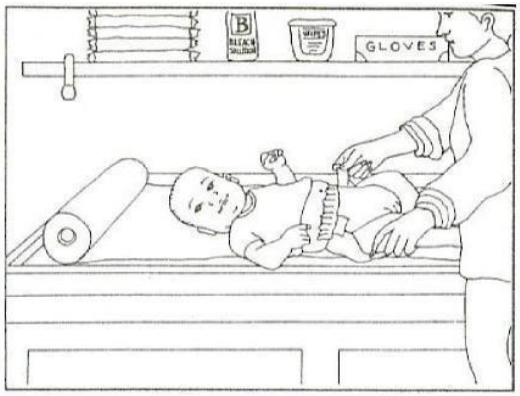


Clean the Child's Diaper Area

- Use wipes to clean child's bottom from front to back.
- Use a wipe to remove soil from adult's hands.
- Use another wipe to remove soil from child's hands.
- Throw soiled wipes into lined, hands-free trash container.

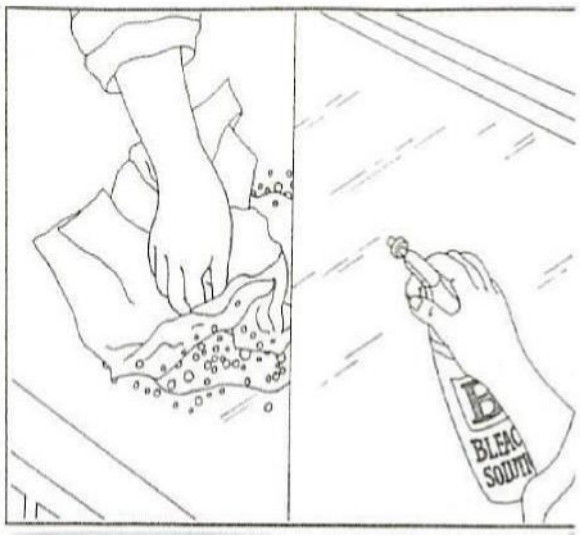
STEP 4

Put on a Clean Diaper and Wash Child's Hands



Put on a clean diaper and redress child. Place the child at the sink and wash hands following the proper hand washing procedure.

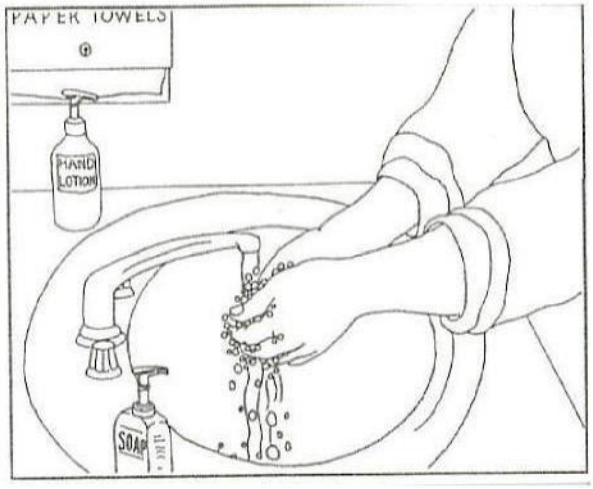
STEP 5



Clean and Disinfect the Diapering Area

- Clean any visible soil from the diapering table. Spray the diapering surface with bleach-water solution and wait more than 10 seconds before wiping with a disposable towel or allow to air dry.
- The recommended practice is to wait for 2 minutes to allow the solution to kill germs. However, if there is a delay of more than 10 seconds before the solution is wiped from the surface, this is considered adequate. **The surface cannot be sprayed and immediately wiped.**
- The diapering surface must be sanitized after each diaper change with a bleach-water or other approved sanitizing solution.

STEP 6



Wash Your Hands and Record in the Child's Daily Log

Adult washes hands using the proper hand washing procedure without contaminating any other surfaces.

Additional precautions

All surfaces must be able to be sanitized- e.g., no quilted pads or safety straps, no containers that are stored on the diapering surface.

Toys that are played with or objects that are touched while children's diapers are changed must be put aside to be sanitized.

Toileting and the Toddler 

Toilet learning can be a challenging subject for the child, parent or guardian, and caregiver alike - or it can be a rewarding experience for all. Knowing what to expect can help lessen some of the anxieties and make the learning fun. The following information discusses some developmental background on toilet learning, the importance of home/child care communication when toileting, and some helpful hints.

These behaviors indicate a child may be ready for toilet learning:

1. The child will have a bowel movement at a regular time.
2. The child is dry most nights.
3. The child wakes up dry from nap.
4. The child can hold urine for longer periods of time.
5. The child is around the age of 2.

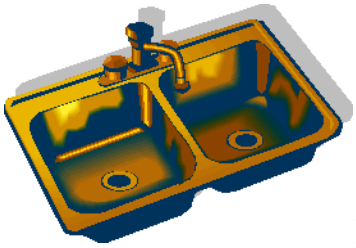
If a child exhibits these indicators, then parents or guardians and caregivers should discuss starting with toilet learning. It also helps if a child shows an interest in toileting. A child must physically be capable of recognizing the internal signals that she or he is about to have a bowel movement or urinate, as well as perform the actions of holding on and expelling. Toilet learning is very individualized.

A positive relaxed approach is best, so remember:

1. Praise accomplishments and expect frequent "accidents"; mistakes will and do happen until the child is around five years old. Take these accidents in stride.
2. Waking control comes before sleeping control (plastic undies or diaper at night and nap)
3. Expect lapses, especially when a child is sick, tired, or really involved in an activity.

Helpful tips...

1. Have specific times when the child will try to eliminate.
2. Figure out if there is a pattern of elimination (always 'goes' about 9:00 and 11:30).
3. Always pre-warn the child of the upcoming event. "After you put that piece in the puzzle, it will be your bathroom turn."
4. Decorate the bathroom, making the bathroom look inviting to the children. This could include adding: colorful pictures, posters of songs, wind chimes or mobiles.
5. Acknowledge Children's Fears. Some children might be afraid of the flushing action of the toilet. Let the child practice flushing pieces of toilet paper. This is an easy way for the child to get used to the noise and the sight of things disappearing in the toilet.
6. Some children may be afraid of falling in: Have a potty chair, toilet seat adapter, or step stool available for the child to use. This will help them to feel more secure.
7. Recognize Successes (a success may be “trying” as well as “going”). Praise, Praise, Praise*:* When a child gets a positive reaction to something he/she has done, the child will be more likely to repeat that action. This holds true for toilet training, too. Praise the child when she has successfully used the toilet. But don't reprimand the child if they were not successful. Treat temporary setbacks as unfortunate happenings, NOT big mistakes!



Manual Dishwashing – Chemical Method

If you do not use a dishwasher or disposable dishes the following manual dishwashing procedure must be used. If you prepare food for the children in your care, you should follow these guidelines when cleansing your cooking materials.

Approved Procedure – Pre-rinse or scrape, Washing, & Sanitizing

Pre-rinse	Scrape Dishes First, Removing All Food Items.
Wash	Wash Dishes In Water At About 100°F With A Good Detergent.
Rinse	Rinse Dishes Thoroughly In Clean Hot Water After Washing.
Sanitize	Dip Each Dish In Warm Water With 1 Tablespoon of Bleach to Each Gallon of Water. Let Dishes Soak for 2 Minutes.
Air Dry	Place Dishes in Drying Rack to Air Dry.

If you have to use your kitchen sink to wash your hands after diapering and you prepare food in your home please note:

You must sanitize the sink between each diaper change
and before you begin food preparation.

Encouraging Good Food Habits

Rule 290-2-3-.10(1): Children shall be served all meals and snacks as scheduled for the period of time in which they are present. Rule 290-2-2-10(2): Meals and snacks with serving sizes dependent upon the age of the children shall be nutritious, well-balanced, and varied.

Did you know?

- For healthy growth and development, children need snacks and fluids between meals. Generally, 20% of a child's food calorie intake comes from snacks.
- Snacks can provide additional energy that children need to avoid late-morning and mid-afternoon slump
- These snacks should be carefully planned to be nutritious and age appropriate.

Why do children need snacks?

- Children's bodies have a constant need for energy replacement.
- Children's stomachs are not large enough for them to eat enough at each meal to last all the way to the next meal.
- Snacks between meals allow children to meet their basic level of calories necessary to grow, think, and play.
- Ample fluid intake throughout the day can help avoid dehydration of the child's body.

Guides for Planning Safe and Healthy Snacks...

- Mid-morning and mid-afternoon snacks should be considered an extension of breakfast and lunch. Nutrients missed during meal time can be added to a child's diet at snack time. This is why it is important to carefully plan nutritious snacks.
- Potential choking hazards exist for children under age 4 for hot dogs rounds, carrot pieces, popcorn, nuts, grapes, peanut butter, hard candy and marshmallow. Use close supervision when young children are eating.
- Infants should never be given chocolate, citrus fruit, egg whites, honey or shellfish. Healthy snacks served approximately 2 hours before the next meal usually will not affect an active child's appetite.
- Nuts can pose a choking hazard for children less than 4 years of age.

Snack and Mealtime can be a Learning Experience

In addition to providing a significant part of the child's daily food intake, snack time offers many interesting and important learning opportunities.

- Try new foods, and explore how they look, feel, sound, and smell.
- Develop ideas about different shapes, colors, textures, weights, amounts, etc.
- Develop social skills by talking and being with others.
- Discuss the science of food – how it is produced, how it is prepared, its importance to growth,
- Develop a willingness to try different things through eating new foods.
- Encourage age appropriate table manners.
- Share special events (birthdays, holidays, etc)
- Share with one another food that they have prepared themselves, e.g. age appropriate food preparation activities.
- Enjoy a variety of foods.

Please refer to http://www.decal.ga.gov/Nutrition/Default.aspx for additional information.

Food Service Guidelines

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

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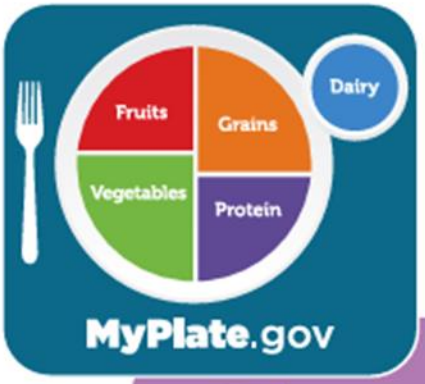
Meet MyPlate

The **MyPlate** icon reminds us that we need to eat and drink foods from the five food groups. **Fruits**, **Vegetables**, **Dairy**, **Grains**, and **Protein Foods** are important for good health. **MyPlate** shows the food groups in different sections of the plate. Does this mean that foods need to be separate on your plate? No way! Some of our favorite healthy foods are a mix of food groups. What food groups are in your sandwich or taco?

MyPlate Matching Game

Draw a line from each section of MyPlate to the correct foods below.



Did You Know?

Beans belong to both the Vegetable and Protein Food Groups. Some favorite ways kids like to eat beans are in burritos, tacos, chili, dips, and quesadillas.

Parents

Make half your plate fruits and vegetables. It is an easy way to make sure you (and your family) are getting enough. More information on MyPlate can be found at MyPlate.gov.

Discover MyPlate

Answers: FRUIT: orange. VEGETABLE: garden salad. PROTEIN FOOD: beans. GRAIN: rice. DAIRY: milk.

January 2023 • FNS-471B

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UPDATED CHILD AND ADULT CARE FOOD PROGRAM MEAL PATTERNS:

INFANT MEALS

USDA recently revised the CACFP meal patterns to ensure children and adults have access to healthy, balanced meals throughout the day. The changes to the infant meal pattern support breastfeeding and the consumption of vegetables and fruit without added sugars. These changes are based on the scientific recommendations from the National Academy of Medicine, the American Academy of Pediatrics and stakeholder input. CACFP centers and day care homes must comply with the updated meal patterns by October 1, 2017.

UPDATED INFANT MEAL PATTERN:

Encourage and Support Breastfeeding:

- Providers may receive reimbursement for meals when a breastfeeding mother comes to the day care center or home and directly breastfeeds her infant; and
- Only breastmilk and infant formula are served to infants 0 through 5 month olds.

Developmentally Appropriate Meals:

- Two age groups, instead of three: 0 through 5 month olds and 6 through 11 month olds; and
- Solid foods are gradually introduced around 6 months of age, as developmentally appropriate.

More Nutritious Meals:

- Requires a vegetable or fruit, or both, to be served at snack for infants 6 through 11 months old;
- No longer allows juice or cheese food or cheese spread to be served; and
- Allows ready-to-eat cereals at snack.

Learn More

For more information on infant development and nutrition, check out the USDA Team Nutrition's Feeding Infants Guide.

CHILD & ADULT CARE FOOD PROGRAM

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PREVIOUS AND UPDATED INFANT MEAL PATTERNS: LETS COMPARE

	PREVIOUS			UPDATED	
	0-3 Months	4-7 Months	8-11 MONTHS	0-5 MONTHS	6-11 MONTHS
Breakfast	4-6 fl oz breastmilk or formula	4-8 fl oz breastmilk or formula 0-3 tbsp infant cereal	6-8 fl oz breastmilk or formula 2-4 tbsp infant cereal 1-4 tbsp vegetable, fruit or both	4-6 fl oz breastmilk or formula	6-8 fl oz breastmilk or formula 0-4 tbsp infant cereal, meat, fish, poultry, whole eggs, cooked dry beans or peas; or 0-2 oz cheese; or 0-4 oz (volume) cottage cheese; or 0-4 oz yogurt; or a combination* 0-2 tbsp vegetable, fruit or both*
Lunch or Supper	4-6 fl oz breastmilk or formula	4-8 fl oz breastmilk or formula 0-3 tbsp infant cereal 0-3 tbsp vegetable, fruit or both	6-8 fl oz breastmilk or formula 2-4 tbsp infant cereal; and/or 1-4 tbsp meat, fish, poultry, egg yolk, cooked dry beans or peas; or ½ -2oz cheese; or 1-4 oz (volume) cottage cheese; or 1-4 oz (weight) cheese food or cheese spread; or a combination 1-4 tbsp vegetable, fruit or both	4-6 fl oz breastmilk or formula	6-8 fl oz breast milk or formula 0-4 tbsp infant cereal, meat, fish, poultry, whole egg, cooked dry beans or peas; or 0-2 oz cheese; or 0-4 oz (volume) cottage cheese; or 0-4 oz yogurt; or a combination* 0-2 tbsp vegetable, fruit or both*
Snack	4-6 fl oz breastmilk or formula	4-6 fl oz breastmilk or formula	2-4 fl oz breastmilk, formula, or fruit juice 0-½ bread slice or 0-2 crackers	4-6 fl oz breastmilk or formula	2-4 fl oz breastmilk or formula 0-½ bread slice; or 0-2 crackers; or 0-4 tbsp infant cereal or ready-to-eat cereal* 0-2 tbsp vegetable, fruit or both*

**Required when infant is developmentally ready.*
All serving sizes are minimum quantities of the food components that are required to be served.

For more information, please visit www.fns.usda.gov/cacfp/child-and-adult-care-food-program.
Questions? Contact your State or Regional Office.
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UPDATED CHILD AND ADULT CARE FOOD PROGRAM MEAL PATTERNS:

CHILD AND ADULT MEALS

USDA recently revised the CACFP meal patterns to ensure children and adults have access to healthy, balanced meals throughout the day. Under the updated child and adult meal patterns, meals served will include a greater variety of vegetables and fruit, more whole grains, and less added sugar and saturated fat. The changes made to the meal patterns are based on the Dietary Guidelines for Americans, scientific recommendations from the National Academy of Medicine, and stakeholder input. CACFP centers and day care homes must comply with the updated meal patterns by October 1, 2017.

Updated Child and Adult Meal Patterns

Greater Variety of Vegetables and Fruits

- The combined fruit and vegetable component is now a separate vegetable component and a separate fruit component; and
- Juice is limited to once per day.

More Whole Grains

- At least one serving of grains per day must be whole grain-rich;
- Grain-based desserts no longer count towards the grain component; and
- Ounce equivalents (oz eq) are used to determine the amount of creditable grains (starting October 1, 2019).

More Protein Options

- Meat and meat alternates may be served in place of the entire grains component at breakfast a maximum of three times per week; and
- Tofu counts as a meat alternate.

Age Appropriate Meals

- A new age group to address the needs of older children 13 through 18 years old.

Less Added Sugar

- Yogurt must contain no more than 23 grams of sugar per 6 ounces; and
- Breakfast cereals must contain no more than 6 grams of sugar per dry ounce.

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Making Every Sip Count

- Unflavored whole milk must be served to 1 year olds; unflavored low-fat or fat-free milk must be served to children 2 through 5 years old; and unflavored low-fat, unflavored fat-free, or flavored fat-free milk must be served to children 6 years old and older and adults;
- Non-dairy milk substitutes that are nutritionally equivalent to milk may be served in place of milk to children or adults with medical or special dietary needs; and
- Yogurt may be served in place of milk once per day for adults only.

Additional Improvements

- Extends offer versus serve to at-risk afterschool programs; and
- Frying is not allowed as a way of preparing foods on-site.

Breakfast Meal Patterns

	Ages 1-2		Ages 3-5		Ages 6-12 & 13-18		Adults	
	Previous	Updated	Previous	Updated	Previous	Updated	Previous	Updated
Milk	½ cup	½ cup	¾ cup	¾ cup	1 cup	1 cup	1 cup	1 cup
Vegetables, fruit, or both	¼ cup	¼ cup	½ cup	½ cup	½ cup	½ cup	½ cup	½ cup
Grains	½ serving	½ oz eq*	½ serving	½ oz eq*	1 serving	½ oz eq*	2 servings	2 oz eq*

*Meat and meat alternates may be used to substitute the entire grains component a maximum of three times per week.
Oz eq = ounce equivalents

Lunch and Supper Meal Patterns

	Ages 1-2		Ages 3-5		Ages 6-12 & 13-18		Adults	
	Previous	Updated	Previous	Updated	Previous	Updated	Previous	Updated
Milk	½ cup	½ cup	¾ cup	¾ cup	1 cup	1 cup	1 cup	1 cup*
Meat and meat alternatives	1 oz	1 oz	1 ½ oz	1 ½ oz	2 oz	2 oz	2 oz	2 oz
Vegetables	¼ cup	⅛ cup	½ cup	⅛ cup	¾ cup	½ cup	1 cup	½ cup
Fruits		⅛ cup		⅛ cup		⅛ cup		½ cup
Grains	½ serving	½ oz eq*	½ serving	½ oz eq*	1 serving	½ oz eq	2 servings	2 oz eq

*A serving of milk is not required at supper meals for adults
Oz eq = ounce equivalents

Snack Meal Pattern

	Ages 1-2		Ages 3-5		Ages 6-12 & 13-18		Adults	
	Previous	Updated	Previous	Updated	Previous	Updated	Previous	Updated
Milk	½ cup	½ cup	½ cup	½ cup	1 cup	1 cup	1 cup	1 cup
Meat and meat alternatives	½ oz	½ oz	½ oz	½ oz	1 oz	1 oz	1 oz	1 oz
Vegetables	½ cup	½ cup	½ cup	½ cup	¾ cup	¾ cup	½ cup	½ cup
Fruit		½ cup		½ cup		¾ cup		½ cup
Grains	½ serving	½ oz eq	½ serving	½ oz eq	1 serving	1oz eq	1 servings	1 oz eq

Select 2 of the 5 components for snack.
Oz eq = ounce equivalents

Note: All serving sizes are minimum quantities of the food components that are required to be served.

For more information, please visit www.fns.usda.gov/cacfp/child-and-adult-care-food-program.
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CHILD AND ADULT CARE FOOD PROGRAM:
BEST PRACTICES

The updated CACFP meal patterns lay the foundation for a healthy eating pattern for children and adults in care. USDA also developed optional best practices that build on the meal patterns and highlight areas where centers and day care homes may take additional steps to further improve the nutritional quality of the meals they serve. The best practices reflect recommendations from the Dietary Guidelines for Americans and the National Academy of Medicine to further help increase participants' consumption of vegetables, fruits, and whole grains, and reduce the consumption of added sugars and saturated fats.

CACFP Best Practices

USDA highly encourages centers and day care homes to implement these best practices in order to ensure children and adults are getting the optimal benefit from the meals they receive while in care:

Infants

- Support mothers who choose to breastfeed their infants by encouraging mothers to supply breastmilk for their infants while in day care and offer a quiet, private area that is comfortable and sanitary for mothers who come to the center or day care home to breastfeed.

Vegetables and Fruit

- Make at least 1 of the 2 required components of a snack a vegetable or a fruit.
- Serve a variety of fruits and choose whole fruits (fresh, canned, dried, or frozen) more often than juice.
- Provide at least one serving each of dark green vegetables, red and orange vegetables, beans and peas (legumes), starchy vegetables, and other vegetables once per week.

Grains

- Provide at least two servings of whole grain-rich grains per day.

Meat and Meat Alternates

- Serve only lean meats, nuts, and legumes.
- Limit serving processed meats to no more than one serving per week.
- Serve only natural cheeses and choose low-fat or reduced fat-cheeses.

Milk

- Serve only unflavored milk to all participants. If flavored milk is served to children 6 years old and older, or adults, use the Nutrition Facts Label to select and serve flavored milk that contains no more than 22 grams of sugar per 8 fluid ounces, or the flavored milk with the lowest amount of sugar if flavored milk within this sugar limit is not available.
- Serve water as a beverage when serving yogurt in place of milk for adults.

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Additional Best Practices

- Incorporate seasonal and locally produced foods into meals.
- Limit serving purchased pre-fried foods to no more than one serving per week.
- Avoid serving non-creditable foods that are sources of added sugars, such as sweet toppings (e.g., honey, jam, syrup), mix-in ingredients sold with yogurt (e.g., honey, candy, or cookie pieces), and sugar sweetened beverages (e.g., fruit drinks or sodas).
- Adult day care centers should offer and make water available to adults upon their request, throughout the day.

Resources

Find useful tips and strategies to help you incorporate the best practices into your every day meal service:

- Nutrition and Wellness Tips for Young Children: Child care providers can use these tips to incorporate key recommendations and best practices into their menus and daily schedules.
- Feeding Infants: This guide presents information on infant development, nutrition for infants, breastfeeding and formula feeding, feeding solid foods, sanitary food preparation, safe food handling, and much more!
- Healthy Meals Resource System: CACFP centers and day care homes will find more menu planning tools, recipe ideas, and additional tips and ideas to help implement the updated meal patterns and best practices, such as hosting taste tests to help introduce and get children excited about new foods and menus.
- Team Nutrition Resource Library: Visit the Team Nutrition Resource Library for free nutrition education materials to further reinforce and complement the nutrition messages taught by serving healthful foods.
- MyPlate: Resources found on the MyPlate website can help CACFP centers and day care homes identify healthier options to ensure menu choices contain the most nutrients children need to grow.
- ICN Education and Training Resources: The Institute of Child Nutrition's resources provide education and training opportunities to help provide nutritious meals in CACFP homes and day care settings.



Georgia Dept of Early Care and Learning
BRIGHT FROM THE START

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Brian P. Kemp
Governor

Amy M. Jacobs
Commissioner

CRITERIA FOR SACK LUNCHES FOR CHILD CARE LEARNING CENTERS & FAMILY CHILD CARE LEARNING HOMES

1. All nutritional requirements for meals and snacks listed in the Rules and Regulations must be met.
   - Child Care Learning Centers (CCLC) rule 591-1-1-.15(1).
   - Family Child Care Learning Home (FCCLH) rule 290-2-3.10(1).

2. The child care program shall have a written agreement with parent(s) as to the parent's responsibility to provide the child a nutritious sack lunch.

3. The child care program shall provide all parents written nutritional information concerning the content of sack lunches.

4. Food brought into the child care program shall be evaluated each day. If the child's sack lunch does not meet the nutritional requirements stated in the rules, the child care program must provide the child the additional food necessary to meet the requirements.

5. Individual sack lunches shall be labeled with the children's names. Children should be monitored to ensure that there is no swapping of home-prepared food.

6. The child care program shall provide proper storage and refrigeration for sack lunches; all perishable and potentially hazardous foods shall be refrigerated at a temperature of 40 degrees Fahrenheit or below as stated in rules.
   - CCLC rule 591 -1-1-.18(5)
   - FCCLH rule 290-2-3-.10(13)

   "Potentially hazardous food" 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.

7. All food preparation in the child care program must meet the requirements stated in the following chapters.

8. Each child shall be served at least 4 ounces of milk each day, if not contraindicated by special diet as stated in rules.
   - CCLC rule 591-1-1.15(1)
   - FCCLC rule 290-2-3-.10(1)

Intentional Mealtimes

Incorporating GELDS into mealtime routines and classroom activities

Physical Development and Motor Skills

Health & Well-Being

- Exploring food with fingers (PDM2)
- Showing food preferences and interest in trying a new food (PDM2)

Use of Senses

- Exploring a food with a new smell, taste, or texture (PDM4)
- Making faces in response to foods (PDM4)

Motor Skills

- Gaining neck control to move toward or away from bottle or spoon (PDM5)
- Gaining the strength to sit in a high chair (PDM5)
- Using hand-eye coordination, grasping, and small object manipulation to feed self with fingers or utensils (PDM6)
- Practicing drinking water from an open cup (PDM6)

Social and Emotional Development

Developing a Sense of Self

- Being satisfied in own ability to feed self (SED1)
- Choosing what to eat, from what is provided (SED1)
- Using sounds, facial expressions, and movements to express hunger and fullness (SED2)

Self-Regulation

- Learning and participating in mealtime routines (SED3)
- Following mealtime rules, like not eating off a friends plate, or keeping hands out of serving bowls during family style dining (SED3)

Developing a Sense of Self with Others

- Bonding with adults during bottle feeding and mealtime (SED4)
- Seeking assistance from an adult to use utensils or drink from a cup (SED4)
- Recognizing peers' personal space and their food during meals (SED5)

Approaches to Play and Learning

Initiative and Exploration

- Demonstrating a desire to feed self (APL1)
- Showing interest in what and how others are eating and drinking (APL2)
- Showing interest in what food is and where it comes from (APL2)

Attentiveness and Persistence

- Continuing to express distress when needs are not met, like crying when early hunger cues are not responded to; throwing food when fullness cues are not respected; and persistently whining and crying for treats or other foods (APL3)

Play

- Cooperating during family-style meals, setting the table, cleaning up (APL5)

Communication, Language and Literacy

Receptive Language

- Responding to directions- wash your hands, pass the bowl (CLL1)
- Understanding words, like "time to eat" or names of familiar foods (CLL2)

Expressive Language

- Communicating hunger and fullness through nonverbal gestures and actions (CLL3)
- Learning and using more language about foods and mealtime (CLL4)

Early Reading

- Responding to pictures of foods in books (CLL5)
- Connecting books about food to real-life experiences, like connecting a book about gardens to the school garden, or a book about a food and a class cooking activity (CLL5)

Cognitive Development and General Knowledge

Math

- Counting pieces of food on the plate (CD-MA2)
- Graphing food preferences during taste tests (CD-MA2)
- Comparing foods, like discussing which vegetable is bigger or heavier (CD-MA3)
- Sorting foods using colors, shapes, and later their food group (CD-MA4)

Social Studies

- Recognizing and following rules during mealtimes (CD-SS2)
- Observing cultural customs and celebrations related to food (CD-SS2)
- Helping with the mealtime tasks, like cleaning and setting the table (CD-SS4)

Science

- Exploring and responding to food using senses (CD-SC1)
- Investigating vegetable and fruit plants and how they grow and change (CD-SC3), and recording observations through drawings (CD-SC1)

Creative Development

- Role playing mealtime, grocery shopping and other food-related activities during play (CD-CR1)

Cognitive Processes

- Repeating actions to cause a desired effect, like throwing a cup on the ground for a caregiver to pick up (CD-CP1)
- Imitating peers during mealtime (CD-CP2)
- Using objects, like utensils and cups, as intended (CD-CP2)
- Using problem-solving skills to feed self, like using hands when the fork is a challenge (CD-CP3)

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Food and Nutrition Service

Reducing the Risk of Choking in Young Children at Mealtimes

Children **under the age of 4** are at a high risk of choking while eating. Young children are still learning how to chew food properly, and they often swallow the food whole. Their small airways can become easily blocked.

You can help reduce children's risk of choking when eating by preparing food in certain ways, such as cutting food into small pieces and cooking hard food, like carrots, until it is soft enough to pierce with a fork. **Remember, always supervise children during meals and snacks.**

FNS-877 September 2020

Prepare Foods So They Are Easy to Chew

You can make eating safer for young children by following the tips below:

- Cook or steam hard food, like carrots, until it is soft enough to pierce with a fork.
- Remove seeds, pits, and tough skins/peels from fruits and vegetables.
- Finely chop foods into thin slices, strips, or small pieces (no larger than ½ inch), or grate, mash, or puree foods. This is especially important when serving raw fruits and vegetables, as those items may be harder to chew.
- Remove all bones from fish, chicken, and meat before cooking or serving.
- Grind up tough meats and poultry.

Cut Round Foods Into Smaller Pieces

Small round foods such as grapes, cherries, cherry tomatoes, and melon balls are common causes of choking.

Slice these items in half lengthwise.

Then slice into smaller pieces **(no larger than ½ inch)** when serving them to young children.

Avoid Choking Hazards

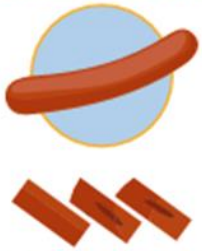
To help prevent choking, do not serve small (marble-sized), sticky, or hard foods that are difficult to chew and easy to swallow whole, including:

- Cheese cubes or blocks. Grate or thinly slice cheese before serving.
- Chewing gum*
- Dried fruit
- Gummy fruit snacks*
- Hard candy, including caramels, cough drops, jelly beans, lollipops, etc.*
- Hard pretzels and pretzel chips
- Ice cubes*
- Marshmallows*
- Nuts and seeds, including breads, crackers, and cereals that contain nuts and seeds
- Popcorn
- Spoonfuls of peanut butter or other nut butters. Spread nut butters thinly on other foods (e.g., toast, crackers, etc.). Serve only creamy, not chunky, nut butters.
- Whole round or tube-shaped foods such as grapes, cherry tomatoes, cherries, raw carrots, sausages, and hot dogs

*Not creditable in the Child Nutrition Programs, including the Child and Adult Care Food Program (CACFP), National School Lunch Program and School Breakfast Program, and Summer Food Service Program.

Cut Tube-shaped Foods Into Smaller Pieces

Cut tube-shaped foods, such as baby carrots, string cheese, hot dogs, etc., into short strips rather than round pieces.



In addition to the foods listed, **avoid serving foods that are as wide around as a nickel,** which is about the size of a young child's throat.

Teach Good Eating Habits

Sit and eat with children at meals and snacks. Remind children to take small bites of food and swallow between bites. Eating together may help you quickly spot a child who might be choking. Other tips to help prevent choking while eating include:

- Only providing foods as part of meals and snacks served at a dining table or high chair. When serving infants, do not prop the bottle up on a pillow or other item for the baby to feed him or herself.
- Allowing plenty of time for meals and snacks.
- Making sure children are sitting upright while eating.
- Reminding children to swallow their food before talking or laughing.
- Modeling safe behavior for children to follow, including eating slowly, taking small bites, and chewing food completely before swallowing.
- Encouraging older children to serve as role models for younger children as well. All children should avoid playing games with food, as that may lead to an increased risk of choking.

For more information, see FNS.USDA.gov

The Nutrition Program administers the Child and Adult Care Food Program (CACFP) and the Summer Food Service Program (SFSP). CACFP is a federally funded program that reimburses providers for serving nutritious meals to children or adults in a day care environment. Providers include child care learning centers, adult care centers, emergency shelters, family child care learning homes, and after-school programs. To locate Providers on the Nutrition Food Program, please go to Nutrition Provider Search web page.

Georgia Child Restraint Information Sheet

Rule: 290-2-3-.11(2)(j) If children are transported in an automobile by the Provider or a Home's Employee, the driver should have a current driver's license and children shall be restrained by either individual seat belts or appropriate child restraints in accordance with state laws. No child shall be left unattended in a motor vehicle.

Who must buckle up?

Ga. L. 2000, pg. 763, Code 40-8-76, item B (b)(1) Every driver who transports a child under six years of age in a passenger automobile, van, or pickup truck, other than a taxicab as defined by Code Section 33-34-5.1 or a public transit vehicle as defined by Code Section 16-5-20, shall, while such motor vehicle is in motion and operated on a public road, street, or highway of this state, provide for the proper restraint of such child in a child passenger restraining system appropriate for such child's height and weight and approved by the United States Department of Transportation under provisions of Federal Motor Vehicle Safety Standard 213 in effect on January 1, 1983 with a few exemptions.

Changes to child restraint law (40.8.76) and seat belt law (40.8.76.1) as a result of HB 217 went into effect on July 1, 2004.

Child Restraint Law - 40.8.76

Requires appropriate restraint use for all children under 8 in a passenger automobile, van or pick-up truck.

Vehicles exempted:

- taxi cabs;
- public transportation;
- until July 1, 2007 vans that are used for the transportation of children over 4 years of age that are operated by licensed or commissioned child care facility, with a current annual transportation safety inspection certificate and evidence of being inspected for use by a child care facility. However, children age 5 must be properly restrained by a safety belt, and;
- multifunction school activities buses, as defined in the Federal Register, for children age 5.

Exceptions:

- a lap belt may be used for children weighing at least 40 pounds when the vehicle is not equipped with both lap and shoulder belts, or;
- lap and shoulder belts are being used to properly restrain other children;
- if a parent can show that the child's height is over 4'9", the child must be in a safety belt.

Children under 6 must be in the rear seat unless:

- there is no rear seating position, or;
- all appropriate rear seating positions are occupied by other children;
- children in the front seat must be properly restrained in an appropriate seat used according to the manufacturer's instruction.

Safety Belt Law 40.8.76.1(e)(3)

Each minor eight years of age or older who is an occupant of a "passenger vehicle" must be restrained by safety belt.

"Passenger vehicles" are defined as every motor vehicle designed to carry 10 or less and includes pick-up t rucks for occupants less than 18 years.

CHILD SAFETY RESTRAINT SYSTEMS FACT SHEET

Cars, SUVs, Mini-Vans + Station Wagons

Georgia Law:

- Every occupant **under the age of 18 must be restrained** and **children under age 8 and under 4'9" (57" inches)** must be in an approved car seat or booster seat.
- The car seat or booster seat **must be installed and used** according to the manufacturer's instructions.
- **All children** must be in the back seat.*

Best Practice:

- Before using a lap/shoulder belt, a safer alternative for children ages 8-12 is to use a booster seat **until they reach 4'9" (57 inches)**.
- **Children under age 13** should ride in the back seat.
- A properly fitted seat belt should lie across the upper thighs and be snug across the shoulder and chest to restrain the child safely in a crash. **It should not rest on the stomach area or across the neck**.

AN IMPROPERLY FITTED SEAT BELT, WITH THE SHOULDER BELT PLACED UNDER THE ARM OR BEHIND THE BACK, IS NEITHER LEGAL NOR SAFE FOR CHILDREN OR ADULTS. IN A CRASH, THIS TYPE OF IMPROPER USE CAN LEAD TO SERIOUS INJURIES TO THE HEAD, SPINE OR INTERNAL ORGANS.

*If all rear seating positions are occupied by other children, Georgia Law does allow a child under 8 to be in an appropriate car seat/booster seat in the front seat **provided they are not rear-facing**.

For questions or more information contact the Child Occupant Safety Program

PHONE: **404-463-1487** | EMAIL: **injury@dph.ga.gov**

Georgia Code 40-8-76 Child Restraint Requirements and 40-8-76.1 Seat Belts.
https://www.lexisnexis.com/hottopics/gacode, insert code number in search box to see additional exceptions.
Child Care Services – Rules, CCLC 591-1-1-.36(4)(f)1, FCCLH 290-2-3-.11(2)(j)

GOHS Governor's Office of Highway Safety
DPH Georgia Department of Public Health

Child Safety Restraint Systems (CSRS)

All Child Safety Restraint Systems (CSRS) **must be** used according to the CSRS and vehicle instructions.

1. REAR-FACING ONLY CAR SEAT

Place the child in the seat. Harness straps should be **at or below** the shoulders and snug so that you cannot pinch the webbing together at the shoulders. The chest clip should be at **armpit level**. Install the seat at an angle, not more than 45 degrees from vertical, follow car seat instructions. Keep a child rear-facing until he/she has reached the **maximum weight** or **height limit** specified by the car seat manufacturer.

BEST PRACTICE: The American Academy of Pediatrics (AAP) & most car seat manufacturer's recommend keeping a child rear-facing until he/she is at least 2 years of age.

2. CONVERTABLE, REAR-FACING + FORWARD-FACING CAR SEAT

While Rear-facing same as # 1. Forward-facing at age 2. Place the child in the seat. The seat seat should be in **upright** position. Harness straps should be **at or above the shoulders** and snug so that you cannot pinch the webbing together at the shoulders. The chest clip should be at **armpit level**.

BEST PRACTICE: The American Academy of Pediatrics (AAP) & most car seat manufacturer's recommend keeping a child rear-facing until he/she is at least 2 years of age.

3. COMBINATION CAR SEAT, FORWARD-FACING + BOOSTER SEAT

Same as #2 for forward-facing. When the child has reached the **maximum weight or height** limit allowed by the car seat manufacturer for the harness, follow the instructions for removal of the harness straps and buckle. The seat becomes a booster seat and **must be used** with the **lap and shoulder belt**. It cannot be used with a lap belt only. Use the booster seat until the child has reached the **4'9" height (57") or the upper weight limit** of the seat (80-100+ pounds).

4. HIGH-BACK BOOSTER

Use a high-back booster **only** after the child has outgrown the forward-facing car seat with the harness, at least age 4 or 5. Some of these boosters can be adjusted to fit the child's height. The booster seat must be used with a lap and shoulder belt. It cannot be used with the lap belt only. Position the lap belt below the arm rest and the shoulder belt between the neck and the arm of the child. Use the booster seat until the child has reached the **4'9" height (57") or the upper weight limit** of the seat (80-100+ pounds).

5. BACKLESS BOOSTER SEAT

A backless booster seat can **only** be used in a vehicle that has headrests or high seat backs. Use a backless booster only after the child has outgrown the forward-facing car seat. At **least age 4 or 5**. The booster seat must be used with a lap and shoulder belt. **It cannot be used with a lap belt only**. Position the lap belt below the arm rest and the shoulder belt between the neck and arm of the child. Use the booster seat until the child has reached the **4'9" height (57") or the upper weight limit** of the seat (80-100+ pounds).

6. LAP BELT ONLY

A lap belt only position in the vehicle should be used for installation of a car seat and not for a child. Lap belts do not provide upper body protection. As a result, serious head, spine and/or neck injuries can occur in a crash.

BEST PRACTICE: Keep the child in the CSRS as long as possible, until the child outgrows the seat by weight or height.

Installation Tips and Things to Consider

Cars, SUVs, Mini-Vans and Station Wagons

- **Always** follow the Child Safety Restraint System (CSRS) instructions for use and installation.
- Install using the seat belt or lower anchors – **Do not** use both. Read your vehicle owner's manual for information about how to lock your seat belts or location and use of LATCH connections (LATCH – **L**ower **A**nchors and **T**ethers for **C**hildren).
- Some vehicles are equipped with inflatable seat belt systems in the rear seating positions. Many CSRS **do not** permit installation with this type of seat belt system; consult your vehicle owner's manual and CSRS manufacturer's instructions or contact the CSRS manufacturer directly if additional explanation is needed.
- Place the CSRS on vehicle seat in the proper direction at the correct recline angle or upright position.
- Put the seat belt or lower anchor strap through the appropriate belt path for the direction of the seat. Convertible seats will have two paths, one for rear-facing and one for forward-facing.
- Buckle the seat belt or the lower anchor clips to anchors. Place your hand in the CSRS seat and press the vehicle seat cushion down and pull any slack out of the seat belt or lower anchor strap. Lock the seat belt. For forward-facing installations, follow instructions for use of tether-strap. Check for tightness after installation and before each use. Place hands on each side of the CSRS (near the belt path). There should be no more than 1 inch of side-to-side or forward movement at the belt path.
- Keep the child in the CSRS as long as possible, until the child outgrows the seat by weight or height.
- **WARNING!** A rear-facing CSRS should **never** be installed in the front seat of a car, SUV or 12/15 passenger van. If you must put a forward-facing seat in the front, when all other seating positions are occupied by other children, **make sure the vehicle seat is as far back as possible, especially if there is an air bag present**. Also, make sure the CSRS is securely installed to maximize the distance between the child and the airbag and/or dashboard.
- **Never** make changes to a CSRS to make it fit.
- All CSRS have labels on the seat with the manufacturer's contact information. **Always** register CSRS with the manufacturer either on-line or by mailing in the registration card. CSRS have expiration dates indicating when the CSRS should be replaced; expiration dates will vary by manufacturer.
- CSRS should **always** be purchased new and not from yard sales, consignment stores or thrift shops.
- If the CSRS has been involved in a crash, check with the CSRS manufacturer for guidelines on replacing the product.

For questions or more information contact the Child Occupant Safety Program

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Resources

Cars, SUVs, Mini-Vans and Station Wagons

- National Highway Traffic Safety Administration (NHTSA) – http://www.nhtsa.gov/safety/cps
  Installation videos, ease of use ratings, latest information
- NHTSA Consumer Advisory: 15 Passenger Van
  https://www.nhtsa.gov/press-releases/consumer-advisory-nhtsa-reissues-15-passenger-van-safety-caution
- The Ultimate Car Seat Guide, Safe Kids Worldwide – Practical Tips to Keep Kids Safe in Cars,
  https://www.safekids.org/ultimate-car-seat-guide/
- NHTSA – Guideline for Safe Transportation of Pre-School Age Children in School Buses
  February 1999, http://www.nhtsa.gov/people/injury/buses/guide1999/prekfinal.htm
- NHTSA –School Bus Driver In-Service Safety Series – This refresher training provides 9 lesson modules on driving a school bus. https://one.nhtsa.gov/people/injury/buses/updatedweb/index.html
- American Academy of Pediatrics (AAP) – www.healthychildren.org, click on Safety & Prevention for current recommendations, other helpful resources
- Safety Equipment – Multi-Function School Activity Bus (MFSAB) / School Bus
  - C E White – www.cewhite.com, integrated seats
  - Besi Inc. – www.besi-inc.com, add-on seats
  - EZ On products – http://ezonpro.com
  - IMMI/Safeguard - https://www.safeguardseat.com/, adjustable lap/shoulder belts and other school bus information
- Georgia Code 40-8-76 Child Restraint Requirements and 40-86.1 Seat Belts
  https://www.lexisnexis.com/hottopics/gacode, type code number in search box to see additional exceptions.
- Recalls – www.recalls.gov
  To provide better service in alerting the American people to unsafe, hazardous or defective products, six federal agencies with vastly different jurisdictions have joined together to create this sites as a one stop shop for U. S. Government recalls.
- National Child Passenger Safety Certification – A program of Safe Kids Worldwide http://cert.safekids.org
- Georgia Governor's Office of Highway Safety – www.gohs.state.ga.us

Trusted Internet Sources: NHTSA • Safe Kids Worldwide or USA • GA Department of Public Health-Injury Prevention • American Academy of Pediatrics (AAP) • Car Seat, Vehicle and School Bus Manufacturers • Children's Hospital of Philadelphia (CHOP)

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Transportation Guidelines

To provide routine transportation services such as:

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

The written Transportation Plan includes:

- Name of the licensed driver/ evidence of current driver's license
- Manufacturer's Rated Seating Capacity for each vehicle
- Checklist to account for the loading and unloading of children at each stop (see children's records)
- List of children to be transported (see children's records)
- Emergency medical information; (see children's records)
- Annual Vehicle Inspection Form (this must be completed for each transportation vehicle used for routine and emergency purposes)
- Evidence of current First Aid and CPR training for driver (see staff records)

Georgia Department of Early Care and Learning

Annual Vehicle Safety Inspection Certification

Items to be Inspected	Items O.K.	Items Deficient	Correction or Adjustments made	Comments/Remarks
Tires				
Headlights				
Horn				
Taillights				
Turn Signals				
Brake Lights				
Brakes				
Suspension				
Exhaust System				
Steering				
Windows				
Windshield				
Windshield Wipers				
Heating & Cooling System				
Safety Alarm located at back of vehicle (If equipped)				

Owner/Operator of Vehicle:

Facility Address:_____

_____

Make and Model of the Vehicle: _____

Tag Number: _____Odometer Reading: _____

Mechanic's Signature:_____

Date of Inspection: _____

(Note: Annual Vehicle Safety Inspection Certification is valid for one year from date of inspection.)

Revised 3/14/2014

Sample
Transportation Agreement

This is to certify that I give _____
Name of Facility

permission to transport my child _____
Name of Child

From _____ at_____ (a.m./p.m.)
Pick-up Location

To _____at _____(a.m./p.m.)
Delivery Location

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

on the following days (check all that apply):

_____ Monday
_____ Tuesday
_____ Wednesday
_____ Thursday
_____ Friday.

_____ is authorized to receive my child. In the event the authorized
Name of Authorized Person

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

_____

_____

_____

The _____ is approximately _____ miles from the center.
Location

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

_____.
Facility name

Signature (Parent/Guardian) _____Date_____

Additional transportation forms can be found on the Department's website at: www.decal.ga.gov

Vehicle Emergency Medical Information

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____ Home Phone Number _____

Work Phone Number _____ Cell Phone Number _____

Mother's Name _____ Home Phone Number _____

Work Phone Number _____ Cell Phone Number _____

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

Name _____ Phone Number _____

Child's Doctor _____ Phone Number _____

Medical Facility the Center uses _____

Address _____

Child's Allergies _____

Current prescribed medication _____

Child's special medical needs and conditions _____

_____

In the event of an emergency involving my child, and if _____
Facility name

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

Printed name of Parent/Guardian _____

Signature of Parent/Guardian __

Witnessed by _____ Date _____

Guidelines for Positive Discipline

290-2-3-.11(3) Disciplinary actions used to correct a child's behavior, guidance techniques and any activities in which children participate or observe at the home shall not be detrimental to the physical or mental health of any child.

Positive discipline is a guidance process that helps children:

- Learn to make positive choices.
- Learn problem-solving skills.
- Learn basic human values of respect, trust, responsibility, honesty and care for others.
- Learn to self-regulate.

To help obtain these goals you can:

- Focus on the child's immediate environment.
- Understand children's differences.
- Anticipate and prevent potential problem/situations.
- Create rules and routines based on the children's needs. Familiar routines and a clear set of rules fairly and consistently enforced, let children know what you expect and that enables them to experience a greater sense of independence and competence. By anticipating problems and setting rules (if necessary) to avoid them, you cut down on the need for "behavior management."

When rules are no longer needed, change or eliminate them:

- Be consistent in using positive communications. Offer encouragement, not empty praise. For example, "You remembered to clean up your place at the table today." Rather than, "What a good girl you were today!"
- Provide information rather than just stating rule, but make it short and specific. For example, "Hang up your coat, so people won't walk on it and get it all dirty." Rather than: "Hang your coat up!"
- Focus on children's feelings and the actions that result, not on the children themselves. For example, "What made you feel so angry with Patrick that you felt like hitting him?" Rather than, "Don't hit! Bad boy!"
- Focus children's attention on a positive event to come rather than the present disagreeable task. For example, "As soon as you pick up the blocks you were playing with, you can join us outside". Rather than, "Hurry up and pick up those blocks!"
- Focus on positive behavior in the group rather than negative ones. For example, "Almost everyone remembered to push in chairs today!" Rather than, "Some people are still forgetting to push in chairs!"
- When there is damage to materials or equipment, focus on how it affects the group rather than look for the "culprit".
- Tell children exactly what you expect and express confidence that children will follow.
- When children are upset, respond to the feelings underlying their threats and not the threats themselves. However, do not assume that you know what each child is feeling and be aware that the child may not 'know' why he/she is upset.
- Give children choices when there are genuine choices. Part of respecting children is giving them choices whenever possible. Example, "Do you want to sit in a chair to put on your shoes, or on the floor?"

Redirect the child's attention. Sometimes this involves telling the child what behaviors are acceptable.

- Settle problems quickly and follow through completely. If a child refuses to choose among options available to them, you need to choose for them. For example, "It looks like you can't decide whether you're going to put your shoe on or not. I can't spend any more time waiting for you to decide. You may sit over here out of the way while you're deciding what to do".

Logical and Natural Consequences: A logical consequence should match the unacceptable behavior.

- Explain limits and consequences ahead of time.
- Establish consequences based on appropriate expectations for that child.

- Respect the child.
- Make statements in a calm non-threatening way.

Example: "Yes, I know that you enjoy art time. I'm sorry you are missing it, but you scatter these toys all over the classroom and it takes a long time to put them back where they belong."

Use of time out:

- Time out can be useful if it is a cooling-off period rather than a punishment. Children sometimes need a quiet place they can go to for a few moments to calm down. They can rejoin the group when they are ready.
- A structured time out is used to help children calm down when they cannot do it without help. The time out should be a specific place, where there are no activities to do.
- Time out should always be short giving the child one minute per year in age to think about their actions, e.g. 2 years old no more than two minutes away from the group and under proper supervision.

Positive steps in conflict resolution:

- Anticipate and eliminate potential problems.
- Have a well-planned daily schedule.
- Redirect the children.
- Model appropriate behavior for the children.
- Provide individualized attention to help the children deal with particular situations.
- Focus on behavior and not on the child. If you are angry with a behavior, let the child know that you like them, but you did not like his/her behavior.

Inappropriate forms of discipline:

- Never punish children.
- Never shame child.
- Corporal punishment is forbidden. This means no:

1. Striking, kicking or popping a child.
2. Shaking, pulling or pushing a child.
3. Grabbing a child by the hair or ears.
4. Pinning the child to the floor or against the wall.
5. Sitting on a child.
6. Squeezing a child across the throat or lower abdomen, which may make it difficult for the child to breathe.
7. Forcing the child to eat an unpleasant substance like soap.
8. Giving a child permission to do any of the above to another child.

Please....Don't Shake The Baby

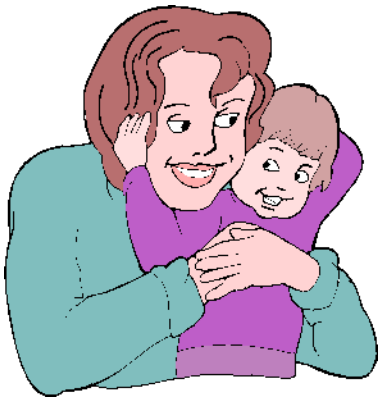
What is Shaken Baby Syndrome?
It is a condition caused by shaking a baby so hard that the baby's head flops back and forth. This is not an injury that happens when you are casually playing with a child.

What happens to children who are shaken violently?
They may go blind or have brain damage leading to a number of severe, lifelong disabilities. They may even die.

When and why does it happen?
Crying seems to be what most often pushed caregivers over the edge into hurting children. Babies cry for many reasons. Most of the time, you can calm them by feeding them, rocking them or changing their diapers. But, when babies cry for a long time and cannot be quieted, you can get frustrated. You may feel like shaking the baby hard trying to make them be quiet, which upsets the child more; the crying continues and injuries result from the baby being shaken.

What can you do when a baby cries?
- Feed the baby slowly, and burp him by patting gently on his back.
- Hold the baby against your chest and walk or rock him.
- Offer the baby a pacifier.
- Put on soft music and sing.
- Place the baby into a baby swing for a short time.
- Take the baby's temperature. If he/she has a fever, call the parent.

When nothing works. . .
- Lay the baby on his/her back, in the crib, away from the other children.
- Take a break, calm yourself and get control.
- Check the child's body for a physical injury that may have occurred when you were looking away from the child.



BITING

What Can I Do To Stop It?
There is no quick cure.
Your most valuable assets as a caregiver are a calm approach and patience.

The following scenarios are from the Division of Child Day Care Licensing, Michigan Department of Consumer and Industry Services:

Angela is a year and a half old and is getting ready to go outside. This is her favorite part of the day. As the children gather by the door, Angela is squealing with delight. She looks over at two year old Kevin and bites his shoulder. He screams, which surprises Angela, and she begins to cry.

Three-year-old Adam is playing with the Lego's. As he bends down to pick up one of the pieces that just fell on the floor, Tamika (2 $^{1}/_{2}$ years) walks up and takes two of the Lego's off the table. When Adam sees this, he begins shrieking at the top of his lungs. Tamika is frozen in shock; a split second later Adam is lunging forward and sinking his teeth into Tamika's arm. She drops the Lego's and runs crying to her caregiver.

Do these young children really want to hurt the children they play with? Are these mean, cruel, intentional acts of aggression? Chances are, no. Biting happens in almost every day care center and home that cares for young children.

To be successful child care providers, we must
- recognize children's reasons for biting,
- react appropriately, and.
- take proper measures to prevent further incidents.
- working with parents is essential.

Why Do Young Children Bite?

Biting is a natural part of children's development.
Infants and toddlers put everything in their mouths. It feels good to bite and chew while you're teething. Toddlers and young preschoolers don't have the verbal skills to fully express themselves. Biting brings about a quick and dramatic response. Children experience many emotions (positive and negative) that are difficult for them to express and, at times, control. These emotions can be caused by numerous things, such as: over excitement, frustration, fatigue, and fear of being separated from people they love.

How Can I Prevent Biting?

A good program that meets the needs of children and has a lot of equipment is the key to minimizing biting!

Look around your home or center.

Is there enough space for children to move around without bumping into each other?
Are there enough toys for each child to have several to choose from at any one time?
Do you have enough activities planned to keep the children involved and interested?
A conflict over a toy or personal space can be enough to cause a child to bite.

Know the temperaments of the children you care for.

Children may be more likely to bite if:
They are more aggressive and physical or
They have difficultly expressing their feelings in words

Look for pattern in a frequent biter.

Are there particular times of the day in which the biter has difficulty? Be there ahead of those times. Does the biter focus on one child? You may want to keep them separated as much as possible. Do toys seem to be the cause of many biting incidences? You may need more (or duplicate) toys so every child has several to choose from at any one time.

Encourage the use of words to express feelings and emotions.

Help children understand that words can be used to express feelings. You may need to teach the children words that are appropriate. Children who can verbally express themselves will be less likely to lash out physically.

Recognize good behavior when it happens.

Most children look for attention. If they get it during positive behaviors, they will be more likely to continue those behaviors.

How Should I React?

Remember, biters are usually looking for help and/or attention. Expect that biting may occur at some time with every infant or toddler. Your task is to carefully and thoughtfully handle the situation, and move on, so not to reward the child with your attention.

STOP the action. Say, "NO"!

Quickly assess the situation to determine the cause of the biting.

- Is the infant hungry or teething? Do I have something appropriate for the infant to chew?
- Attend to the victim. Wash area with soap and water, apply cold compress if swollen, comfort child.
- Talk to the biter: Tell the biter, "Biting hurts! Teeth are not for biting children. Teeth are for eating food." If you think the child bit for emotional reasons, you can say, "It's o.k. to be upset (mad, frustrated, excited, etc.). "It's not o.k. to bite." Tell the child what he/she can do next time they experiences this emotion (i.e., you can say 'My toy!!' or 'You can call my name and I will come help you").
- If it is an older child, you can ask them what a better solution might have been.
- Redirect the child to another area. This might mean feeding the child, putting her down for a nap, or involving them in another toy or activity. Stay with that child until he/she becomes involved in the new activity.
- Finish the interaction on a positive note. Reassure the biter that he/she is still important to you and that you still care about them.

As A Caregiver, NEVER

- Bite the child back

-Encourage the victim to bite the child

- Humiliate the child

How Should I Inform The Parents?

Let the parents know that biting is a normal part of children's development. Inform them of your policy before any incidents occur.

Biter's Parents:

- Inform parents that their child bit someone.
- Stress the severity or mildness of the incident.
- Assure parents that you have taken care of the situation, and further reprimands are not necessary.
- If this is a recurring problem, work with the parents or a plan of action that will be reinforced in the home.

Victim's parents:

- Inform parents that their child was bitten.
- Assure parents that you have taken care of the situation and that you are taking measures to prevent further incidents.
- Explain to them what your plan of action is if they ask.

What If I've Tried It All And Nothing Is Working?

It is your job as a caregiver to insure the safety of all children in your care. If one child is jeopardizing the safety of others by frequently biting, action must be taken. Sometimes no matter how hard you try to fix the situation and no matter how patient you are, a child may just not be a good match with your program. After talking to the parents, the best thing for the child may be to move him/her to a new child care setting. As this can be very upsetting for the child and his/her parents, it is important to be helpful and compassionate. Remember, this should be your last resort, after exhausting all other possibilities.

Successful Coping And Prevention Will Depend On:

- A well rounded and equipped program
- Appropriate supervision
- Your knowledge of and experience with children's development
- Your reaction to the incident(s)
- Your follow though
- Parental reinforcement of the techniques used.

Fire Drills and Fire Extinguishers

Suggestions for Fire Drills

- Check you child care area and locate two possible exit routes for each room.
- Plan a meeting place outside the house that is away from the both the house and the area where fire engines would park.
- Practice the fire drill escape every month with the children - even the little ones who are too young to really understand.
- You can make the practice into a game (like, Join the Train, Hop on Board, Follow the Leader, etc.). Games make the fire drills practices fun and less scary for the children.
- Teach older children how to crawl low where the cleanest air is and to feel the door before they open it.
- For children who cannot walk:
  a.Place the infants in a crib with rollers.
  b. If the children can sit alone, place the children in the "fire wagon."
  c.Use an "emergency quilt" (a large blanket, sheet," etc.).
  Place quilt on the floor, put babies into center, and pull up comers to carry out.
- Let parents know what you are doing so they can work with the children at home.

P A S S -- Pull, Aim, Squeeze, and Sweep

Pull the pin at the top of the extinguisher that keeps the handle from being accidentally pressed.

Aim the nozzle toward the base of the fire.

Stand approximately 8 feet away from the fire and **squeeze** the handle to discharge the extinguisher. If you release the handle, the discharge will stop.

Sweep the nozzle back and forth at the base of the fire. After the fire appears to be out, watch it carefully since it may re-ignite!

Congratulations -- you did it!!!

Georgia Dept of Early Care and Learning
BRIGHT FROM THE START

Section 5: Resources	
Weather Watch Guide	
Poisonous Plant Guide	
Common Infectious Disease Chart	
Child & Preschool Influenza Planning Checklist	
Child Resource & Referral Agencies of Georgia	
Directory of DECAL Programs	
Floor Plan Template *Required w/ application	

Understand the Weather

Wind-Chill

- 30° is ***chilly*** and generally uncomfortable
- 15° to 30° is ***cold***
- 0° to 15° is ***very cold***
- -20° to 0° is ***bitter cold*** with significant risk of ***frostbite***
- -20° to -60° is ***extreme cold*** and ***frostbite*** is likely
- -60° is ***frigid*** and exposed ***skin will freeze*** in 1 minute

Heat Index

- 80° or below is considered ***comfortable***
- 90° beginning to feel ***uncomfortable***
- 100° ***uncomfortable*** and may be ***hazardous***
- 110° considered ***dangerous***

All temperatures are in degrees Fahrenheit

Child Care Weather Watch

Wind-Chill Factor Chart (in Fahrenheit)

Air Temperature	Wind Speed in mph								
	CALM	5	10	15	20	25	30	35	40
50	50	48	40	36	32	30	28	27	26
40	40	37	28	22	18	16	13	11	10
30	30	27	16	9	4	0	-2	-4	-6
20	20	16	4	-5	-10	-15	-18	-20	-21
10	10	6	-9	-18	-25	-29	-33	-35	-37
0	0	-5	-21	-36	-39	-44	-48	-49	-53
-10	-10	-15	-33	-45	-53	-59	-63	-67	-69
-20	-20	-26	-46	-58	-67	-74	-79	-82	-85
-30	-30	-36	-58	-72	-82	-87	-94	-98	-102

Comfortable for out door play Caution Danger

Heat Index Chart (in Fahrenheit)

Temperature (°F)	Relative Humidity (Percent)															
	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90
110	108	112	117	123	130	137	143	150								
105	102	105	109	113	118	123	129	135	142	149						
100	97	99	101	104	107	110	115	120	126	132	138	144				
95	91	93	94	96	98	101	104	107	110	114	119	124	130	136		
90	86	87	88	90	91	93	95	96	98	100	102	106	109	113	117	122
85	81	82	83	84	85	86	87	88	89	90	91	93	95	97	99	102
80	76	77	77	78	79	79	80	81	81	82	83	85	86	86	87	88
75	71	72	72	73	73	74	74	75	75	76	76	77	77	78	78	79

Child Care Weather Watch

Watching the weather is just part of the job for child care providers. Planning for playtime, field trips, or weather safety is part of the daily routine. The changes in weather require the child care provider to attend to the health and safety of children in their care. What clothing, beverages, and sun screen are appropriate? Dress children to maintain a comfortable body temperature (warmer months - lightweight cotton, colder months - wear layers of clothing). Drinking beverages helps the body maintain a comfortable temperature. Water or fruit juices are best. Avoid high sugar content beverages and soda pop. Sunscreen may be used year around. Use a sunscreen labeled as SPF-15 or higher. Apply sunscreen generously and frequently. Read the label of the sunscreen product. You can also use sunscreen to block harmful rays from the sun. Look for sunscreen with UVB and UVA ray protection. Have children play in shaded areas or create shade in the play area.

Condition **GREEN** - Most children may play outdoors and be comfortable. Child care providers should watch for the child that becomes uncomfortable while playing outdoors.
INFANTS AND TODDLERS Infants/toddlers are unable to tell the child care provider if they are too hot or cold. The infant/toddler may become fussy when uncomfortable. Infants/toddlers tolerate shorter periods of outdoor play. Dress infants/toddlers in lightweight cotton or cotton-like fabrics during the warmer months. In cooler or cold months dress infants in layers to keep them warm. Protect infants from the sun by using sunscreen and playing in shaded areas. Give beverages while playing outdoors.
YOUNG CHILDREN Use precautions regarding clothing, sunscreen, and beverages. Young children need to be reminded to stop play and drink a beverage and apply more sunscreen.
OLDER CHILDREN Use precautions for clothing, beverages, and sunscreen. The older child needs a firm approach to wearing proper clothing for the weather (they may want to play without coats, hats or mittens). Apply sunscreen and give beverages while outdoors.

Condition **YELLOW** means the child care provider must use caution and closely observe the children for signs of being too hot or cold while outdoors. Clothing, sunscreen, and beverages are important. Shorten the length of outdoor time.
INFANTS AND TODDLERS Child care providers should use the precautions outlined in Condition Green. Clothing, sunscreen, and beverages are important. Shorten the length of time for outdoor play.
YOUNG CHILDREN Use the precautions regarding clothing, sunscreen, and beverages. Younger children may insist they are *not* too hot or cold because they are enjoying playtime. Child care providers need to structure the length of time for outdoor play for the young child.
OLDER CHILDREN Use precautions for clothing, sunscreen, and beverages. Use a firm approach to wearing proper clothing for the weather (they may want to play without coats, hats or mittens), applying sunscreen and drinking liquids remain important while playing outdoors.

During condition **RED** most children should not play outdoors due to the health risk.
INFANTS/TODDLERS should play indoors and have ample space for large motor play.
YOUNG CHILDREN may ask to play outside and do not understand the potential danger of weather conditions.
OLDER CHILDREN may play outdoors for very short periods of time. Child care providers must be vigilant about proper clothing, beverages, and use of sunscreen

Child Care Weather Watch was produced by the Iowa Department of Public Health, Healthy Child Care Iowa. This guide was produced through federal grant (MCJ19T029 & MCJ19KCC7) funds from the US Department of Health & Human Services, Health Resources & Services Administration, Maternal & Child Health Bureau. For questions about health and safety in child care contact the Iowa Healthy Families line telephone 1-800-369-2229. Wind-Chill and Heat Index information is from the National Weather Service.

Understand the Weather

The weather forecast may be confusing unless you know the meaning of the words used by your weather forecaster.

- **Blizzard Warning:** There will be snow and strong winds that produce a blinding snow, deep drifts, and life-threatening wind chills. Seek shelter immediately.
- **Heat Index Warning:** How hot it feels to the body when the air temperature (in Fahrenheit) and relative humidity are combined.
- **Relative Humidity:** The percent of moisture in the air.
- **Temperature:** The temperature of the air in degrees Fahrenheit.
- **Wind:** The speed of the wind in miles per hour.
- **Wind Chill Warning:** There will be sub-zero temperatures with moderate to strong winds expected which may cause hypothermia and great danger to people, pets & livestock.
- **Winter Weather Advisory:** Winter weather conditions are expected to cause significant inconveniences and may be hazardous. If caution is exercised, these situations should not become life threatening.
- **Winter Storm Warning:** Severe winter conditions have begun in your area.
- **Winter Storm Watch:** Severe winter conditions, like heavy snow and ice are possible within the next day or two.

BRIGHT FROM THE START
Georgia Department of Early Care and Learning
2 Martin Luther King Jr. Drive, SE, Suite 754, East Iowa, Atlanta, Georgia 30334
(404)656.5957

Brian Kemp
(-Amason

Amy M. Jacobs
COMMI"IONCIt

The purpose of this list is to familiarize child care programs with some of the common plants known to have poisonous properties. Generally, these plants and plant components need to be ingested for there to be a poisonous exposure. The term "POISONOUS" does not imply that the plant is fatal. Many of these plants are only mildly toxic, causing stomach ache or mild irritation of the mouth and throat when ingested. This list is **NOT** intended to discourage child care programs from planting any of the plants on the list, or removing already planted trees and plants, but to make you aware of their potential hazard.

If possible, have all the trees, plants, and shrubs that are on or near the child care property identified by a landscaper, arborist, etc. Keep record of what is growing on the grounds, potentially label or tag the trees and larger shrubs (this could be an educational benefit for the older kids). If any child is seen holding, touching, playing with, or potentially eating any of these plants, trees, or shrubs, call the GPC at 404-616-9000 for further advice as soon as possible. If child care programs have a record of what is growing on the property, this could be of significant benefit when providing treatment advice.

If you have any questions, call Child Care Services at 404-657-5562 or email childcareservices@decal.ga.gov.

Thank you,
Child Care Services

The Facts About Poinsettias

Poinsettias are not the deadly plant they were once thought to be. If eaten, the plant may cause burning in the mouth and may cause a stomach ache.

Plant Safety

To help prevent plant poisonings, follow these safety tips:

- Know the names of all the plants in your home and yard. A nursery, florist, or your county extension agent can help you to identify a plant.
- Label all your plants with their names, so you can tell what it is if a piece has been eaten.
- Keep house plants, seeds, and bulbs out of the reach and sight of children and pets.
- Do not eat wild plants or mushrooms. Cooking poisonous plants does not make them safe to eat.
- Remove mushrooms that are growing in your yard. Throw them away in a covered garbage can.
- Keep weed and bug killers in a locked cabinet, out of the reach of children and pets. Never put them in bottles used for drinking.
- Keep children and pets away from lawns that were just treated with garden chemicals.
- Teach your children to never put any part of a plant into their mouths.

Know What To Do In A Poisoning Emergency

Keep the telephone number of the Georgia Poison Center on or near your telephones.

If any part of a plant is eaten, remove as much of the plant as possible from the mouth and call the Georgia Poison Center right away! Do not wait for the victim to look or feel sick.

THE GEORGIA POISON CENTER

Each year, the Georgia Poison Center (GPC) provides services to thousands of people in Georgia. You can call the GPC to get help in a poisoning emergency or to get treatment advice about animal or insect bites. Nurses, pharmacists, and doctors answer the phones 24 hours per day, 7 days per week. They can tell you what to do if you, your child, or your pet is poisoned or was bitten by an animal. In addition, the GPC staff can answer questions about poisons in and around your home.

All calls to the GPC are free.

To order educational material, call the Education Department at 404.616.9235 or visit our website at www.georgiapoisoncenter.org.

Georgia Poison Center
Grady Health System
80 Jesse Hill Jr. Drive, SE
PO Box 26066
Atlanta, GA 30303-3050

DHR Georgia Department of Human Resources

U.S. Department of Health and Human Services HRSA Health Resources and Services Administration Maternal and Child Health Bureau

POISON Help 1-800-222-1222

Supported in part by Project H4B MC00011-01 from MCHB, HRSA, US DHHS

Certified as a Regional Poison Center by the American Association of Poison Control Centers

Georgia Poison Center

POISONOUS PLANTS

IN A POISONING EMERGENCY, CALL 24-HOURS A DAY, 7 DAYS A WEEK: 1-800-222-1222

Teletype for the deaf and hearing Impaired only: TDD 404-616-9287

Both indoor and outdoor plants can be poisonous. Some plants may cause symptoms such as an upset stomach, or skin rash. Some may harm your heart, kidneys, and other organs. Some plants that are thought to be non-poisonous, can cause an upset stomach if they are eaten.

Poisonous Plants

Amaryllis
American Ivy/Virginia Creeper
Anemone
Apricot (seeds and pits)
Aralia, Ming
Azalea/Rhododendron
Baneberry
Belladonna/Deadly Nightshade
Birch Tree
Bird of Paradise
Bittersweet/
Woody Nightshade
Bleeding Heart/Dicentra
Boxwood
Buckeye/Horse Chestnut
Burning Bush/Euonymus
Bursting Heart/Euonymus
Caladium
Candelabra Cactus
Cape Gooseberry/
Chinese Lantern/Winter Cherry
Castor Oil Plant/Castor Bean
Cedar Tree
Cherry, Laurel, Black
Chinaberry
Chinese Lantern/Cape
Gooseberry/Winter Cherry
Choke Cherry
Chrysanthemum
Clematis
Crown of Thorns/Euphorbia
Cyclamen
Daffodil/Jonquil/Narcissus
Deadly Nightshade/Belladonna
Devil's Ivy/Pothos
Dicentra/Bleeding Heart
Dieffenbachia/Dumb Cane
Elder (bark, shoots, leaves,
roots, unripe berries)
Elephant's Ear/Philodendron
English Ivy
Eucalyptus (dried)
Euphorbia/Crown of Thorns
Euonymous
Flowering Tobacco
Four O'Clock
Foxglove
Gladiola (bulb)
Holly (berries, leaves)
Horse Chestnut/Buckeye
Hyancith
Hydrangea
Iris
Ivy (Devil's, American,
English)
Jasmine, Yellow Carolina
Jequirity/Rosary Pea
Jerusalem Cherry
Jimsonweed
Jonquil/Daffodil/Narcissus
Juniper (berries)
Lantana
Larkspur
Laurel
Ligustrum/Wild Privet
Lily of the Valley
Mistletoe
Monkshood
Morning Glory (seeds)
Mulberry (leaves, bark, sap)
Mushrooms
Narcissus/Daffodil/Jonquil
Nightshade
Oak Tree (leaves, acorns)
Oleander
Pansy (seeds)
Peace Lily
Peach (seeds and pits)
Pencil Cactus
Peony
Periwinkle/Vinca
Philodendron/Elephant's Ear
Plum (seeds and pits)
Poison Hemlock
Poison Ivy, Oak, Sumac
Pokeweed/Pokeberry
Poppy
Potato (leaves, all green
parts)
Pothos/Devil's Ivy
Rhododendron/Azalea
Rosary Pea/Jequirity
Split Leaf/Philodendron
Sweet Pea (seeds)
Sweet William
Tomato (stems, leaves)
Vinca/Periwinkle
Virginia Creeper/American
Ivy
Water Hemlock
Wild Privet/Ligustrum
Winter Cherry/Cape
Gooseberry/Chinese Lantern
Wisteria
Woody Nightshade/
Bittersweet
Yarrow
Yew

Poison Ivy, Poison Oak, And Poison Sumac

The sap from poison ivy, oak, and sumac plants can cause a rash, burning, and itching if touched. If you come into contact with the sap, a skin rash may appear within a few hours to two days. The rash may take one to two weeks to go away. In some people, the sap can cause an allergic reaction.

If you touch poison ivy, oak, or sumac…

- Wash the area with warm, soapy water right away.
- Wash any clothing and garden tools you think may have sap on it.
- Try not to scratch your rash since this can cause it to get worse.

You can only get the rash from touching the sap; you cannot get the rash from touching another person's rash.

To avoid touching these plants, keep covered up while outdoors! Wear long pants, long sleeves and gloves when working in your yard. Stay on trails while hiking or camping in the woods!

Do not burn Poison Ivy, Poison Oak or Poison Sumac. The smoke can cause breathing problems

Poison Ivy has shiny green leaves that grow in groups of three. Poison ivy may grow as a vine or as a low shrub.

Poison Oak also has leaves grouped in three. It grows as a low shrub, which may have clusters of green or white berries.

Poison Sumac has 7-13 leaves found in pairs with a single leaf at the end. These long, smooth leaves are bright orange and velvet-like in the spring. They become dark green and glossy on top and light green underneath. Sumac grows as a tree in swampy areas.

COMMON INFECTIOUS ILLNESSES

From birth to age 18

	Disease, illness or organism	Incubation period *(How long after contact does illness develop?)*	How is it spread?	When is a child most contagious?	When can a child return to the childcare center or school?	Report to county health department*	How to prevent spreading infection *(management of conditions)***
Eye, ear, nose, throat and chest	**To prevent spreading infection for all *eye, ear, nose, throat, and chest diseases*: Good handwashing and hygiene; disposal of soiled tissues; avoid sharing linens; proper disinfection of surfaces and toys; cough into elbow or clothing when tissues unavailable.**						
	Bronchiolitis, bronchitis, common cold, croup, ear infection, pneumonia, sinus infection and most sore throats (respiratory diseases caused by many different viruses and occasionally bacteria)	Variable	Contact with droplets from nose, eyes or mouth of infected person; some viruses can live on surfaces (toys, tissues, doorknobs) for several hours	Variable, often from the day before symptoms begin to 5 days after onset	No restriction unless child has fever, or is too uncomfortable, fatigued or ill to participate in activities (center unable to accommodate child's increased need for comfort and rest)	NO	Wash your hands often with soap and water. Avoid touching your eyes, nose, and mouth with unwashed hands. Stay away from people who are sick.
	Cold sore (Herpes simplex virus)	2 days to 2 weeks	Direct contact with infected lesions or oral secretions (drooling, kissing, thumb sucking)	While lesions are present	When active lesions are no longer present in children who do not have control of oral secretions (drooling); no exclusions for other children	NO	Avoid kissing and sharing drinks or utensils.
	Conjunctivitis (Pink eye)	Variable, usually 24 to 72 hours	Highly contagious; contact with secretions from eyes of an infected person or contaminated surface	During course of active infection	Once treatment begins	NO	Wash your hands often with soap and warm water. Wash your hands after contact with an infected person or items he or she uses. Avoid touching your eyes with unwashed hands. Do not share items used by an infected person.
	COVID-19 (SARS-CoV-2 virus)	2 to 14 days (usually 3 to 6 days from exposure)	Highly contagious; contact with droplets or aerosols from nose, eyes or mouth of infected person	Peak infectious time is two days prior to onset of illness through the completion of their isolation (5 days from symptom onset if symptomatic, or 5 days from test date if asymptomatic). May last up to 10 days or longer depending on course of illness and immune status.	Individuals with confirmed or suspected COVID-19, regardless of vaccination status can return to child care or school after they have completed their isolation according to current Georgia Department of Public Health guidelines.	YES	The best way you can protect your child is by taking everyday actions to prevent your child and the entire household from getting the virus that causes COVID-19, including vaccination for those who are of age to receive it, social distancing and wearing a mask.
	Diphtheria (Corynebacterium diphtheriae bacteria)	1 to 10 days (usually 2 to 5 days)	Contact with droplets and discharge from nose, eyes or mouth of infected person; contact with discharge from skin lesions of infected individual; rarely through contaminated objects and raw milk or milk products	Onset of sore throat 2 days after treatment has begun, but may vary; if untreated, 2 to 6 weeks after infection	After 2 negative cultures are taken at least 24 hours apart	YES	Timely immunization beginning at age 2 months; booster dose of Tdap is recommended at age 11 years; all adults should receive a booster of Tdap. Close contacts, regardless of immunization status, should be monitored for 7 days for evidence of disease and started on antimicrobial prophylaxis; immunizations should be brought up to date, if necessary.
	Influenza (the flu) (influenza virus)	1 to 4 days	Highly contagious; contact with droplets from nose, eyes or mouth of infected person; virus can live on surfaces (toys, tissues, doorknobs) for several hours	Variable, from 24 hours before onset of symptoms to 7 days after onset; can be prolonged in young children	No fever for 24 hours without the use of fever-reducing medications	NO for individual cases; YES for influenza-associated deaths or novel influenza A virus infections	Annual influenza vaccine recommended for everyone 6 months and older (with rare exceptions).
	Mononucleosis (Mono) (Epstein-Barr virus)	30 to 50 days	Contact with the infected person's saliva	Indeterminate	No restriction unless child has fever, or is too uncomfortable, fatigued or ill to participate in activities (center unable to accommodate child's increased need for comfort and rest)	NO	Avoid kissing and sharing drinks or utensils.
	Mumps (mumps virus)	12 to 25 days (usually 16 to 18 days)	Contact with droplets from eyes or mouth of infected person	Peak infectious time begins 1 to 2 days before gland swelling to 5 days after, but may range from 7 to 8 days after	5 days after onset of parotid gland (neck) swelling	YES	Timely immunization beginning at age 12 months; if outbreak occurs, unimmunized people should be immunized or excluded for at least 26 days following onset of parotitis in last case.
	Multisystem inflammatory syndrome in children (MIS-C), associated with the virus SARS-CoV-2 causing COVID-19	MIS-C can occur weeks after exposure to COVID-19—even if the child or family did not know the child had COVID-19	It is not known yet what causes MIS-C. However, many children had the virus that causes COVID-19 weeks before being diagnosed with MIS-C, or had been around someone with COVID-19. Unless the patient also has a current COVID-19 infection, MIS-C is not contagious.	N/A	MIS-C can be serious, but most children who were diagnosed with this condition have gotten better with medical care. MIS-C patients should have close clinic follow-up, including pediatric cardiology follow-up starting 2 to 3 weeks after discharge. Patients diagnosed with myocardial injury must have cardiology directed restriction and/or release for activities. Please refer to the COVID-19 section if acute COVID-19 infection is also present.	YES	The best way you can protect your child is by taking everyday actions to prevent your child and the entire household from getting the virus that causes COVID-19, including vaccination for those who are of age to receive it, social distancing and wearing a mask.
	Respiratory syncytial virus (RSV)	2 to 8 days (4 to 6 days is most common)	Highly contagious; contact with droplets from nose, eyes or mouth of infected person; virus can live on surfaces (toys, tissues, doorknobs) for several hours	Variable; from the day before onset of symptoms until 3 to 8 days after or long; may last up to 3 to 4 weeks	No fever for 24 hours without the use of fever-reducing medications	NO	Avoid sharing linens or toys.
	Strep throat (Group A Streptococcus bacteria)	2 to 5 days	Contact with droplets from nose and mouth; close crowded contact	Highest during acute infection; no longer contagious within 24 hours after antibiotics	After 24 hours of antibiotic treatment	NO	Avoid kissing and sharing drinks or utensils; exclude infected adults from food handling; symptomatic contacts of documented cases should be tested and treated if results are positive.
	Tuberculosis (TB) (mycobacterium tuberculosis)	2 to 10 weeks; risk of developing disease is highest 6 months to 2 years after infection	Airborne inhalation of droplets from nose and mouth of diseased person (children usually contract TB from close contact with a diseased adult)	Usually only a few days to a week after effective drug therapy. Children younger than 10 years are rarely contagious.	For active disease, once determined to be non-infectious, therapy started, symptoms diminished and adherence documented; no exclusion for latent infection	YES	Routine TB skin testing is not recommended at this time for children; however, it is recommended that all adults who have contact with children in a child care setting are screened for TB; local health department personnel should be informed for contact investigation.
	Whooping cough (pertussis) (bordetella pertussis bacteria)	5 to 21 days (usually 7 to 10 days)	Contact with droplets from nose, eyes or mouth of infected person	Before cough onset (with onset of cold-like symptoms) continuing until child has been on antibiotics for 5 days. If untreated, infectious for 3 weeks after cough begins.	After 5 days of appropriate antibiotic treatment; if untreated, 3 weeks after onset of cough	YES	Timely immunization beginning at age 2 months; booster dose of Tdap is recommended at age 11 years; all adults should receive a booster of Tdap. Close contacts that are unimmunized should have pertussis immunization initiated. Chemoprophylaxis is recommended for all close contacts.
Gastrointestinal	**To prevent spreading infection for *gastrointestinal diseases*: Good handwashing and hygiene; proper disposal of dirty diapers; proper disinfection of changing tables, toys and food preparation areas. Avoid potentially contaminated beverages, food and water; divide food preparation and diapering responsibilities among staff**						
	Gastroenteritis–bacterial (vomiting and/or diarrhea) **Campylobacter C. diff** (Clostridium difficile), **Shiga toxin-producing E. coli** (STEC/ Escherischia coli), **Salmonella, Shigella**	Varies with pathogen (from 10 hours to 7 days)	Contact with stool from infected individual (or, occasionally, pets); contaminated food, beverages or water (especially raw eggs and improperly cooked meats)	When diarrhea is present; pathogenic E. coli (STEC or EHEC) and Shigella highly infectious in small doses.	No fever for 24 hours; no diarrhea present, pathogenic E. coli (STEC or EHEC) and Shigella require 2 negative stool cultures; salmonella serotype Typhi requires 3 negative stool cultures	YES for E. coli, salmonella and Shigella; NO for others	Proper cooking and handling of meats and raw eggs. Reptiles should not be permitted in child care centers. Alcohol-based hand hygiene products do not inactivate C. difficile spores; soap and water must be used; bleach wipes are an effective agent against C. difficile.
	Gastroenteritis–viral (vomiting and/or diarrhea) **Adenovirus, norovirus**	Varies with pathogen (from 12 hours to 10 days)	Contact with stool, saliva or vomit from infected individual directly or from infected surfaces, especially toys; contaminated food and water. Norovirus is highly contagious and is a frequent cause of outbreaks.	Variable; most contagious from 2 days before illness until vomiting and diarrhea improve; can be contagious for up to 21 days after symptoms	No fever or vomiting for 24 hours; no diarrhea present	NO	Frequent, good wand washing after changing diapers, using the toilet, and preparing or eating food. If viral gastroenteritis is suspected, frequent cleaning of toys and other high-touch items with bleach-based solution is important to kill the virus.
	Giardia (parasite)	1 to 4 weeks (usually 7 to 10 days)	Contact with infected stool; consuming contaminated water or food	When diarrhea is present	No diarrhea is present	YES	Clean, sanitize, or disinfect toys and surfaces. Wash hands regularly with soap and water to keep kids and caregivers healthy. Encourage good diapering practices.
	Hepatitis A (virus)	15 to 50 days (average 28 days)	Eating contaminated food or water; close contact with infected individuals; contact with infected stool	2 weeks prior to onset of illness until 1 week after onset of illness or after jaundice appears; can be longer in newborn infants	After 1 week from onset of illness or appearance of jaundice	YES	Timely immunization at 12 months of age; consider hepatitis A vaccine for caregivers; infected caregivers should not prepare meals for others. If at least one case is confirmed, hepatitis A vaccine or immunoglobulin should be administered within 14 days of last exposure to unimmunized contacts.
	Pinworms (enterobius vermicularis)	1 to 2 months or longer	Pinworms lay microscopic eggs near rectum, causing itching; infection spreads through ingestion of pinworm eggs after contamination of hands by scratching	Eggs may survive up to 2 weeks after appropriate therapy and resolution of rectal itching; reinfection is common.	No restriction, but treatment should be given to reduce spread	NO	Frequent, good hand-washing, particularly by infected child and any caregivers assisting with toileting; keep fingernails clean and short; prevent fingers in mouth; bed linen and underclothing of infected children should be handled carefully, not shaken and laundered promptly.
	Rotavirus	1 to 3 days	Contact with stool from infected individual	Virus is present in stools of infected children several days before the onset of diarrhea to several days after onset of diarrhea.	No diarrhea present	NO	Timely immunization beginning at 2 months.

Meningitis	To prevent spreading infection for all *meningitis diseases*: Good hand-washing and hygiene; proper disposal of soiled tissues; cover coughs and sneezes; avoid sharing drinks and utensils.						
	Haemophilus influenzae type B (hib bacteria)	Unknown (usually 1 to 10 days)	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state	After at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state; child well enough to participate	YES	Timely immunization beginning at age 2 months; ensure vaccination of contacts after exposure is up to date.
	Neisseria meningitidis (meningococcal bacteria)	1 to 10 days (usually less than 4 days)	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state	After at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state; child well enough to participate	YES	Timely immunization at 11 to 12 years of age; booster dose of MCV4 is recommended at 16 years of age.
	Streptococcus pneumoniae (pneumococcal bacteria)	Variable (usually less than 4 days)	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment	After at least 24 hours of antibiotic treatment; child well enough to participate	YES	Timely immunization beginning at age 2 months; treatment of contacts not necessary and not beneficial.
	Viral meningitis (usually enterovirus)	3 to 6 days	Contact with droplets from nose, eyes or mouth or fecal material, often from healthy people	From the day before illness until up to 2 weeks after onset	After 24 hours without fever; child well enough to participate	YES	Proper disinfection of surfaces such as changing tables with soap, water and bleach-containing solution; treatment of contacts not necessary, no specific treatment.
Skin or rash	To prevent spreading infection for all *skin or rash diseases*: Good hand-washing and hygiene; proper disposal of soiled tissues.						
	Chickenpox** (varicella zoster virus)	10 to 21 days (usually 14 to 16 days)	Airborne or direct contact with droplets from nose, mouth or skin lesions (varicella and herpes zoster) of infected individuals or freshly contaminated objects	From 2 days before skin lesions develop until all lesions are crusted. If there is no crusting (i.e. breakthrough cases), patients are contagious from 2 days before skin lesions develop until no new lesions appear after 24 hours	When all lesions have crusted. If there is no crusting (i.e. breakthrough cases), children can return to center or school after no new lesions appear after 24 hours.	YES	The best way to prevent varicella is by getting the varicella vaccine. Children should get their first dose after 12 months and their second between 4-6 years old.
	Fifth disease** (human parovirus B19)	4 to 21 days (usually 4 to 14 days)	Contact with droplets from nose, eyes or mouth of infected person; percutaneous exposure to blood	Only during the week before the rash develops	No need to restrict once rash has appeared	NO	
	German measles** (Rubella virus)	14 to 21 days (usually 16 to 18 days)	Contact with droplets from nose, eyes or mouth of infected person; may be transmitted to fetus across the placenta	From 7 days before until 7 days after the rash appears	7 days after the rash appears	YES	Timely immunization beginning at age 12 months.
	Hand, foot and mouth disease (Coxsackievirus)	3 to 6 days	Contact with fecal, oral or respiratory secretions	Usually 1 to 2 weeks before onset of infection	After 24 hours without fever and child well enough to participate	NO	Proper disinfection of changing tables, surfaces and toys.
	Head lice (parasite)	Eggs (nits) hatch in 7 to 12 days	Direct contact with infested individuals' hair and sharing combs, brushes, hats or bedding	When there are live insects on the head	No restrictions necessary	NO	Should be watched closely for 2 weeks for new head lice. Close contacts need to be examined and treated for crawling lice. At home: wash bedding and clothes in hot water or dry-clean or seal in plastic bag for 10 days. Avoid sharing beds, combs and brushes. At school: avoid sharing headgear; hang coats separately; use individual pillow and sleep mat.
	Impetigo (Staphylococcus or Streptococcus baceteria)	7 to 10 days	Direct skin contact (especially through contaminated hands), nasal discharge or contaminated surfaces	Until active lesions are gone or after 24 hours on antibiotics	After at least 24 hours of antibiotics	NO	Keep fingernails clean and short.
	Measles (Rubeola virus)	7 to 21 days (usually 8 to 12 days)	Airborne or direct contact with droplets from nose, eyes or mouth of infected person	From 4 days before the rash begins until 4 days after the start of the rash	At least 5 days after start of rash	YES	Timely immunization beginning at age 12 months; contacts without documented immunity (2 doses of measles-containing vaccine) should be vaccinated.
	MRSA (Methicillin-resistant Staphylococcus Aureus) (bacterial cause of skin boils and abscesses)	Variable; at times initially mistaken as spider bite	Direct skin contact with infected person, wound drainage or contaminated surfaces; increase risk in crowded conditions; occasional transmission by droplet over short distances	Draining wounds are very contagious and should be covered at all times	If wound drainage can be well contained under a dressing; exclude from high-risk activities such as contact team sports until completely healed	NO	Cover skin lesions; avoid contact with wound drainage; proper disposal of dressings; do not share personal items (towels, personal care items); clean and disinfect athletic equipment between use; wash and dry laundry on "hot" setting.
	Molluscum (Molluscum contagiosum virus)	2 to 7 weeks (as long as 6 months)	Direct skin contact with wound or contaminated surfaces	When lesions are present	No restriction, keep lesions covered with clothing or bandages	NO	Avoid contact sports; during outbreaks, further restrict person-to-person contact.
	Ringworm on body and **ringworm on scalp** (fungus)	Typically 4 to 14 days after exposure	Direct skin contact with infected person or animal, or to surfaces or objects contaminated with fungus	From onset of lesions until treatment begins	Once treatment begins; ringworm on scalp requires oral medication	NO	Avoid direct contact with infected individuals; avoid sharing of combs, brushes, hats; proper disinfection of surfaces and toys.
	Roseola (virus)	9 to 10 days	Secretions, often from healthy people	During fever	No restriction unless child has fever or is too ill to participate	NO	Proper disinfection of surfaces and toys.
	Scabies (parasite)	4 to 6 weeks, 1 to 4 days after reexposure	Skin contact with infested individual; contact with bedding or clothes of infested person	From up to 8 weeks before skin rash appears until it has been treted with scabicidal cream	After treatment has been completed	NO; if two or more documented cases in one center, treatment of center contacts may be necessary	All household members and caregivers with prolonged direct contact should be treated simultaneously to prevent reinfestation; bedding and clothing worn next to skin during the 4 days before the start of treatment should be washed in hot water; clothing that cannot be laundered should be removed and stored for several days to a week.

To report an illness, call your local or district public health office or 1-866-PUB-HLTH (1-866-782-4584). Exceptions to the exclusion/return to school guidelines listed on this chart may be made by local health department personnel and/or primary care physician on a case-by-case basis.

To reduce the spread of diseases in the classroom or child care center, it is recommended that similar illnesses (more than two in the childcare center or classroom) be reported to your county health department.

**These diseases may be of concern to staff members who are pregnant or who are trying to become pregnant. Follow-up with obstetric healthcare provider is recommended after known or suspected contact.

References: American Academy of Pediatrics. Red Book: 2015 Report of the Committee on Infectious Diseases. 30th Ed.

Visit **choa.org/schoolhealth** for more information.

Children's Healthcare of Atlanta

DPH GEORGIA DEPARTMENT OF PUBLIC HEALTH

Child Care and Preschool Pandemic Influenza Planning Checklist

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

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

1. Planning and Coordination:

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

2. Student Learning and Program Operations:

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

3. Infection Control Policies and Actions:

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

4. Communications Planning:

Completed	In Progress	Not Started	
❑	❑	❑	Have a plan for keeping in touch with staff members and students' families. Include several different methods of contacting them. (For example, you might use hotlines, telephone trees, text messaging, special Websites, local radio and/or TV stations.) Test the contact methods often to be sure they work.
❑	❑	❑	Make sure staff and families have seen and understand your flu pandemic plan. Explain why you need to have a plan. Give them a chance to ask questions.
❑	❑	❑	Give staff and students' families reliable information on the issues listed below in their languages and at their reading levels.

- ❑ How to help control the spread of flu by hand washing/cleansing and covering the mouth when coughing or sneezing. (See www.cdc.gov/flu/school/.)
- ❑ How to recognize a person that may have the flu, and what to do if they think they have the flu. (See www.pandemicflu.gov.)
- ❑ How to care for ill family members. (See www.hhs.gov/pandemicflu/plan/sup5.html#box4.)
- ❑ How to develop a family plan for dealing with a flu pandemic. (See www.pandemicflu.gov/planguide/.)

Child Care Resource and Referral Agencies in Georgia

Child Care Resource and Referral of North West Georgia – Quality Care for Children, Inc.

Region 1 (*11 Counties):*
Bartow, Chattooga, Cherokee, Dade, Floyd, Fulton, Gordon, Haralson, Pickens, Polk, Walker

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

Contact:
Toll Free 1-800-308-1825
Fax (678) 721-6676
https://www.qualitycareforchildren.org/

Child Care Resource and Referral of Central West Georgia – Quality Care for Children, Inc.

Region 2 (*11 Counties):*
Carroll, Clayton, Cobb, Coweta, Douglas, Fayette, Harris, Heard, Meriwether, Paulding, Troup

3 Corporate Square Boulevard NE
Suite 230
Atlanta, GA 30329

Contact:
Toll Free 1-877-722-2445
Fax (404) 479-4166
https://www.qualitycareforchildren.org/

Child Care Resource and Referral of Central East Georgia – Augusta University/ Leap Early Learning Partners

Region 3 (*23 Counties):*
Baldwin, Burke, Butts, Columbia, DeKalb, Glascock, Greene, Hancock, Jasper, Jefferson, Jenkins, Johnson, Lincoln, McDuffie, Morgan, Newton, Putnam, Richmond, Rockdale, Taliaferro, Walton, Warren, Wilkes

108 SRP Drive, Suite B
Evans, GA 30809

Contact:
Toll Free 1-877-228-3566 Fax (706) 922-7180
http://leapccrr.org

Child Care Resource and Referral of South West Georgia – Albany State University

Region 4 (*48 Counties)*
Baker, Ben Hill, Berrien, Bibb, Brooks, Calhoun, Chattahoochee, Clay, Colquitt, Cook, Crawford, Crisp, Decatur, Dooly, Dougherty, Early, Grady, Henry, Houston, Irwin, Lamar, Lee, Macon, Marion, Miller, Mitchell, Muscogee, Peach, Pike, Pulaski, Quitman, Randolph, Schley, Seminole, Spalding, Stewart, Sumter, Talbot, Taylor, Telfair, Terrell, Thomas, Tift, Turner, Upson, Webster, Wilcox, Worth

2429 Gillionville Rd.
Albany, GA 31707

Contact:
Toll Free 1-866-833-3552
Fax (229) 500-4895
https://www.asurams.edu/ccrr/

Child Care Resource and Referral of South East Georgia – Savannah Technical College

Region 5 (*40 Counties):*
Appling, Atkinson, Bacon, Bleckley, Brantley, Bryan, Bulloch, Camden, Candler, Charlton, Chatham, Clinch, Coffee, Dodge, Echols, Effingham, Emanuel, Evans, Glynn, Jeff Davis, Jones, Lanier, Laurens, Liberty, Long, Lowndes, McIntosh, Monroe, Montgomery, Pierce, Screven Tattnall, Toomb s Treutlen, Twiggs, Ware, Washington, Wayne, Wheeler, Wilkinson

190 Crossroads Parkway
Savannah, GA 31407

Contact:
Toll Free 1-877-935-7575
Fax (912) 966-6735
http://www.ccrrofsoutheastga.org

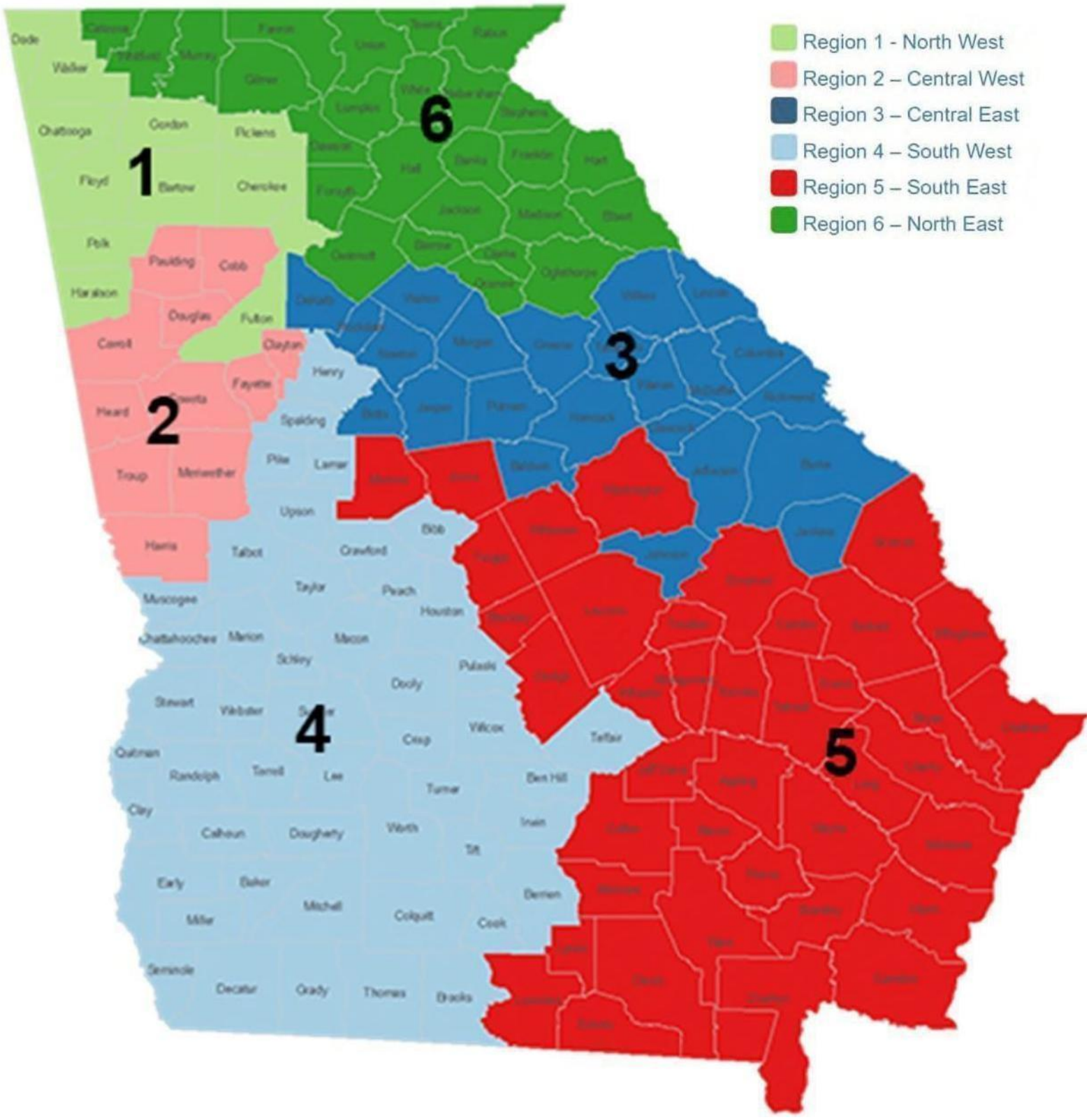
Child Care Resource and Referral of North East Georgia – Quality Care for Children, Inc.

Region 6 *(26 Counties):*
Banks, Barrow, Catoosa, Clarke, Dawson, Elbert, Fannin, Forsyth, Franklin, Gilmer, Gwinnett, Habersham, Hall, Hart, Jackson, Lumpkin, Madison, Murray, Oconee, Oglethorpe, Rabun, Stephens, Towns, Union, White, Whitfield

Crestwood Point 1
3805 Crestwood Parkway, Suite 225
Duluth, GA 30096

Contact:
Toll Free 1-877-633-1461
Fax (706) 543-3077
https://www.qualitycareforchildren.org/

Georgia Regional Map



DECAL Contact Information

2 Martin Luther King Jr. Drive, SE, Suite 670, East Tower, Atlanta, Georgia 30334
www.decal.ga.gov

Mission

The Georgia Department of Early Care and Learning improves outcomes for children and families by strengthening early learning experiences in partnership with early education programs, professionals, stakeholders, families, and communities.

Vision

Every child in Georgia will have equal access to high-quality early care and education.

Program Contact Information:

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

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

Records Check Unit ….....855-884-7444

Exemptions…….....770-293-5977

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

Georgia's Pre-K…….404-656-5957

Nutrition Services ……....404-657-1779

Quality Rated ……..……....855-800-7747

Training…….……866-425-0220

Child and Parent Services (CAPS) ……833-442-2277

FCCLH Provider Name:_____ License Number:_____

Address:_____ City and Zip Code: _____

Level: _____

(i.e. Main, Upper, Lower) Please complete plan for each level of the home used for child care including cooking and toilet areas.

Provider Signature and Date:_____

Consultant Signature and

Georgia Dept of Early Care and Learning

BRIGHT FROM THE START